SILVER EMPOWERMENT

RESILIENCE OF VULNERABLE ELDERLY.
A NARRATIVE RESEARCH APPROACH

dr. Jasper De Witte &
Prof. dr. Tine Van Regenmortel

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Project management: Prof. dr. Tine Van Regenmortel

Research commissioned by be.Source
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Abstract

Elderly need sufficient resilience to deal with various (age-related) adversities, in order to safeguard a high quality of life. Resilience can be defined as "patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function". Based on an in-depth description of 15 narratives of vulnerable elderly, we investigate which sources of strength elderly use to deal with adversities and how these resilience processes take place in a specific context. We find that elderly use various interrelated sources of strength which can be found on the individual, interactional and contextual domain. Initially, these sources of strength are used to solve specific problems. However, when this is not possible, elderly are obliged to adapt personal desires and goals to a changed context. In this respect, we find that resilience processes take time, especially when they concern changes in social networks or emotions. Moreover, elderly find it difficult to fully accept certain vulnerabilities and often keep struggling with them, through which we conclude that sufficient psychological support is imperative to saveguard a high quality of life. Further, since elderly are often more aware that they are in their last life phase, they seem to anticipate less to possible problems, which makes them vulnerable. Therefore, it is important that elderly at least already think about those problems in advance, and that society offers support at specific hinge moments that are accompanied with adversities that threaten the quality of life. Last, 'the power of giving' is a source of strength which has enormous beneficial effects on both the quality of life of elderly and society in general. Hence, it is essential that society invests more in seeking how elderly can contribute, and that social policy takes away the contextual barriers that impede participation.

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KU Leuven
HIVA - RESEARCH INSTITUTE FOR WORK AND SOCIETY
Parkstraat 47 box 5300, 3000 LEUVEN, Belgium
hiva@kuleuven.be
http://hiva.kuleuven.be

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Executive summary

This paper is part of a broader research project 'Empowerment of Underprivileged Elderly', a KU Leuven chair commissioned by be.Source. The latter is a private foundation that aims to "*support and bring together actions that improve the living conditions of vulnerable senior citizens*".

In our first paper *'Loneliness and social isolation among elderly. An empowerment perspective'* (De Witte & Van Regenmortel, 2019), we found that elderly need sufficient resilience to deal with various (age-related) adversities, in order to safeguard a high quality of life. Moreover, this subject gains importance because many governments in Europe transform the health and social care system by increasing the amount of self-management and self-care, in response to social evolutions such as ageing and growing health care costs. Therefore, in this research paper we gain insight into the factors that give rise to resilience among community-dwelling vulnerable elderly, based on the in-depth description of 15 narratives.

Resilience can be defined as "*patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function*". Based on the narratives with vulnerable elderly, we extract a number of important aspects of this concept. First, elderly are confronted with various age-related (physical, psychological and social) adversities such as health problems, decease of loved ones, divorce or separation, a declining social network, feelings of loneliness, falling into a black hole after retirement, cancer treatment, increased dependence, reduced mobility, … Second, to deal with those adversities, elderly make use of many (interrelated) sources of strength that stimulate what Antonovsky calls 'a sense of coherence', and which can be found on the individual/psychological, interactional and contextual domain.

1. Individual/psychological domain:
   - Pride about one's personality and an optimistic life view
   - Acceptance and openness of one's vulnerability
   - Anticipating on future losses
   - Mastery by practicing skills
   - Acceptance of help and support
   - Balanced view on life
   - Not adopting the role of a victim
   - Carpe diem
   - Spirituality
   - Performance oriented attitude and setting goals
   - Interests and activities

2. Interactional domain:
   - Affective bonds as a child
   - Positive relations with family and/or friends
   - An intimate relationship with a partner
   - Empowering relationships with professionals
   - Societal responses
   - The power of giving: reciprocity
   - Participation in organisations

3. Contextual domain:
   - Availability and accessibility of resources
   - Social policy

Third, resilience includes processes whereby people try to maintain control over the determinants of the quality of their life. Elderly in first instance use various sources of strength to positively overcome adversities, in order to realize personal goals and desires (= primary control processes). However, if this is not possible, elderly are forced to adapt personal values, expectations, desires and goals to a changed context, and accept vulnerabilities that cannot be overcome (= secondary control processes). In this respect, we find that secondary control processes become more promising over primary control processes when people grow old. Indeed, due to their increased vulnerability, it is more difficult for elderly to realize certain goals through which it becomes more promising to select other, more realistic goals.

Based on the narratives, we also find that resilience processes take time. This is especially the case when it concerns changes in social networks (e.g. decease of partner) or emotions (e.g. accepting health limitations), which require psychological adjustments. In this respect, many elderly find it very difficult to accept certain vulnerabilities that cannot be overcome, and often keep struggling with them. Therefore, we conclude that sufficient psychological support is necessary to learn to accept those vulnerabilities, and to preserve a high quality of life.

Further, elderly are often more aware that they are in their last life phase, which makes them 'enjoy the moment' more. However, this awareness also makes that they anticipate less to possible problems they might face in the future, which increases their vulnerability when those problems do occur. Therefore, it is important that elderly think ahead about certain problems so they would be mentally and emotionally better prepared. In this respect, it is also crucial that both society and the social network pro-actively offer support at specific hinge moments (e.g. retirement, death of a partner, severe health problems such as cancer, …), which are accompanied by stressors that may threaten the quality of life of elderly. By offering support at those moments, escalation of various problems and their side effects (such as loneliness and social withdrawal) could be prevented.

Last, the narratives show that 'the power of giving' (reciprocity) has enormous beneficial effects on both elderly and society in general. Helping others (individually or through volunteering) has numerous positive effects on the quality of life of elderly: increased feelings of self-worth and self-esteem, making them feel good, useful, needed, valued and proud of themselves. Moreover, since 'the power of giving' often includes social contact, it also contains the benefits of a social network such as practical and emotional support, coming out of the own comfort zone and having a challenge, doing activities that distract from personal sorrows, … At the present moment, it seems like the strengths of elderly are not fully made use of. Therefore, it is essential that society invests more in seeking how elderly can contribute and participate more, and that social policy takes away the contextual barriers that impede their participation by increasing mobility, access to health and social services, … In doing so, the resilience of elderly is enhanced, which brings us another step closer to realizing *'Silver Empowerment'*.

Introduction

In our first research report *'Loneliness and social isolation among elderly. An empowerment perspective'* (De Witte & Van Regenmortel, 2019) we conclude that elderly need sufficient resilience in order to cope with various (age-related) adversities, and thus also for 'successful aging'. Moreover, resilience gains importance because many governments in Europe transform the health and social care system by increasing the amount of self-management and self-care, as a response to social evolutions such as rising living standards, growing health care costs, ageing and the increase of the number of 'older' elderly (Jacobs & Janssen, 2018). Research points out that various sources of strength that give rise to resilience diminish with age (Janssen, 2013) because old age goes together with functional limitations, widowhood, chronic illness, decease of loved ones, ageist stereotypes, loss of social roles, shrinking social networks, … In this respect, the oldest old are most strongly characterized by a decline in capital (Bauman, Adams, & Waldo, 2001).

In this research report, we gain more insight into the building stones of resilience of elderly, which arise from a dynamic interaction between individuals and their environment. We focus on community-dwelling vulnerable elderly who have less economic, social and psychological capital and therefore presumably also less (and different) building stones of resilience. After a review of the scientific literature, we describe the applied methodology - a narrative research approach - and present our research results in order to gain more insight into the resilience processes of vulnerable elderly.

1 | Resilience: a theoretical framework

In this chapter, we describe the scientific literature concerning resilience in old age. Hereby we accord specific attention to the resilience processes of people who live in poverty and people with a migration background.

In a first paragraph, we describe the relationship between resilience and empowerment, positive health, and succesful aging and development. In the second paragraph, we define the concept 'resilience' and describe some of the sources of strength that give rise to resilience. In the third paragraph we discuss a number of theories that contain ways to stimulate resilience by realizing goals and dealing with adversity: the Motivational Theory of Life-Span Development, the Theory of Selective Optimization With Compensation, and problem- and emotion focused coping strategies (Greve & Staudinger, 2006; Bauman et al., 2001; Allen, Haley, Harris, Fowler & Pruthi., 2011). Next, we describe some specific coping strategies, recommendations and interventions that aim to enhance resilience. In the fifth paragraph, we discuss the impact of poverty on feelings of shame and behaviour, and how this affects resilience. Last, we discuss the resilience processes of people with a migration background.

1.1 Resilience: a central concept for empowerment, positive health, and successful aging and development

Since the 1990s, there is broad attention for resilience, especially with respect to the development of psychopathology among children at risk. This research can be situated within the broad shift from the 'damage' to the 'challenge' model where the focus is shifting from the damage of adversity to how people positively overcome adversity (Van Regenmortel, 2006). Resilience originally comes from the discipline of ecology, and can be defined as *"an ecosystem's ability to absorb and recover from the occurrence of a hazardous event"* (Akter & Mallick, 2013, p. 114). In this research paper, we focus on individual resilience which is a crucial component for development, and which can be defined as *"patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function"* (Janssen, 2013, p. 21).

1.1.1 Resilience and empowerment

From our first research report *'Loneliness and social isolation among elderly. An empowerment perspective'* we find that resilience is positively related to empowerment. *"The outcomes of these resilience processes may ultimately contribute to the stabilization or the improvement of a (general) sense of mastery and that those with a greater sense of mastery are able to show resilience in times of crisis and hardships"* (Janssen, Abma, & Van Regenmortel, 2012, p. 344). Indeed, resilience helps us understand the processes and mechanisms through which individuals strive to maintain or regain mastery over the determinants of the quality of their lives (Janssen et al., 2012). In this respect, we find that strength arises by giving meaning to problems and looking at strategies one has developed to deal with those problems (Van Audenhove, 2013). *"Resilient individuals have a sense of active and meaningful engagement with the world. Their positive and energetic approach to life is grounded in confident, autonomous, and competent functioning and a sense of mastery within a wide range of life-domains"* (Greve & Staudinger, 2006, p. 812). Moreover, resilience is a form of psychological capital

(Van Regenmortel, 2013; Van Regenmortel 2011) that contributes to the fight against exclusion (Van Audenhove, 2013).

1.1.2 Resilience and 'positive health'

Resilience not only relates to empowerment, but it is also essential with respect to the concept of 'positive health', which was introduced by Machtelt Huber. 'Positive health' lays emphasis on *"the resilience or capacity to cope and maintain and restore one's integrity, equilibrium, and sense of wellbeing"* (Huber, Knottnerus, Green, van der Horst, Jadad, Kromhout & Schnabel, 2011, p. 344), and this with respect to the physical, mental and social domain.

On the physical domain, when confronted with risk, a healthy organism is able to mount a protective response in order to restore an equilibrium (Huber et al., 2011). On the psychological domain, Antonovsky's concept 'sense of coherence' is useful to situate the role of stress in human functioning (Janssen, Van Regenmortel & Abma, 2011). He defines this as *"a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement"* (Antonovsky in Janssen, Van Regenmortel & Abma, 2014, pp. 84-85). A sense of coherence entails the subjective abilities that enhance the comprehensibility, manageability and meaningfulness of a difficult situation (Huber et al., 2011). Comprehensibility refers to *"a belief that things happen in an orderly and predictable fashion and a sense that you can understand events in your life and reasonably predict what will happen in the future"*. Manageability is *"a belief that you have the skills or ability, the support, the help, or the resources necessary to take care of things, and that things are manageable and within your control"*. Meaningfulness refers to *"a belief that things in life are interesting and a source of satisfaction, that things are really worth it and that there is good reason or purpose to care about what happens"* (Janssen et al., 2014, p. 85). The last element 'meaningfulness' is said to be the most important because when a person does not believe that there is a reason to survive and confront challenges, he will neither be motivated to comprehend nor manage events (Janssen et al., 2014). With respect to the social domain, dimensions such as the ability to fulfill one's potential and obligations, the ability to manage life with some degree of independence, and participation in social activities are important.

In sum, health can be regarded as a dynamic balance between opportunities and limitations which are affected by external conditions (Huber et al., 2011). Therefore not surprisingly, high levels of resilience in later life correlate with reduced vulnerability to depressive symptomatology and mortality risks, better self-perceptions of successful aging, increased levels of mental health, wellbeing and quality of life (QOL) (Gerino, Rollè, Sechi & Brustia, 2017). *"Extensively monitored patients with chronic illnesses, who learnt to manage their life better and to cope with their disease, reported improved self rated health, less distress, less fatigue, more energy, and fewer perceived disabilities and limitations in social activities after the training. […] If people are able to develop successful strategies for coping, (age related) impaired functioning does not strongly change the perceived quality of life, a phenomenon known as the disability paradox"* (Huber et al., 2011, p. 344).

1.1.3 Resilience, successful aging and successful development

Not only is resilience a central concept for empowerment and 'positive health', it is also essential for successful aging and successful development. Succesful aging refers to *"generalized capacity to respond with resilience to challenges from one's mind, body and environment"* (Fuller-Iglesias, Sellars & Antonucci, 2008, pp. 183-184). We speak of successful aging when a person is able to adapt to various challenges posed during one's life, and through which his capacity to reach his personal goals in domains he places

high value on is maximized. Which specific goals and domains are deemed important, is subjective.[1] In this respect, it is clear that resilience stimulates successful aging when it leaves a person functioning better in a certain domain he deems important (Hochhalter, Smith, & Ory, 2011). It is said that succesfull aging is enhanced by *"a positive attitude, coping with change, accepting limitations that cannot be overcome, being secure and stable long term […] practicing spiritual beliefs and receiving spiritual blessing, and staying engaged both socially and cognitively"* (Hochhalter at el., 2011, p. 18-19).

The concept of successful aging is strongly related to that of successful development (Janssen, 2013). According to the 'motivational theory of life-span development', striving to realize certain goals gives meaning to life and development is the outcome of actions to realize specific goals. In this respect, resilience is important to select goals, make competent decisions, realize those goals, overcome resistance, and if necessary revise goals and strategies (Greve & Staudinger, 2006). *"Lifespan developmental theory views development as a continuous process of adaptation to changing environments, both internal and external"* (Bauman et al., 2001, p. 3). It emphasizes that development continues during the whole lifespan and occurs in a specific cultural, historical and social context, which influences that development. Therefore, the oldest old are characterized by the historical events that characterize their past, and development is thus affected by age-graded (e.g. changes in biological systems), history-graded and normative (intra-individual) influences (Bauman et al., 2001). Indeed, development is multidimensional and can move forward, backward or remain static, and there is an interaction between all the domains of functioning.

1.2 Resilience defined

1.2.1 Definition

Resilience research holds onto a holistic view in which attention is directed to the complex interplay between adversities, sources of strength and adaptation processes, and the variations of this according to individual, familial and contextual factors (Van Regenmortel, 2006). As stated before, (individual) resilience can be defined as *"patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function"* (Janssen, 2013, p. 21). While coping refers to the abilities to handle certain circumstances, resilience serves as a framework for understanding healthy development in the face of risk (Janssen, 2013). It refers to the ability to maintain a stable and good way of psychological and physical functioning during difficult circumstances, and to even become stronger by learning from adversities (Geraerts, 2013). Resilience can be operationalized as *"the developmental process of being mindful of and prioritizing those behaviors, thoughts, and feelings that facilitate contentment within a specific developmental, physical, emotional, and spiritual context"* (Allen et al., 2011, p. 2). In this respect, people make use of their 'sources of strength' or 'protective factors' to deal with adversity (Earvolino-Ramirez, 2007), which can be defined as *"a supply of skills and resources that can be used to moderate "the bad things that happen" in the lives of older adults to reduce or blunt the negative consequences of those events, or even in some cases to lead to positive growth and development"* (Clark, Burbank, Greene, Owens & Riebe, 2011, p. 53).

Two central aspects of resilience, 'a significant threat to a persons' wellbeing' and 'a positive adaptation to this threat', contain a value judgement: a developmental situation must be classified as adverse and the reaction to this situation must be classified as successful. Hence, it is unpromising to find generally agreed upon, concrete criteria that stand loose from the individual, cultural and societal context (Greve & Staudinger, 2006): resilience depends strongly on the cultural, developmental and historical context (Siriwardhana, Ali, Roberts & Stewart, 2014). *"[…] Resilience emerges out of cultural values as well as out of situational contexts such as poverty to evolve over the life course into highly specific ways of viewing the world. The ingredients that shape resilience undoubtedly differ for different groups of people. To understand*

1 In this respect, elderly are said to place high value on cognitive functioning, basic physical functioning, being free of life-threatening disease, engaging in social and recreational activities, and feeling independent (Hochhalter et al., 2011).

more about resilience in old age, we need to interrogate the social, cultural, and economic dimensions that shape it in specific cultural groups" (Becker & Newsom, 2005, p. 221). In this respect, the 'life course theory' states that elderly are faced with adversities that can be both cumulative/lifelong (e.g. poverty) and age-specific (Fuller-Iglesias et al., 2008, p. 182). Further, also the protective factors are context-specific, and both the amount and type of resources may differ at different times accros the lifespan (Hochhalter al., 2011). Moreover, they can lead to different outcomes for different individuals: *"Protective factors that are present or beneficial for one individual may not be present or beneficial for a similar individual. Additionally, the same protective factors that lead to healthy outcomes for one individual in one situation may not lead to healthy outcomes for the same individual in another situation"* (Earvolino-Ramirez, 2007, p. 76).

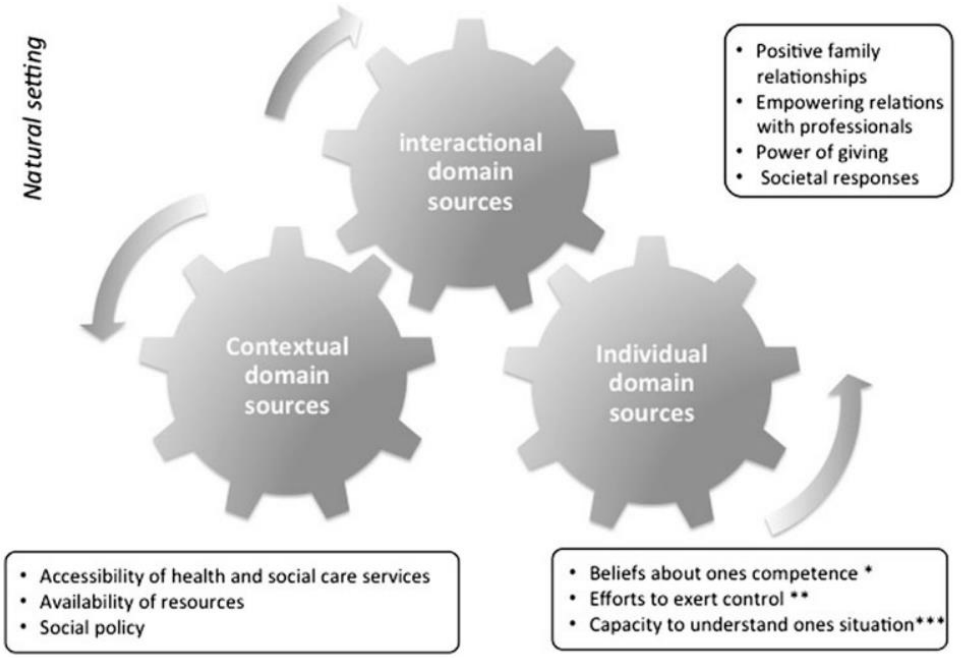
In sum, every individual experiences challenges through a particular lens, which is formed and framed by personal history and specific individual, social and environmental characteristics. Moreover, in dealing with adversity, people can age successfully and be resilient in some domains (emotional, spiritual, social, cognitive and physical), but not in others (Hochhalter al., 2011). Therefore, it is essential to understand life stories and how previous adversity was dealt with and incorporated in recent experience.

1.2.2 Sources of strength that give rise to resilience

Elderly are confronted with various physical, psychological and social losses (which are sometimes interrelated): the death of loved one's, health problems, retirement, changing residence, victimization, divorce, physical impairment, functional limitations (ADL), unemployment of a child, financial problems, … (Clark et al., 2011). To deal with these adversities, people make use of various 'sources of strength' (Janssen et al., 2011). In this respect, it is important to acknowledge both internal and external sources of strength, and thus also a shared responsibility of both elderly and their social environment with respect to their resilience (Janssen at al., 2012). Indeed, resilient people do not take on a subordinate position or see themselves solely as a victim, nor do they seek to internalize adversities. On the one hand, it is important not to put adversities each time out of the personal responsibility because it could result into alienation and a lack of bonding. On the other hand, by acknowledging the contextual factors, social actions can emerge and people can protect themselves from negative self-evaluation. Hence, it is appropriate to regain grip on one's own life without feelings of self-reproach and without neglecting structural causes (Van Regenmortel, 2013).

From the scientific literature we find that the sources of strength that give rise to resilience are situated in the individual, interactional and contextual domain, and that they are all inherently linked to each another (Van Regenmortel, 2013). Indeed, an optimal climate for development and resilience requires that these three domains interact favorably (Janssen et al., 2011): e.g. the openness about one's vulnerability is closely linked to accepting help, which may stimulate the interaction with the social environment, and participation, and which may in turn result in acquiring more resouces and skills. Or for example, accepting help and support is not always easy for elderly because it can be in conflict with feelings of 'wanting to take care of yourself' (Janssen, 2013).

Figure 1.1 The sources of strength that give rise to resilience among elderly



* Beliefs about one's competence include the sources of strength labelled pride about one's own personality and achievements and openness about one's vulnerability.
** Efforts to exert control include the sources of strength labelled anticipating on future losses, mastery by practicing skills and the acceptance of help and support.
*** Capacity to understand one's situation include the sources of strength labeled balanced view on life, not adapting the role of a victim and carpe diem.
Source Janssen, Van Regenmortel & Abma, 2011

1.2.2.1 The individual domain

The individual domain refers to *"the qualities within older people and comprises of three subdomains, namely beliefs about one's competence, efforts to exert control and the capacity to analyze and understand ones situation"* (Janssen et al., 2011, p. 145). Sources of strength in this domain are:

- Beliefs about one's competence:

4. Pride about one's personality: having an 'easygoing, down-to-earth, …' character which results in people not being embittered or that they blame others.
5. Acceptance and openness about one's vulnerability: this takes time and is difficult, but is said to result in people not being too susceptive to others' negative views of their limitations.

- Efforts to exert control:

6. Anticipation on future losses: taking action to influence outcomes of their situation, e.g. moving to a neighorhood with shops closeby, in appropriate housing, ...
7. Mastery by practicing skills: staying active and practicing knowledge and skills.
8. Acceptance of help and support: this takes time and is difficult (e.g. wheelchair).

- Capacity to analyse and understand one's situation:

9. Having a balanced view on life: this helps to relativize.
10. Not taking on the role of a victim: emphasizing strengths instead of vulnerabilities.
11. Carpe diem (Janssen et al., 2011).

Based on a factor analysis certain researchers found that five themes emerge from resilience: equanimity (*"maintaining a balanced perspective on life"*), perseverance (*"continuing to strive and cope in spite of adversity"*), self-reliance (*"belief in one's abilities"*), existential aloneness (*"reveling in one's own uniqueness and the belief in the continuity of the self across time"*) and spirituality/meaningfulness (*"enabling the individual to*

draw conclusions as to why events occur and embrace the need for change, flexibility, and growth") (Allen et al., 2011, p. 2).[2]

Other research emphasizes the importance of positive personality characteristics: positive mindset, self-esteem, cognitive skills and intelligence (Van Regenmortel, 2006). Indeed, positive emotions in times of crisis are important factors contributing to resilience by diminishing stress, and stimulating more effective coping (Mlinac, Sheeran, Blissmer, Lees & Martins, 2011). In this respect, it is said that the positive status of the personality is said to diminish little in old age. *"Indicators for state of mind such as self-esteem, general well-being, contentment with one's own age, and the conviction of being able to directly or indirectly control one's own life show little to no change with age"* (Greve & Staudinger, 2006, p. 823). Furthermore, elderly display more frequently positive, low-arousal emotions, and fewer negative emotions of either high or low arousel, which suggests that elderly regulate their emotions better than younger people do. This allows them to better adapt to negative life events. Also, elderly do not demonstrate a diminished sense of control: *"they display strengths such as more nuanced understanding of emotion, better ability to regulate that emotion, and are more likely to accept circumstances as being out of their personal control"* (Mlinac et al., 2011, p. 71). Older adults behave more in accordance with their feelings than with social expectations (Bauman et al., 2001). Although in later life people are perhaps more dependent on external resources (Greve & Staudinger, 2006, p. 831), some research finds that resilience and sense of coherence is more present among the oldest old than the younger old (Clark et al., 2011).

Other important resources mentioned are a more caring, responsible and performance oriented attitude towards life, empathy, insight and intellectual competence, self-determination (Van Regenmortel, 2006), a sense of personal worthiness, self-efficacy, trust in others, hope for the future, and putting things into perspective (Hochhalter et al., 2011), flexibility (i.e. adaptability, being able to roll with changes, being cooperative and tolerant), working hard, self-reliance, independence, pragmatism, self-care activities, care for others, willing to take initiative and to expand behaviors, physical exercise (Bauman et al., 2001), previous experience with hardship, knowledge of available services, and a believe to have control over their current life. Humor about life situations and one's self is also said to be a source of resilience because it helps to understand personal boundaries, taking distance and relativizing (Yee-Melichar, 2011; Earvolino-Ramirze, 2007). Further, it is important that individuals have various types of intellectual, social, professional, problem solving, technical, … skills, and are able and want to use them (Van Regenmortel, 2006).

Further, health status may be important through the perception of the individual, but research is mixed in understanding its relationship with resilience: *"it seems not to be the case in every instance that health status constitutes a major resource in an older adult's resilience repertoire; rather, it is the way in which health problems are viewed and given meaning by the individual that is important"* (Clark et al., 2011, p. 57). Further, a life course perspective on health promotions is found to increase resilience by establishing healthy behaviors over a longer period. Interventions such as diet and exercise may promote internal processes to acquire healthy behaviors. Also, physical activity and nutrition lead to a reserve account through which certain events (e.g. hospitalisation) are better dealt with (Clark et al., 2011).

Another important source of strength is spirituality (Clark et al., 2011), which refers to *"finding core meaning in life, responding to meaning, and being in relationship with God/Other"* (Manning, 2013, p. 569). Spirituality can be seen as a coping mechanism that helps elderly adapt to changing individual needs and cope with adversities: *"[…] enduring various traumas and stresses over time, followed by wonderful and great experiences in conjunction with their reliance on spirituality, enabled them to know and be assured that they would be able to cope with future adversities in life"* (Manning, 2013, p. 572). Spirituality protects against stress and depression, restores a sense of control (Mlinac et al., 2011), and results in more well-being and QOL (Manning, 2013).

2 A resilience scale has been conceptualized based on these five components of resilience (Mlinac et al., 2011).

1.2.2.2 The interactional domain

The interactional domain is defined as *"the way older people cooperate and interact with others to achieve their personal goals"* (Janssen et al., 2011, p. 145). It concerns how people interact with significant others like relatives and friends, neighbors and professionals to achieve goals and to endow meaning to their lives (Mlinac et al., 2011). Sources of strength in this respect are:

1. Empowering informal relationships with family: this helps elderly to make sense of their situation, offers practical and emotional support, and contributes to their feeling of agency.
2. Empowering formal relationships with professionals: commitment, reliability and interest are important characteristics of these relationships.
3. The power of giving ('reciprocity').
4. Societal responses: acknowledging and valuing elderly by society.

Both quantity and quality of social relations are important with respect to resilience. *"Optimally, as the needs and circumstances of individuals change, and when confronted with stressful life events, social relations in the form of social networks and high-quality relationships, facilitate their ability to meet the challenges they face"* (Fuller-Iglesias et al., 2008, p. 184). Having close, affectioned relationships within the family, broader family and external environment is an important protective factor that stimulates resilience in later life because they make it easier to receive help, guidance and prevention (Van Regenmortel, 2006). Through social relations, people receive information, encouraging coping behavior, enhancing self-esteem and instrumental support (Fuller-Iglesias et al., 2008). Hence, integration into the community is important: having friendly neighors, people looking out for each other, a good community spirit and a good mix of people. This community integration is strengthened by paid work, voluntary work and community organisations (Clark et al., 2011). *"We found that there were differences depending on the personal characteristics of the individual (i.e. age, gender, and race), and social relations (i.e. network size and spousal relationship quality), in the presence of resilience in old age." […] Our findings indicate that a larger social network and a higher quality of relationships with spouse predicted fewer depressive symptoms and greater life satisfaction despite experiencing a significant number of adversities"* (Fuller-Iglesias et al., 2008, p. 190).

In this respect, research indicates that resilience is also related to loneliness (Rew, Taylor-Seehafer, Thomas & Yocky, 2001). Indeed, loneliness is said to contribute to *"age-related decreases in physiological resilience through its influence on health behaviors, stress exposure, psychological stress responses and associated physiological responses, and restorative processes that replenish physiological reserves and fortify against future stress"* (Allen, et al., 2011, p. 6). The level of self-efficacy is an important factor in this respect. *"[…] people with greater levels of self-efficicacy and resilience can mobilize emotional and psychological resources to face the stressful elements of their lives, and therefore, to express and feel more QoL satisfaction"* (Gerino et al., 2017, p. 7). Reversely, a reduced perceived self-efficacy is associated with more loneliness (Gerino et al., 2017).

1.2.2.3 The contextual domain

The contextual domain refers to *"a broader political-societal level including the efforts on this domain to deter community threats, improve quality of life and facilitate citizen participation"* (Janssen et al., 2011, p. 149). From this, it is clear that the environment plays a significant role in gaining resilience, by offering possibilities and by stimulating collective and individual participation (Van Regenmortel, 2013). The contextual domain includes following sources of strength:

1. Accessibility of health and social care.
2. Availability of social and material resources (e.g. mutual self-help groups).
3. Social policy (e.g. the possibility to go to a nursing home, income) (Janssen et al., 2011).

In sum, various environmental factors (e.g. care delivery) which are out of direct control of vulnerable elderly, also determine their resilience (van Kessel, 2013). In this respect, research indicates that resilience correlates with socioeconomic status (Fuller-Iglesias et al., 2008), financial-material means, housing and the living environment (Van Regenmortel, 2006). However, some research has found

that worsening financial circumstances were not significantly related to negative changes in QOL, nor are adequate financial resources considered a protective factor for adversities. *"Insufficient income may not be as threatening and indeed sufficient income may not be as protective as other, perhaps less tangible, circumstances"* (Hildon, Montgomery, Blane, Wiggins, & Netuveli, 2009).

1.3 Theories to stimulate resilience by realizing goals and dealing with adversity

In this paragraph, we discuss some theories that concern ways to stimulate resilience by realizing developmental goals and dealing with adversity.

1.3.1 Motivational theory of life-span development

Although the motivational theory of life-span development states that goals give meaning to life, they can also be a source of dissatisfaction and frustration if they are no longer attainable. Therefore one important aspect of resilience includes the *"adaptive processes and the dynamic interplay between the pursuit of personal (developmental) goals and the (developmental) adjustment of these goals to constraints, losses, or changes in action and developmental resources"* (Greve & Staudinger, 2006, p. 798). In this respect, the motivational theory of life-span development distinguishes between primary and secondary control processes. Primary control refers to realizing certain goals by taking actions to influence important outcomes in the environment. To do this, individuals need resources and competences, coping skills, and a feeling of being able to undertake those actions. Secondary control processes refer to motivational processes through which people bring themselves in line with environmental forces *"to minimize losses to maintain and expand existing levels of primary control"* (Janssen, 2013, pp. 86-87).

Old age goes together with increasing vulnerabilities (e.g. death of a partner, chronic illness) and diminishing resources to strive for primary control. Hence, secondary control strategies become more important: it becomes more feasible to adapt to a course of development experienced as irrevocably negative in order to preserve subjective wellbeing and psychological health. Indeed, the coping mechanisms change with age: adaptive processes that do not actively solve but rather 'dissolve' the problem become more promising: *"adaptations of the system of personal values and preferences, reinterpretations of stressful problem situations, changes in perspective and deliberate (downwards) comparisons are typical examples of processes that contribute to resolving the actual/ought discrepancy"* (Greve & Staudinger, 2006, p. 818). By adjusting expectations and values elderly can disengage from goals that are no longer attainable (due to environmental, health, … factors), and select goals that are more realistic to achieve. Indeed, sometimes it is better to change previous goals so energy can be used for other, more realistic goals (Greve & Staudinger, 2006).

1.3.2 Theory of Selective Optimization with Compensation

In line with the secondary control process of the motivational theory of life-span development, the model of Selective Optimization with Compensation is used to understand how people master the challenge of ageing. It states that *"adaptation to challenges in older age involves systematic reallocation of resources to pursue new goals, maintain functioning, and regain functioning"* (Hochhalter et al., 2011, p. 17). This model of adaptation becomes more important in old age because of the losses that come with it.

According to this model, there are three interactive processes. First, selection refers to *"restricting one's sphere of functioning to fewer domains to be able to concentrate on those of the highest priority"*. This reduction of domains allows for different goals, and states that the individual adjusts expectations. Second, optimization refers to *"a process by which individuals activate their reserve capacities to maximize their functioning in chosen domains"*. Third, compensation refers to *"a process by which individuals utilize additional resources to replace capacities that are reduced"*, such as written reminders as memory aid and technological assistance as hearing aids (Bauman et al., 2001, p. 4).

1.3.3 Problem- and emotion focused coping strategies

Another way to look at the realization of goals and dealing with adversity is the distinction between problem- and emotion focused coping strategies (Allen et al., 2011). Problem-focused coping refers to seeking information and support, taking action and identifying alternative rewards. However, when the problem cannot be resolved (e.g. a death of a loved one), people may engage in emotion focused coping, which refers to affective regulation, emotional discharge and resigned acceptance (Bauman et al., 2001). This form of coping mediates the impact of negative outcomes on resulting emotions, through positive reappraisal, revised goals, positive events or activities, and religious/spiritual beliefs. Indeed, positive emotional outcomes are created, which form a buffer between the stresses of an adverse event and the experience of negative emotions. Spiritual resilience is a form of meaning-based coping (emotion-based), and can be seen as *"[…] a process in which a person uses spiritual and/or religious beliefs and behaviors as a means of coping in the face of adversity"* (Allen et al., 2011, p. 8). The end state is also a positive emotional outcome (Allen et al., 2011).

1.4 Coping strategies, recommandations and interventions to enhance resilience

The modern vision on care presumes a shared responsibility of care receivers, the informal social network and professionals. Elderly are expected to realize their own care needs by using their competencies, qualities and strengths. Only when this is not sufficient the social network is summoned and professionals can come to the foreground. The latter increasingly provide care in the home setting of people and help them maintain their well-being by stimulating resilience. In this respect, a shift is taking place *"from cure to a balance between cure and care by strengthening the sense of mastery of older people and to support them to activate and/or enlarge their social network. Professionals are, in other words, expected to support care recipients in making the right choices that are in accordance with their wishes and expectations […]"* (Janssen, 2013, p. 15). Caregivers address resilience in various domains by appealing to and mobilizing strengths (Janssen, 2013), for example by strengthening and/or repairing the social network of elderly (Van Regenmortel, 2011) or by enhancing access to resources in the contextual domain (Van Regenmortel, 2006). In the scientific literature, various coping strategies are detected for the oldest old:

1. Cognitive strategies:
   a. Reframing
   b. Denial
   c. Positive self-talk
   d. Perspective-taking
   e. Seeking information
2. Social support:
   f. Maintaining social relationships
   g. Forming friendships
   h. Caring for pets
3. Involvement:
   i. Work
   j. Interests
   k. Volunteering
   l. Hobbies
   m. Learning
4. Spiritual practices:
   n. Prayer
   o. Meditation
   p. Religious services (Bauman et al., 2001)

Based on her PhD dissertation, Bienke Janssen formulates a number of recommendations concerning the resilience of elderly (who receive long-term community care). Caregivers should be aware that resilience is a process which takes time: accepting help and one's own vulnerabilities takes time because a period of doubt, talking and considering one's options precedes such acceptance. In addition, caregivers should consider the impact of their help on the feelings of elderly, and adapt their manner of communication so they take into account these feelings. Elderly in turn should speak earlier about their wishes and expectations, and try to accept help. Governments must try to be aware of the contextual barriers and make sure elderly can maintain in control of their situation as long as possible (Janssen et al., 2011). Further, formal and informal caregivers should develop recommendations that are consistent with the values of the elderly. Finally, reciprocity is important for the sense of mastery of elderly. *"Only when sources of individual strength and the interactional domain are attuned to each other can resilience, and thus a perceived sense of mastery, take place in older people in need of long-term community care. In order to promote the perceived sense of mastery, significant others need to approach older, vulnerable people in a positive way and regard them as resilient persons with their own identity, values and past"* (Janssen et al., 2012, p. 353). With respect to the last point, an optimistic view of ageing indeed has a positive effect on subjective health and life satisfaction (Janssen et al., 2011). This is important because the stereotyping of elderly is often associated with images of frailty, forgetfulness, and being out of touch with reality. Characterisations that are more positive would be those of wisdom, generosity and self-acceptance. Hence, it is important to shed the stereotypical negative images of old age (Bauman et al., 2001).

Based on the scientific literature, we derived some other ways to stimulate resilience (and successful aging). First, it is important to give elderly in nursing homes for example as much autonomy and control as possible by letting them do as much task themselves, make decisions about timing of moves, participating in a counsel of residents, deciding on the timing and duration of visits, … (Bauman et al., 2001). Second, resilience not only exists in the psychological (personality, coping style, coping skills) or social domain, but also in physiological domains. Everyday interventions such as physical activity programs are useful by relying on behavioural processes through which elderly increase physical activity via goal setting, problem solving and feedback. This leads to better health, reductions of stress levels, increased readiness to adapt to physiological challenges. In addition, there are interventions that intend to diminish the fear of falling (which is found to actually increase falling behaviour), by targeting attitudes and behaviours associated with a predisposition for falls. This leads to more self-efficacy for preventing and managing falls, decreased disruption of daily activities and better mental health. Further, resilience can be fostered by *"helping older patients select medical devices that are simple to use, encouraging use of organizational tools for medication adherence, providing instructions in well-organized text, encouraging patients to intentionally incorporate behaviors such as glucose monitoring into existing routines, and encouraging participation in decision-making by giving clear choices and adequate time to consider options"* (Hochhalter et al., 2011, p. 24). Next, family caregiver interventions and interventions that provide skills training are very successful, just like system-level interventions that aim to assist people throughout hospital-to-home transitions (Hochhalter et al., 2011). Last, life review therapy (i.e. *"a process of consolidating and redefining the self in the face of the difficulties encountered with aging"*) can stimulate resilience and reconciliation with past life (Bauman et al., 2001), and help to provide a sense of meaning and coherence in the face of adversity (Mlinac et al., 2011).

1.5 Resilience of people who live in poverty

In this paragraph, we discuss resilience of people who live in poverty. First, we describe a number of resources, which are specifically important for people who live in poverty. Next, we discuss the need for affective bonds, an internal locus of control and the 'fundamental attribution error', to finally discuss the role of shame with respect to poverty and its implications for resilience.

1.5.1 Resilience and sources of strength

People who live in poverty (and with a lower socioeconomic status) have less economic, social and cultural capital through which it is more difficult for them to benefit and learn from adversities, and thus to be resilient. Indeed, they are more often socially isolated, have no clear perspective on the future, have a difficult contact with social institutions, lack self appreciation and a feeling of mastery, and have more often the feeling of 'being lived' (Van Regenmortel, 2006).

Research shows that certain resources are especially important for the resilience of people who live in poverty. First, it is important not to take on the role of the victim because this may lead to passivity and low self-esteem. It is important to have the feeling of control, to be and feel useful and to help others. Second, positive identity formation is crucial for people who live in poverty (and who are often characterized by 'a negative identity') because it results in more self-respect. This can be realized for example by developing talents and artistic expression. Third, people who live in poverty and who have dealt with a traumatic experience (maltreatment, losing loved ones, …) need sufficient insight to correctly interpret and situate these traumas. This is important because the impact of such a trauma is strongly affected by the way others interpret it: rejection by the environment, humiliation and a lack of appreciation are often traumatic for people who live in poverty. Four, a positive and constructive perspective on the past is important because it affects the present and future. Five, people in poverty need to be an actor and not a spectator because agency results in a feeling of belonging, mastery of the environment and the own life. Six, people who live in poverty often receive more from others than that they give back. This may result in a dysfunctional balance of giving and receiving, and less reciprocity, which is found to be problematic. Therefore they should also give sufficiently by listening, helping, … Seven, when people who live in poverty do not feel at home in their own family, they could realize more autonomy and self-awareness by taking mental or physical distance ('detachment') from their family. This in turn could result in more resilience. Eight, people in poverty can adopt and search for 'alternative resources' such as significant others on who they can appeal during certain moments in life. The latter may help them relativize and soothe feelings of loneliness by taking on a different perspective on life. Nine, an affective and stable environment is important to help to give meaning to life. In this respect, 'thematisation' refers to giving meaning to specific happenings and no longer seeing them as negative, and 'opening' refers to being open to other people besides the own family or group which makes meeting possible. Ten, people in poverty need to learn skills and acquire competences, and gain sufficient critical awareness. This is essential because it helps to situate individual experience, which results in declining feelings of self-blame (for living in poverty) and no longer internalizing exclusion. Moreover, critical awareness and understanding of how power structures work, may lead to more participation and social action. Last, people who live in poverty need 'enabling niches', stimulating places where people feel safe, can make choices and develop self-esteem. Indeed, such places stimulate social contact, social support and the learning of skills (Van Regenmortel, 2006).

1.5.2 The need for affective bonds, an internal locus of control and the fundamental attribution error

According to attachment theory, people need to have an affective bond with others who they can trust (e.g. parents) because it forms a source of inner strength. However, people who live in poverty often lack such bonds (which are often passed through from generation to generation). The lack of such bonds is problematic because it results in difficulties acquiring emotional, cognitive, social and relational competences, and in a negative self-image and behavioral problems. Hence, it is not surprisingly that people who lack such bonds have more relational problems and conflicts (Van Regenmortel, 2006).

Besides an affective bond, people also need to have the feeling that they control their own situation (internal attribution) which refers to the concept of 'internal locus of control'. However, people who

live in poverty (with a lower socioeconomic status) are more often characterized by an 'external locus of control' (external attribution), the feeling that they do not control their situation. This is said to be related to a specific style of upbringing (through which the rules and power structures in life are learned in a lesser degree), fewer possibilities to control their future (less control, capital and possibilities), various experiences of failure and little of success (which leads to passivity and no longer having faith in a positive outcome), and a lack of positive experiences. In this respect, it is important to mention that although a feeling of control is in general positive, this may become problematic when this feeling is very strong and people are confronted with a loss of control. In addition, an external locus of control can be positive because it may lead to social activism, and protect against negative self-evaluation (Van Regenmortel, 2006).

The fundamental attribution error refers to the deadlock where people of higher socioeconomic status are more internally focused and therefore hold lower classes more responsible for their situation, while people of lower socioeconomic status lay the cause of their situation more in external factors. Moreover, people of higher socioeconomic status 'as outsiders' have less knowledge of 'the insiders' (i.e. people of lower socioeconomic status), through which they tend to focus more on individual instead of structural factors. Caregivers for example often have a higher socioeconomic status than people who live in poverty and who receive help: the present stereotyping may affect the service provision (Van Regenmortel, 2006).

1.5.3 Poverty, shame and resilience

Although poverty is often in first instance regarded as an economic and sociological problem, it is essential to also recognize and understand the psychological processes and consequences of poverty. However, in this respect it is important that the focus on the psychological dimension of poverty does not individualize the poverty problem and does not result in 'blaming the victim' (Van Regenmortel, 2006).[3]

With respect to the psychological dimension of poverty, it is important to realize that mastery is the outcome of sense making processes and strongly determined by the intrapersonal component of psychological empowerment, namely how people think about themselves through perceived control, competence and efficacy. The latter also strongly influences if and to what extent people engage in certain behaviours to realize desired outcomes (Janssen, 2013). In this respect, the scientific literature about poverty indicates that living in poverty has an impact on what people think and how they feel (e.g. shame), psychological processes which in turn affect decision making and behavior (Plantinga, 2019).

A positive relation is found between socioeconomic status and one's sense of mastery: there is *"a positive relationship between social class and intrapersonal factors like perception of control and self-efficacy whereas a negative relationship was found between social class and the intrapersonal factors like critical understandings of the social environment"* (Janssen, 2013, p. 89). In addition, there are indications that poverty is related to more stress, shortsightedness and risk aversion. Moreover, poverty strongly relates to feelings of shame, which can be defined as *"an overwhelmingly powerful emotion that is associated with feelings of worthlessness, inferiority, and damaged self-image"* (Plantinga, 2019, p. 16). People feel ashamed when they themselves ('internal judgements') or other people ('external judgements') think that they did something wrong, or have incompetent or immoral behavior. These feelings go against a feeling of mastery. With respect to poverty, many people who live in poverty are specifically characterized by 'financial shame', which can be defined as *"shame that is caused by or related to one's financial situation"* (Plantinga, 2019, p. 15). People who are characterized by financial shame feel less in control of their financial

3 With respect to poverty, a distinction can be made between absolute and relative poverty (which both correlate). While absolute poverty refers to not having enough to cover basic needs, relative poverty refers to having less than people around you. Another distinction can be made between objective versus subjective poverty. Objective poverty refers to living below a certain income threshold, and relative subjective poverty refers to feeling that you do not have enough (Plantinga, 2019).

situation, think more about short-term rather than long-term financial issues, and have more financial and general stress (Plantinga, 2019).

Since the way people think about themselves affects their decision-making and behavior (and their mastery), not surprisingly, feelings of shame are accompanied by specific motivations and behavior. Indeed, shame is a functional emotion that encourages people to restore their (damaged) self-image by 'approach behavior' or by protecting it from further harm by 'withdrawal behavior' (Plantinga, 2019). Strategies of people in poverty to cope with financial shame are trying to escape poverty, keeping up appearances, derogating others and withdrawing from social situations (in order to avoid being judged or stigmatized). It is said that social withdrawal is only the second preferred coping strategy, after approach and repair behavior. In this respect, it is for example found that people who live in poverty are more interested in status and status products that could restore their damaged self-image (by 'keeping up appearances'). However, since people who live in poverty often cannot restore their self-image by buying various status products (because of a lack of means), they not rarely deal with this by social withdrawal. In sum, research indicates that a poor financial situation is positively related to social withdrawal, a link which is mediated by feelings of shame. But although stigmatization is avoided through social withdrawal, it also prevents people from claiming benefits or receiving aid, which may deepen poverty and stimulate certain behavior. *"These factors seem to be locked in a vicious cycle, with financial problems and shame leading to social withdrawal and vice versa. This might create a poverty trap that is hard to escape […]"* (Plantinga, Zeelenberg & Breugelmans, working paper 2018, p. 12). Seligman, the founder of the positive psychology, states in this respect that it is important to focus attention on gaining positive emotion, competence, virtues, and talent (Van Regenmortel, 2006). Thus, since poverty affects the extent to which people make use of the possibilities offered to them, more than just financial support should be offered to combat poverty (Plantinga et al., working paper 2018). Indeed, one-size-fits all solutions do not exist because poverty is multidimensional, complex, unclear and changeable. Therefore, it is important to study the effects of poverty on psychology, decision making and behavior (Plantinga, 2019).

When we analyze the literature concerning resilience and poverty, we can hypothesize that elderly who live in poverty have less sources of strength that lead to resilience than elderly who do not live in poverty. Indeed, elderly who live in poverty are characterized by more problems on various life domains that presumably negatively correlate with resilience, certainly because the elderly still live in poverty and thus didn't find a way to escape it (and to acquire resilience). Indeed, general resilience literature states that although dealing with various adversities during a life time may have positive and protective outcomes in the form of the accumulation of resilience (Manning, 2013), continuing adversity (e.g. living in poverty during a long time) is related to lower levels of resilience (Siriwardhana et al., 2014). Furthermore, we hypothesize that people who live in poverty find different resources important than people who do not live in poverty. Indeed, research indicates for example that families of lower socioeconomic class find family transactions with and support from the community more important than internal family strength (McCubbin & McCubbin, 1988).

1.6 Resilience of people with a migration background

1.6.1 The impact of culture on resilience

The elderly population becomes increasingly diverse with respect to its cultural background, through which it is important to gain more insight into the possibilities and challenges this poses for service delivery and resilience (Hinton, 2002). *"More research […] is needed in order to better understand the diverse aging population and their current resilience and future needs"* (Yee-Melichar, 2011, p. 144). In this respect,

the ecological view states that resilience varies according to cultural belief systems, values and traditions (Siriwardhana et al., 2014; Ungar, 2008; Becker & Newsom, 2005; Hinton, 2002; Consedine, Magai & Conway, 2004).

Culture can be defined as *"a shared, learned, symbolic system of values, belief, and attitudes that shapes and influences perception and behaviour […]"* (Yee-Melichar, 2011, p. 138). It affects resilience through its impact on adversities, resources and the patterns of positive adaptation to adversity and the aging process in general (Consedine et al., 2004; Earvolino-Ramirze, 2007). Culture not only determines which developmental goals and desires are put forward, but also which abilities and skills are appreciated (Yee-Melichar, 2011), and how people mobilize internal and external resources. Furthermore, culture has an impact on ideas and values (Tummala-Narra, 2007) concerning resilience, health, illness (Kwong, Du & Xu, 2015; Becker & Newsom, 2005), aging, loss, dependency (Tummala-Narra, 2007; Consedine et al., 2004), and on healthy development in general. It has for example an impact on conceptions of the self in relation to the community: personal autonomy and self-expression are often held as ideal in cultures where individualism and individual accomplishment are highly valued, whereas the interdependence of people and relationships with family and community are more important in cultures with a more collectivistic orientation (Tummala-Narra, 2007). Ethnicity and culture also impact role expectations, coping and self-care strategies, lower service utilization patterns of ethnic minorities, responses to (cancer) treatments, preferences for care, provider behaviors, vulnerability to changes in the organization, financing of health care, help seeking behavior, caregiver burden (Hinton, 2002), and access to social support networks (Tummala-Narra, 2007; Consedine et al., 2004).

Research shows for example that some ethnic minorities such as African Americans use spirituality more often than Caucasians (Allen et al., 2011) and that they find spirituality more important, while US-born were more likely to benefit from nonreligious social connectedness. Indeed, ethnic differences in later life adaptation seems to be strongly affected by social networks, emotions, emotion regulation and religion. Further, research indicates that suicide rates of some minority groups may be lower because of familialism, the emphasis on close relationships with extended kinship, and because of more connectedness to social institutions such as family, church and social support systems. *"Culture relates to the meaning of life of a group of people, it relates to how they live and work (skills), what they hold as right and important for them (values) and it also goes with faith and religion. Culture is a vital part of the identity. Identity is a central part of our personality; it may be seen as the core […]. If you take the culture from a people, you take their identity, and hence their strength – the resilient factors. If people are stripped of what gives them strength, they become vulnerable, because they do not automatically gain those cultural strengths that the majority culture has acquired over generations"* (Yee-Melichar, 2011, p. 137). In short, it was posed that resilience might be stronger in culturally rich minorities: culture has developed manners of behaviour that stimulate resilience through which immigrants and ethnic minorities seem more resilient than those who do not acclimate to the new culture or those who are strongly acculturated. In this respect, it has been found that three factors clearly contribute to their resilience: external support networks (e.g. from family, friends, neighbors, …), abilities (e.g. physical and mental strength, temperament and emotional stability, intellect and appearance) and skills (internal support such as communication skills, social and emotional skills) and meaning, values and faith (existential support such as perception of values and attitudes) (Yee-Melichar, 2011, p. 136).

When assessing the role of culture with respect to resilience, it is important to gain understanding of how a specific culture defines resilience (Ungar, 2008) and to what extent people identify with a cultural group and the mainstream culture. Further, it is important to keep in mind that ethnic minorities are often confronted with the presence of two (or more) cultural contexts that affect their resilience (Tummala-Narra, 2007). Therefore, it is important to take into account the cultural variation that goes further than the distinction between ethnic majorities and ethnic minorities (Consedine et al., 2004). Indeed, it is essential to understand the nature of cultural experiences to explain why certain people age differently from others. These experiences may be affected by the moment they

immigrated, differences in present experiences, legal status, reasons for marriage, adaption and challenges, and pre-immigration culture and values, … In some instances, loneliness and alienation are for example expressed by third wave immigrants who are confronted with the financial and medical burden of caring for their elderly parents who sometimes do not have the same legal rights to benefits. In sum, it is important to take into account the personal experiences from their earlier life stages, because later life is determined by experiences earlier in life. Hence, *"[…] comprehensive research on resilience and aging would benefit from an examination and inclusion of cultural and ethnic perspectives relevant to older people. It shows the heterogeneity in resilience of older people as well as the cultural and ethnic perspectives in what older people will need addressed to be resilient in their lives. […] Health and human service providers who interact with an older person must adjust their responses to that individual by taking into consideration the person's level of resilience, culture and ethnicity"* (Yee-Melichar, 2011, p. 133).[4]

1.6.2 Adversities ('risk factors')

A risk factor can be defined as *"a condition that increases the likelihood that a person will experience adverse health outcomes"* (Fu Keung Wong & Song, 2008, p. 132). Research finds various adversities that are more often present among ethnic minorities and immigrants: cultural dislocation, acculturative processes (e.g. learning a new language, contending with the contradictions between cultural values concerning family), discrimination, structural, social and economic difficulties (Wu & Penning, 2015), a lack of knowledge of services (Boneham, Williams, Copeland, McKibbin, Wilson, Scott & Saunders, 1997), language barriers, poor living conditions, losses in social networks and social status, and migration stress (i.e. *"stress that results from handling such survival issues as employment and financial problems, losses, cultural differences and unmet high expectations"*) (Fu Keung Wong & Song, 2008, p. 133). Further, minority status correlates with socioeconomic status, which consequently could also be a risk factor (Hinton, 2002). It is also found that people who immigrated in later life are particularly vulnerable because they could be seen as 'too old to socialize' certain influences of the host country through which their adaptation and acculturation is slower and more problematic (Wu & Penning, 2015).

A last risk factor is loneliness. Indeed, ethnic minorities and immigrants report higher levels of loneliness than natives (Wu & Penning, 2015; Visser & El Fakiri, 2016), which is partly explained by cultural factors such as specific norms and values concerning family, social engagement, (expectations of) social relationships (Victor, Burholt & Martin, 2012; Dong, Chang, Wong & Simon, 2012). Indeed, although some ethnic minorities emphasize the importance of family relationships, those family members sometimes cannot adhere to these expectations. *"Existing qualitative studies suggest that there are cultural differences among the perceptions of loneliness which subsequently affect its coping strategies"* (Don et al., 2012, p. 156). Further, social relationships sometimes do not fulfill the expectations because they are affected by immigration, acculturation, economic distress, cultural and linguistic issues, national culture and socioeconomic disadvantages of immigrants (Don et al., 2012). Research clearly indicates that ethnic minorities have more risk factors with respect to loneliness than natives do, and this on various domains: demographic, socioeconomic, health, and perceived discrimination (Visser & El Fakiri, 2016). Furthermore, there are also differences between immigrant groups with respect to loneliness: this suggests that different ethnicities reflect pre-existing cultural differences embedded within these groups. First generation immigrants are for example found to be lonelier than third generation immigrants are: loneliness declines with increasing years of residence for those who had a shorter length of residence but increases with years of residence for those who had a longer length of residence. Indeed, a life course perspective conceptualizes aging as a consequence of social and temporal processes that differentiate individuals within and between cohorts. It states that the historical circumstances encountered earlier in life shape the life experiences of different groups: life

4 The latter refers to the idea of 'ethnic ethics' which is the belief that different practices fit aging elderly according to their specific culture (Yee-Melichar, 2011).

course transitions, when people migrated, the duration of the residence, the pre- and post-immigration cultural experiences, ethnic, racial and cultural circumstances, generational status, ... *"[…] the findings of this study attest to the significance of immigrant status for an understanding of loneliness in later life but suggest a need to acknowledge the diversity of immigrant experiences associated with such lifecourse factors as immigrant generation, length of residence and racial/ethnic background. The impact of these and other determinants of loneliness is also likely to differ depending on the age group or cohort within which individuals are currently situated"* (Wu & Penning, 2015, p. 89).

Research in Belgium indicates that the differences between ethnic groups (Turkish, Flemish and Moroccan) with respect to loneliness are related to the level of integration, the attachment to the own ethnic group, the length of residence in the host country, age, level of education and gender. In this respect, a high level of integration and a strong attachment to the own ethnic group correlate with lower levels of loneliness.[5] Further, loneliness among ethnic minorities is also strongly related to their social relations: the more friends people have in their own ethnic communities, the more contact they have with family members in their countries of origin, and the more frequently they chat with their ethnic neighbours, and the less reported loneliness. In this respect, ethnic minorities can be affected by 'the double absence', the absence of involvement in social networks in the country of origin and not succeeding in building new social networks in the new country of residence (Vancluysen & Van Craen, 2010).

1.6.3 Sources of strength ('protective factors')

> *"When attention is given to how people manage illness and frailty in later life, most work focuses on white samples, with little attention given to members of ethnic minorities. […] research on minority aging has focused on pathologies and deficits and has given little attention to the resources and cultural strengths within minority communities"* (Becker & Newsom, 2005, p. 214).

Protective factors *"serve to decrease the likelihood that a problem behaviour or poor health condition will surface, and mediate and promote the development of resiliency"* (Fu Keung Wong & Song, 2008, p. 133). Research indicates that the presence and/or importance of some resources differ between some ethnic minorities and natives: the time spend with family (McCubbin & McCubbin, 1988), family support and cohesion, external support networks (Kwong et al., 2015), spirituality (Becker & Newsom, 2005; Consedine et al., 2004), and the view on dependency (Becker & Newsom, 2005). With respect to the latter, a negative view of dependency is presumably culturally based: it might result from the failure to adhere to the individualistic values of Western society (Consedine et al., 2004). Further, spiritual resilience is found to be more present among minority groups (Allen et al., 2011). Moreover, spirituality might be related to social connectedness and social networks because it could replace some needs fulfilled by the social network (Consedine et al., 2004). According to some researchers, traditional cultural values are not a protective factor because the cultural expectations with respect to family togetherness is often difficult to achieve in the country of residence (Wu & Penning, 2015). In this respect, it has also been found that *"immigrants and people from minority cultures who master the rules and norms of their new culture without abandoning their own language, values and social support seem more resilient than those who just keep their own culture and cannot acclimate to their new culture or those who become highly acculturated"* (Yee-Melichar, 2011, p. 137). Further, elderly find their cultural identity important because they rely upon it to maintain status within their community. Moreover, it serves as their social support system, which makes it possible to share their culture with younger generations (Yee-Melichar, 2011). Other

5 Integration refers to "learning a new culture, an acquisition of rights, access to positions and statuses, a building of personal relations to members of the receiving society and a formation of feelings of belonging and identification towards the society" (Vancluysen & Van Craen, 2010, p. 438). Ethnic attachment refers to "the immigrant's subjective identification with a particular ethnic group and maintenance of intimate socio-cultural ties with members of that group. […] cultural loneliness can occur when immigrants perceive their ties to their own cultural heritage have been broken" (Kim, 1999, pp. 1083-1084).

(more general) protective factors with respect to resilience are income, wealth, knowledge base (Adger, Kelly, Winkels, Huy & Locke, 2002), and being positive and optimistic about migration (Fu Keung Wong & Song, 2008).

1.7 Conclusion

Elderly need sufficient resilience in order to 'age successfully' and for 'successful development'. Indeed, resilience is necessary to deal with various (age-related) adversities people face when growing older, and to maintain a high quality of life. Based on the definition of resilience (i.e. *"patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function"*), we extract a number of important aspects of this concept. First, it contains adversities which are inherently subjective, and which can present themselves on various (physical, psychological, social) domains. Second, people possess numerous (interrelated) sources that give rise to resilience, and that can be found on the individual/psychological, interactional and contextual domain. Third, resilience refers to specific processes that help people to realize goals and deal with adversities. In this respect, through primary control processes people try to realize specific goals they put forward (based on comprehensibility, manageability and meaningfulness). Secondary control processes come to the foreground when people are not able to realize specific goals. Then, they apply psychological processes through which they adjust goals, expectations, preferences, … to the specific context. From this, it becomes clear that resilience is a process which takes time (not in the least because elderly themselves need to understand and be able to express their problems).

When we look specifically at elderly, we need to take a few things into account when assessing resilience. First, elderly are not only characterized by various age-related adversities (health problems, decease of a partner, memory problems), but also by a decline of resources that give rise to resilience (due to their augmented vulnerability). Because of these increased adversities and decreased resources, secondary (psychological) control processes become more promising over primary control processes. Further, poverty also seems to have an impact on resilience. Indeed, many people who live in poverty are confronted with (financial) shame (i.e. *"an overwhelmingly powerful emotion that is associated with feelings of worthlessness, inferiority, and damaged self-image […] and which is caused by or related to one's financial situation"*). Feelings of shame have an impact on how people feel, think, make decisions and act. Indeed, shame is related to feeling less in control and having less self-efficacy, more stress and more short-term thinking. This in turn leads to specific behavior, which is used to deal with (financial) shame: trying to escape poverty, keeping up appearances, derogating others and ultimately social withdrawal. The latter strategy, social withdrawal, is found to result in fewer resources (by claiming benefits and aid in a lesser degree). Besides age and poverty, having a migration background also seems to affect resilience. Indeed, culture affects resilience through its impact on adversities, resources and the patterns of positive adaptation to adversity and the aging process in general. In this respect, culture not only determines which developmental goals are put forward, but also which abilities and skills are appreciated, and how people mobilize internal and external resources. Hence: *"Another important area yet to be explored is whether or not resilience may manifest differently within different racial/ethinic and cultural contexts"* (Allen et al., 2011, p. 10).

Based on the scientific literature, we ascertain that relatively little research has been conducted about resilience in old age (Fuller-Iglesias et al., 2008; Manning, 2013). *"[…] little is known about the resources that contribute to resilience and well-being in the elderly […]"* (Gerino et al., 2017, p. 2). *"[…] the interaction between stress factors and the protective resources that constitute the phenomenon of resilience has not yet been researched sufficiently"* (Greve & Staudinger, 2006, p. 832). *"Although different authors refer to the importance of the context in which resilience processes take place and indicate that external factors, like the social environment, play a role, little research has paid explicit attention to how this mechanism works in practice"* (Janssen, 2013, p. 91). Hence, more research is needed about the working mechanisms in these resilience processes of elderly.

2 | Methodology

In this chapter, we briefly discuss the methodology applied. In the first paragraph, we present our research objectives. Subsequently we discuss the applied research design, the data collection, and the characteristics of the respondents. Last, we discuss the analysis of the interviews, the quality procedures and ethics.

2.1 Objectives

In this research project, we gain insight into the complex interplay of the factors that give rise to resilience among vulnerable elderly. This refers to age-specific and lifelong adversities (on physical, psychological, social, … domains), the interrelated sources of strength that give rise to resilience (on the individual, interactional and contextual domain), and the primary and secondary 'control processes' that are applied to realize and/or adjust goals in a specific context. By gaining more insight into these processes, we acquire knowledge about how resilience and mastery among elderly can be stimulated. Since elderly with little financial resources or with a migration background often have less economic, social and psychological capital, we assume that they also have less (and perhaps other) resources that give rise to resilience, and that they might use those resources differently.

2.2 A narrative research design

To gain (exploratory) insight into the complex interplay of the factors that give rise to resilience among elderly, we conduct 15 topic-led interviews with 'vulnerable' community-dwelling elderly. In this respect, we take on a narrative research approach, which refers to *"the study of how human beings experience the world"* (Moen, 2006, p. 56). A narrative can be defined as *"a story that tells a sequence of events that is significant for the narrator or her or his audience"* (Moen, 2006, p. 60). Narratives are used to organize experiences into meaningful wholes, express emotions and convey beliefs. They are often used to explain what specific events, symbols, practices or places mean to the people telling them. This implies that a narrative cannot be separated from the specific social, cultural and institutional setting of the individual that tells it. Moreover, it assumes that there are 'multiple truths' (Fraser, 2004). Indeed, there is no static and everlasting truth because there are different subjective positions from which we experience life. Therefore not surprisingly, narratives often differ depending on where, why, and to whom the stories are told to (Moen, 2006).

Narrative research focuses on how individuals assign meaning to their experiences through the stories they tell (Moen, 2006). Narratives are seen as a good unit of analysis because they allow to understand how human actions are related to the specific context in which they occur (Fraser, 2004). This is of paramount importance because *"to understand a human being, her or his actions, thoughts, and reflections, you have to look at the environment, or the social, cultural, and institutional context in which the particular individual operates. […] the narrative presents both the context and the web of social relationships"* (Moen, 2006, pp. 64-65). Narrative research is a collaboration process between researcher and respondent: stories of experience are created in a dialogue with the respondent (Moen, 2006). Although researchers may use a topic-based schedule, they are not governed by it. *"[…] little energy is usually expended trying to create the 'right' questions because it is more important to concentrate on the '… narrator's self-evaluative comments, meta-statements, and the overall logic of the narrative'* (Fraser, 2004, p. 185). Narrative research is characterized

by a conversational style of interviewing where interviewers take on an informal and friendly stance to create a climate of trust (Fraser, 2004), and where there is a sense of equality between the participants. Moreover, the interviewer is nonjudgemental (Moen, 2006), takes the time to 'really listen' and does not rush the respondents nor push them to give specific information. During the interview, stories are processed together with the respondents along the way and stories that do not immediately seem to be relevant are allowed to be commented. Moreover, some of the interpretations that are made by the researcher can be shared with the respondent during the interview (Fraser, 2004).

The data of narrative research often consists of transcripts of people talking reflexively about their life experiences (i.e. large, content-based, biographical and social interpretations). When analyzing these data, it is appropriate to address both structure, context and content. Indeed, narratives allow to investigate how stories are structured, who produces them, which mechanisms are at play, and what they mean (Squire, Andrews & Tamboukou, 2014). In doing so, narratives can help to understand interactions between individuals and groups, and help to validate knowledge of 'ordinary' people which serves to develop new frameworks and theories (Fraser, 2004). In this respect, it is important that the interviewer describes the interview in detail ('thick description'). He notes personal observations about the participants, the setting, body language, how an interview starts, unfolds and ends, the type of and direction of the stories, contradictions, how the respondents formulate phrases and ideas (the words chosen and how they are emphasized) (Moen, 2006; Fraser, 2004).

Last, narrative research itself is also a form of storytelling which is inherently political and subjective (Fraser, 2004). According to postmodern theory, knowledge production is not a neutral enterprise, but rather sociopolitical: knowledge representation refers to how researchers present their findings, how they communicate and share their information, the order used to connect parts and items, the discourse and rhetoric. *"Narrative comes from narration, which means telling the tale. A narrative creates meaning through a certain (temporal or causal) sequence (plot line) by highlighting certain people (characters), and through a moral endpoint"* (Abma, 2002, p. 7). Indeed, researchers and storytellers collaborate to produce an intersubjective understanding of the narratives (Moen, 2006), which therefore cannot claim to deliver certainty (Fraser, 2004).

Based on the above, we find that narratives are appropriate to gain insight into resilience processes of 'vulnerable' elderly because they allow to gain insight into the personal life histories and past experiences of people, the specific context and subjective meanings people attribute to specific events (e.g. personal goals put forward). Indeed, it is essential to gain insight into these aspects in order to understand resilience and development processes in general. In this respect, we describe how vulnerable elderly deal with specific adversities, and we verify if the building stones that are expressed in the narratives correspond with those found in the scientific literature.

2.3 Data collection

As stated before, we focus on community-dwelling 'vulnerable' elderly. In order to find respondents, we contacted various organizations in Belgium who work with elderly with limited financial means or other vulnerabilities that strongly affect their wellbeing. We asked the responsibles of those organisations if they wanted to participate to our research project by asking some of their participants if they were willing to give an interview. We explained that we looked for vulnerable elderly of 55 years or older, who speak Dutch, only have a moderate to low income, are able to give informed consent and to hold a conversation for at least one hour, and who have a reasonable insight into their own lives. Further, we tried to reach a relatively divers group of respondents with respect to gender, age, household status, and migration background.

A number of organisations were not willing to find suitable respondents for our research project because they were already asked too often to participate to academic research projects, and other organisations were not able to find respondents because of specific criteria such as the necessity that the participants are vulnerable and speak Dutch. In the end, we interviewed 15 vulnerable elderly in

total: three through the organization Stapje in de wereld (via Welzijnsschakels Vlaams-Brabant), two through BuurtPensioen which is situated in Brussels, three participants of Recht-Op in Antwerp, six through Open Huis, and two more through Bindkracht. Both Recht-Op and Open Huis organized (in total) nine interviews in the building of their organization. We contacted the other six respondents through mail or telephone and proposed them to have the interview at a place they felt most comfortable with (preferably a calm place). We conducted those interviews in the building of our research institution, the homes of the respondents, a bar nearby a train station and on a bench outside.

The interviews were held between 27 May 2019 and 10 July 2019, and took one hour and ten minutes on average: the shortest interview took 38 minutes and the longest interview about 108 minutes. At the start of each encounter, we briefly discussed the activities of the researcher, explained the aim of the research project, and asked informed consent of the respondents. Each interview started with the question if they could present themselves in short (upbringing, work situation, family situation, housing, …), and what they do during the day. Based on that information, we asked them to speak about what gives them strength and energy in life, what difficulties they have encountered, and how they dealt with and experienced those difficulties. The topic-list we used to help us guide the conversations (and which is written in Dutch) can be found in appendix. When saturation is reached, depends on the scope of the study, the quality of the interviews and the appropriateness of participant selection. We stopped the data collection after 15 interviews because we felt no more information was added and replication of data occurred.

2.4 Respondents

We interviewed 15 vulnerable elderly in total, of which six men and nine women. Two respondents were not born in Belgium of which one can be considered a person with a migration background (the other respondent has the Belgian nationality since birth). Further, the mean age is 72 years old. One respondent is 58 years old, five respondents are in their sixties, eight respondents are in their seventies, and one respondent is 87 years old. Ten of the respondents live in Antwerp, two in Brussels, two in Leuven and one in Oostende.

Most of the respondents are either widowed or separated/divorced. One respondent lives together with her partner, two live with family member(s) (such as children), and the rest lives alone which makes them especially vulnerable and susceptible to loneliness. Eleven of the fifteen respondents have children, and almost none of the respondents need intensive care from health or social care organisations. With respect to housing, we find that only two of the respondents own the home they live in, 12 rent their home and one lives in the home of her child. With respect to their socio-economic status, we find most of the respondents to have a relatively low income: 13 of 15 have an income less than 1,400 euros each month. Further, there is quite a lot of variation with respect to the problems that impact the lives of the respondents: loneliness, sexual abuse (as a child), poverty, health problems, psychological/emotional problems, divorce, decease of partner, familial problems, … Last, all the respondents were contacted through specific organisations. The fact that the respondents all found their way to these organisations and are therefore relatively 'socially active', might impede the representativeness of the sample of respondents. This is however not a problem since it is not our goal to realize statistical representativeness.

2.5 Analysis, quality procedures and ethics

The interviews were recorded and transcribed verbatim. Subsequently, we performed a thematic content analysis which was based on our study of the scientific literature: we used the overview of themes and concepts we derived from the literature (concerning resilience, sources of strength, adversities, strategies to deal with adversities), and expanded this with the information derived from our interviews. Through this iterative process, the first author labelled the interview transcripts based on the

concepts derived from the literature. In doing so, the literature functioned as 'sensitizing concepts' by giving us a reference point and guidance to analyze our empirical data. *"Whereas definite concepts provide prescriptors of what to see, sensitizing concepts merely suggest directions in which to look. Sensitizing concepts […] do not have a full operational definition, and leave room for the researcher to find out how the concepts manifests itself in the data"* (Janssen, 2013, p. 46). Interview quotes are often presented in order to illustrate concepts or sources of strength.

To guarantee the external validity of this study, we applied 'thick description' of the studied context and meanings expressed by participants so the readers can assess the potential transferability of the results to other settings (Janssen, 2013). Last, we asked informed consent of every respondent before starting the interview, and we removed the names and other personal characteristics to ensure anonymity. Moreover, the transcripts were not shared with anyone during the research project, and the transcripts are given a code through which anonymity is safeguarded.

3 | Resilience of vulnerable elderly

In this paragraph, we discuss our research results, which are based on 15 narratives of vulnerable elderly. We find that those elderly use a mix of resources and methods to deal with adversities that influence their general resilience and wellbeing. We make following distinction with respect to the sources of strength that give rise to resilience (which is based on the work of Janssen, 2013): sources on the individual, interactional and contextual domain.

After discussing the sources of strength on the different domains, we describe how the sources of strength are interrelated within and between the the domains, and explain how the respondents use both primary and secondary control processes to deal with adversities. Last, we present the narrative of Tom, which is a good example of how people use various sources of strength and primary and secondary control processes to deal with adversities.

3.1 Individual domain

In this paragraph, we describe the sources of strength that give rise to resilience on the individual domain. This refers to *"the qualities and sources of strength within older people"* and consists of 'beliefs about one's competence', 'efforts to exert control' and 'the capability to analyse and understand one's situation' (Janssen, 2013, p. 47).

3.1.1 Pride about one's personality and an optimistic life view

Being proud of one's personality is a source of strength that gives rise to resilience. Respondent 15 for example lived for a long time in poverty because his invalidity made him unable to work and led to high medical costs. This negative spiral made him feel angry and bad, and even resulted in social withdrawal. This respondent explains that by engaging in social organisations he regained pride in himself and a sense of self-worth, which gave him the energy to deal with his problems. *"At the time, they [people from the social organisation] asked me to come back. During those five years [when his financial difficulties were very high], nobody has asked me that. I was so little approachable that nobody was waiting for me. So that was pleasant, and I went back. That's something: from time to time they ask you something, and people take into account what you say. That is very different from when you always need to talk about those debts and when they say it's your own fault all the time. [..] It was especially the self-worth that gave me a boost. That's more for a human being than you can imagine"* (respondent 15).

Various respondents are proud of their personality (being honest and courageous, having a good heart and meaning it well), the activities they undertake (editing a book, meeting politicians to discuss social issues, helping others, counteracting injustices, ...) and their knowledge (respondent 4, 5, 6, 9, 13, 14). *"I am a very good person. […] I am not educated, but I am good with my mouth. […] Also, the mayor of [a certain city], they call me, they know me from meetings. […] I was even invited various times to the royal palace"* (respondent 9). Further, respondent 4 is proud that she always tries to deal with injustices in her life. *"You should let people take advantage? No, I cannot do that"* (respondent 4). *"I follow myself. I try to live like a good human being. […] Than I think that I did everything what I could, and to help my fellow citizens if necessary"* (respondent 5). Last, various respondents are proud that they are independent (respondent 5, 6, 13, 14). *"Does it look like I need help? […] I still do everything myself"* (respondent 6).

In this respect, being proud about one's own personality seems to be often related to having an optimistic life view, which in turn helps to deal with various adversities.[6] Indeed, having an optimistic personality is related to both primary and secondary control strategies with respect to problem solving behaviour. With respect to primary control strategies, we find that respondents with an optimistic personality often mention how they (would) deal with problems (respondent 1, 14). *"I have the feeling I can handle the world quite well. I mean, if I have a problem, I can solve it quite easily. With respect to almost everything. I of course, also have my limitations. I think about what I can do and how I can solve something"*. And if he cannot cannot solve a specific problem himself, he asks others for help. He states that this optimistic life view helped him when his partner died: although he had a hard time because everything fell away, he did not 'go sit in a corner' (respondent 14). Respondent 1 also has an optimistic personality and has the feeling that there will always be a solution to any problem she will encounter: buying a caddy to do groceries, taking cleaning help, letting somebody live in her house to help her out or installing a stairlift to go upstairs in her house. *"There will always be a solution. […] I'm not worried, let me put it like that"* (respondent 1). On the other hand, a respondent who we classify as not having a positive outlook on life, neither looks forward to trying to solve his problems: *"I don't look forward to that no"* (respondent 10). This refers to a lack of meaningfulness with respect to solving some of his problems (~ Antonovsky's concept 'sense of coherence').

With respect to secondary control processes, an optimistic personality seems to be strongly related to being able to accept setbacks that cannot be overcome. It seems that people with an optimistic personality try to concentrate more on all the things they can still do instead of the things they no longer can do, and to relativize. *"I have no problems. You need to relativize. […] You need to adapt everywhere. […] When you are positive, you don't first see things negative, but positive. That's what helped me, being positive"* (respondent 8). *"I will not quickly let myself go or sorrow"* (respondent 9). *"I think [a positive personality] helps me to get over certain things [...] You cannot let yourself go when you feel down. […] You choose if you want to worry and have black thoughts, or if you want to continue. […] I have learnt [to be optimistic] […]. That is always about being positive and working on yourself, not letting yourself go, and self-reflection"* (respondent 6). In this respect, some respondents talk to themselves to stimulate an optimistic life view, and to encourage themselves to handle problems such as loneliness and depression (respondent 3, 6, 12). Respondent 6 for example often speaks to herself in order to be positive when she feels down. *"Yes, because life isn't easy and you need to be an optimist. You cannot let yourself go, and you always needs to try to find solutions"* (respondent 6). *"I often fell deep, but every time I got myself out of it. […] Very difficult, because you are alone. You need to fight against yourself and say 'common, it cannot go that far again'. […] I learned to talk to myself the last few years"* (respondent 12).

Further, various respondents state that having an optimistic personality also helps to form social relations because nobody likes to be around 'complainers' (respondent 3, 11, 15). Respondent 5 says that although it is important to talk about specific problems (e.g. cancer, death partner, …) with friends or family, it is essential not to complain too much. After her husband's death, she fell into 'a black hole', but got out of it by being positive and not complaining too much: *"You try to keep standing and foremost not to complain to everybody. […] It doesn't help to nag every day. […] You try to survive [during cancer treatment]. It also depends a lot on your character: if you complain a lot, it has a negative influence on the people you know. If you always complain, they will go walk on the other side of the street when they see you coming. If you have a positive personality, you will receive a lot of help from people. That is what I also experienced myself"* (respondent 5). *"People don't always sympathize [with someone's health problems]. They themselves also have their issues, so they don't always want to hear from other people what's wrong with them"* (respondent 11).

6 On the other hand, some respondents who aren't very proud of their own personality (e.g. "I am nothing [...] I'm not very smart") and who have a rather negative outlook on life, also seem to handle their problems less well (respondent 2, 10).

3.1.2 Acceptance and openness of one's vulnerability

From the narratives it becomes apparent that acceptance of one's own limitations - which is a process that takes time - is an important source of strength which helps elderly to deal with adversities. Indeed, accepting one's own vulnerabilities makes it easier to accept support from others. However, various respondents do not seem to accept their limitations and are sometimes even ashamed of their situation, which negatively affects their resilience. Indeed, respondent 12 is very afraid of becoming dependent on others and losing control: *"That would be a big step for me to give things out hand. Even groceries I still want to do myself"* (respondent 12). Further, another respondent indicates that he cannot longer perform sexually, and that this restrains him from trying to meet a partner (respondent 10).

3.1.3 Anticipating on future losses

Various respondents anticipate on future losses, which forms a source of strength, and this practically and mentally. First, various respondents anticipate practically on future losses. Respondent 7 for example anticipated on his retirement by becoming active in various social organisations through which he did not become socially isolated. Further, respondent 1 became active in a social organisation so she in the future could appeal to the people she meets there to offer practical help: *"I have no family here, so the day that I need somebody. […]"* (respondent 1). Another respondent finds it important that somebody would take over his tasks as a volunteer when he is no longer able to do so. Therefore, in order to anticipate on this, he searches somebody who might take over his role (respondent 15).

Second, various respondents also mentally anticipate on future losses by thinking about problems that might present themselves and possible solutions. *'I already get prepared for later. At this moment, I still travel very often and walk a lot, but maybe there will come a time that I no longer will be able to do that. Then, I will be more at home for example reading books, or going to the theatre or cinema in the neighbourhood. So I already have a kind of program. And I think that when I will no longer be able to go to the cinema, I will be able to do a lot of things at home. […] As long as I can see and walk, I have enough to do"* (respondent 1). Another respondent describes what he would do if his health would decline through which he would no longer be able to go up the stairs in his house: *"Then I would decorate it downstairs. […] And if I can go no more, the craze house [laughs]. […] You become older, so you think about it [the future] sometimes"* (respondent 14). This shows that by thinking about problems that might arise, these respondents mentally prepare for the future.

But although various respondents anticipate on future losses, most respondents at the same time state that they will deal with those losses when they present themselves (respondent 5, 14). *"I think everybody sometimes thinks about that, but I try not to think about it too long. I don't know what the future will bring. […] I will see when it comes. It doesn't do any good to lay awake at night thinking about those things. We need to solve them when they present themselves. […] I think everybody thinks about that and worries a little bit. But you cannot be pessimistic, because than already you no longer will have a life. I try to avoid that. When you speak about the future: at my age there is not much future left"* (respondent 5).

3.1.4 Mastery by practising skills

Various respondents describe how they try to preserve their mastery over their situation by practising their skills. Respondent 13 (a relatively old male) for example states that during his morning ritual he performs physical exercises in order to maintain a good physique. In line with this, respondent 7 explains how he tries to keep his intellectual capacities intact by investing himself intellectually (by writing a book). Because of these activities, they feel they have more control over their situation and life in general.

Although various other respondents also state that they are motivated to learn new skills, they sometimes lack the support of someone who could help them through this process: one respondent for example would like to have someone explain her computer-related activities (an application to find a partner, administration, checking in for flights, …), so she could afterwards do it herself

(respondent 1). In line with this, two other respondents (respondent 3, 10) explain that they lack the social skills to form friendships and find a partner, despite their desire to do so. *"I try, but I really don't know how to do it. [...] I had various friends, but it all ended badly"* (respondent 3).

3.1.5 Acceptance of help and support

Accepting help and support from others and being willing to use medical devices is also a source of strength. Some respondents who are quite good at solving problems, seem to be more ready to accept help from others. Respondent one for example always writes down a list of problems that her son can solve when he comes to visit, and also explains that she would ask help of friends or acquaintances with respect to administration, computers, an application to meet a partner, … (respondent 1). However, for other respondents accepting help and support is not that easy. Although respondent 2 for example could use a wheelchair due to his physical limitations, he is too ashamed to use one. *"I still have a little bit of honor left"* (respondent 2). This seems to confront him with deteriorating health and possible negative perceptions of their environment. However, by not accepting his physical vulnerabilities and not wanting to use a wheelchair, his mobility is reduced through which he participates less socially. In line with this, respondent 3 has health problems, but is reluctant to accept help from others because she is ashamed (respondent 3). Further, some respondents indicate that they would find it very difficult if their children would need to take care of them financially or with practical chores (respondent 7). From this, we find that accepting help and support is a process that takes time and that is clearly connected to the acceptance and openness of one's vulnerability.

With respect to financial difficulties, all respondents explain using various strategies to be economic. In this respect, not one respondent indicates being ashamed for using services such as social restaurants, buying second hand clothes, not going to stores so they cannot be seduced to spend money, going to places who give free meals or food for people in need, not buying books, not spending much money on activities, moving in with family to save money, eating less, … (respondent 1, 2, 4, 7, 8, 9, 10, 11, 15). Some respondents explain that their financial situation forces them to find solutions, and to adapt because there is no choice (respondent 11). *"You automatically get to know those places, where you get free food and such. [...] Maybe the first of first two times [it is difficult], but after that. You need that. In the beginning, it is always difficult to arrive in a new place, just because it is new. That's it"* (respondent 15). Only one respondent indicates that she goes to some of those places that offer free food and clothes for her daughter who is too ashamed to go there herself (respondent 9).

3.1.6 Balanced view on life

Various respondents also seem to have a balanced view on life, which helps them putting negative encounters into perspective. They talk about both the positive and negative things they encountered during their life. *"I think that I already had the best behind me. And I am grateful, because I had a beautiful time. […] I think that I am very realistic. [...] My mother taught me not to look up to all those who have more. Look down to all those who have less. That is something that still works [to be positive]"* (respondent 5). Another example is respondent 4 who states that her life could have been better if she had had a different husband. Nevertheless, she accepts her marriage and puts it in perspective: *"But you cannot choose that. […] I am happy the way it was. [...] He also has his good sides. And I have my bad sides. [...] It is like that and just the way it is. [...] If it's good or bad: at least you tried. You always presume the good, but sometimes the bad prevails. […] Then you need to turn the nob. […] I am happy the way I did it and that's it: it could have been better but it also could have been worse"* (respondent 4). Further, on the one hand respondent 6 regrets that she did not give enough attention to her children, but on the other hand justifies it by describing her personality: *"I like to be busy with myself apparently. That is not really a plus point, but yes. […] I don't feel the need. I neither am crazy about children in the sense of wanting to being around them all the time"* (respondent 6). Next, respondent 15 states that the feelings of loneliness do not bother him because he experienced far

more difficult periods in the past, in which he lived in severe poverty: *"[...] being alone doesn't bother me at all. […] That's the least of my worries"* (respondent 15). This shows how his view on life makes it possible to put certain difficulties in perspective.

Further, from the narrative of respondent 11 we find that it can take time to take on a balanced view on life. This respondent since long had health problems, which she felt was unfair and which made her angry. However, with increasing age she became more positive in this respect: she learned to accept her health situation. *"I thought: there are people who have it worse. When you are constantly worried about your health, you cannot live with it. […] Once a doctor told me: what's up with you so many things are wrong", and I told him: Yes, but I still live, and I live well"* (respondent 11). From this, it becomes apparent that this balanced view helps her to relativize her situation.

3.1.7 Not adopting the role of a victim

Next, various respondents who have a rather optimistic view on life also do not adopt the role of a victim. In this respect, respondent 9 for example during her life always tried to counteract injustices, which clearly makes her feel self-worthy and gives her general courage (respondent 9). And as stated before, a number of respondents explicitly try to avoid complaining to others (respondent 3, 11, 15). Another respondent who also has a very optimistic personality states that when her health would impede her from using her bicycle she would simply go by foot, or that when her husband would no longer be able to drive her around she would find a solution such as taking a taxi. *"What else can you do? You can't go sit in a corner!"* (respondent 4). On the other hand, we find that respondent 15 explicitly blames 'the system' for the long period he lived in poverty. Taking the role of a victim allows him not to feel guilty for his situation and to be able to feel well again (respondent 15).

Further, we find that some respondents who can be described as having a relatively pessimistic view on life also seem to adopt the role of a victim when assessing various negative experiences (respondent 2, 10, 12). *"Once married, the control fell away and I was as free as a bird. But that bird crashed into poles and everything I encountered. Why? I didn't have any guidance. They didn't tell me anything about life"* (respondent 10). The same presents itself with respondent 12 who thinks she has a too sensitive character through which she cares too much in general and often feels bad. Although she states that she needs to accept her personality, she puts the blame on her not having had any brothers. She thinks that if she have had any brothers (instead of only sisters) she would have been stronger mentally: *"What I do miss is a brother because I know that a brother is different. I had a friend who has a brother who has manners of a guy. We were with three girls at home. I wonder why we didn't have a brother at home. Then I perhaps would have been stronger, harder"* (respondent 12).

3.1.8 Carpe diem

With respect to the future, most respondents indicate that they don't know what tomorrow will bring, through which they do not anticipate much on future losses, try not to worry a lot, and to live in the moment and enjoy as much as possible (respondent 1, 4, 6, 11, 12). *"I think every day has its value. I am very aware that time will never return. […] That's is a sort of philosophy of life I try to follow since long. […] I try to live in the present. […] I life day by day. I know from experience that when things come closer, that they are often easier to solve than when you think of them in advance. That is my experience in life"* (respondent 6).

On the other hand, this awareness that every day can be one's last, can also have negative implications with respect to life projects in the future. Indeed, one respondent explicitely states that given his life phase, he does not have any more big projects (respondent 7). Further, two respondents do not want to put in the effort to create something with a possible partner because it might not be worth it giving their age (respondent 2, 10, 15). *"Then, I look at my age. I turn 76 in two weeks: is it still worth it [to start to look for someone]?"* (respondent 10). Respondent 14 lives the same experience with

respect to putting his house in order: *"when you have such an old house, and you want to make it all in order, it costs a lot of money and work. The moment I finish I fall dead, and then it's ready but I am dead"* (respondent 14).

3.1.9 Spirituality

Most respondents are spiritual and believe in God, which can be a source of strength. *"The belief I have in God, in the church. If I didn't have that, I would have committed suicide a long time ago"* (respondent 9). The respondents indicate that their faith gives them the necessary support (respondent 3, 6, 8, 9, 12, 13): it relates to finding inner peace and strength, calm, and self-reflection (respondent 6). For others, their belief is also a social institution through which they meet other people and become socially active (by singing in a church, …) (respondent 7, 8). In line with the scientific literature, we find that religion is a very important source of strength for the respondent with a migration background, both spiritually and socially (respondent 8).

However, for another respondent who believes in 'karma', her spirituality seems to take the feeling of 'mastery' from her because she has the belief that she cannot change her situation: *"I think it is karma, I once let somebody read my cards. I believe you are born, and that you can try to turn and change as much as you want, but that you in the end return to the same point. You are born, and it is on that line you need to continue"* (respondent 11). And while respondent 9 states that her faith is an important source of strength, it also made her stay for a long time with a husband who beat her and who often stayed with other women. She explains that she was not able and/or willing to leave him, amongst other things because of her faith: *"That is my man, I am married, I swore my oath, so I cannot do that. […] I did my vowel, in good and bad days"* (respondent 9).

3.1.10 Performance oriented attitude and setting goals

Most respondents find it important to continuously realize certain (small or big) goals, despite difficulties such as health problems and pain (respondent 3, 5, 6, 7, 9, 12, 13): performing certain household tasks such as cleaning and doing groceries, giving this interview, writing a book, doing physical exercises every day, going outside, ... The respondents state that they try to realize the goals they set for themselves because it gives them energy. Moreover, not realizing those goals makes them feel bad. *In the morning I do what I can. At noon, cooking is sometimes already too much, and when I finish the dishes, I often say: 'that was it for the day'. Then I did what I had to do, and nobody must come and ask me anything else"* (respondent 12).

3.1.11 Interests and activities

Based on the 15 narratives, we find that people with a lot of interests and activities have a more positive outlook on life and seem to be more resilient. *"If you go sit down, it's over"* (respondent 13). Various respondents indicate they never get bored and have various interests and activities such as engagement in (social) organisations, volunteering, household, friends and family, reading, cooking, walking dogs, culture, food, alternative medicine, painting, gardening, … (respondent 1, 4, 5, 6, 8, 9, 11, 12, 13, 14, 15). These activities not only give them energy and courage, and help to maintain a good physique, but the social aspect is also very important. Respondent 14 states that he did not fall into a black hole at all after his retirement because he had enough activities: *"[…] than you are free. I was happy that I could retire. Your alarm clock is whenever you want, you go to sleep whenever you want. […] For me it wasn't difficult. They sometimes say so. But then I find that those people don't have a lot of activities: they only work and nothing else. […] Yes, they might then fall into a black hole. If you take one thing, you have nothing left. If you take one thing from me, I have ten other things. So no, I didn't have any problems with that"* (respondent 14).

Respondent 2 who has a relatively negative view on life, explicitly states that he has no interests, hobbies, friends or relatives: *"I no longer go outside, I no longer do anything. […] I lost my interests […] I never*

have the desire to do things" (respondent 2). Another respondent explains how having little activities makes him concentrate and stress more about the activities that remain (respondent 7).

3.2 Interactional domain

In this paragraph, we discuss the sources of strength that give rise to resilience on the interactional domain. The latter refers to *"the way older people cooperate with others to achieve their goals and to endow meaning to their lives as well as to the efforts from the social community to generate individual domain sources of strength within older people […]"* (Janssen, 2013, p. 48).

3.2.1 Affective bonds as a child

From Bowlby's attachment theory, we find that it is important as a child to have an affective bond, for example with their parents (Ijzendoorn, 2005). Indeed, a lack of such a bond is said to lead to more relational problems and conflicts in later life. In this respect, we find that a number of respondents who had a bad bond with their parents as a child (and some of them even have been sexually abused), ever since had many relational difficulties (and do not have a very positive outlook on life).

When respondent 2 told his parents as a child that he had been sexually abused, they did not support him. Even worse: they slapped him and told him not to speak of this to anybody. Ever since, he has severe difficulties trusting other people through which he had relational conflicts with numerous persons: neighbors, sister, former employers and collegues, certain foreigners, former wive, his children, landlord, … This clearly accords with the theory, which states that lacking an affective bond as a child causes relational problems and conflicts in later life. And although he says that he prefers his solitary life and does not feel the need to talk to people, at the same time he acknowledges that this is simply a defence mechanism to avoid being hurt again. In sum, the lack of an affective bond in combination with his abuse seem to have led to a strategy of avoidance and social withdrawal (respondent 2).

Respondent 10 went through a similar experience. He feels like both his parents rejected him when they send him away to an institution when he was five years old (after which he had almost no more contact with them). *"My father was an alcoholic: he never took care of me. Since a child, I have always been in institutions. […] My mother also drank, and then they were obliged to put me in an institution"*. On top of this, he received psychological punishments, felt excluded and was sexually abused by two representatives of the church during the time he was in those (psychiatric) institutions. With respect to the latter, he could not tell anyone because at the time nobody would believe him. *"There I experienced hell. [...] I kept a serious trauma from that. [...] Didn't know any warmth, didn't know any love"* (respondent 10). This clearly shows that these respondents did not experience an affective bond as a child. Later in his life, he also experienced numerous relational difficulties: he beat his first partner, tried to escape through alcoholism, visited prostitutes (of which he says: *"If you don't get any love, you try to find it elsewhere"*), and beat his second partner. *"I have a heavy past behind me. That puts a brake on my contact with other people. […] When someone for example touches me, I will pull back. […] I then think about the abuse of in my past. [...] I didn't get to know my parents. The best time of my youth was loveless, until my 21 years old. […] That influenced me in a negative way: anger and such. But I now since a few years have talked about it, and I have forgiven my parents. I was very angry with my parents"* (respondent 10).

Respondent 9 neither had a good relationship with her parents: she had a terrible relationship with her father, which is characterized by numerous severe conflicts, and her mother was seriously sick during all her life (*"it was a poor sheep actually. Sad. I always took care of my mother"*). In later life, she had various conflicts with her siblings (who did not even inform her of the death of her father, nor gave her the fair share of the inheritance): *"We see each other when they are dead, at the funeral. […] Now I only have two brothers and one sister, and we speak to nobody anymore"*. Furthermore, her husband beat her and often stayed with other women (respondent 9).

3.2.2 Positive relations with family and/or friends

Although most respondents indicate their wish to be as independent as possible, they also explain that positive relations with family and/or friends form a source of strength, which helps them to maintain mastery over the determinants of their lives (respondent 4, 5, 6, 7, 8, 11, 12, 13, 15). *"I get my energy from other people. […] I need that, I need people"* (respondent 5).

Positive relations give elderly both practical and emotional support. Indeed, such relations can support elderly practically by helping them move, drive them around, making sense of a situation (e.g. making a decision to move), helping with practical chores they can no longer do (e.g. putting out the garbage), financially, ... *"On some people I can really count. […] People who want to help me when I need something, without asking something in return"* (respondent 15). Secondly, positive relations also offer emotional support (respondent 3). Respondent 5 explains how she was able to lean on her friends and sister both after her husbands' death and during her cancer treatment. They helped her emotionally by letting her talk to them in order to process and deal with her grief: *"If I didn't have them, it would have went completely different. […] I am grateful for my friends. [...] Those are really pillars of support. Every person needs that"* (respondent 5). In this respect, one respondent who has a migration background explains that when she arrived in Belgium, she was able to lean on a tight network of people who also migrated from the same country of birth, which helped to her to settle in the area (respondent 8).

However, although positive relations offer both practical and emotional support, which reduces stress levels, the respondents state that they are somewhat hesitant to appeal to their family and friends because they do not want to burden them too much. Further, it is important that those family members and friends live nearby so they are able to help them with small practical problems. Further, some respondents indicate that their children are sometimes too busy to help them out, or have another opinion about certain things through which they cannot appeal to them regarding certain subjects. One respondent who has a good relationship with her son, for example cannot appeal to him to realize her wish to move, because he has another opinion. As a result, she finds herself unable to move because she finds it very difficult to take such a big decision on her own at her age. *"I would need some support with that to say: that is a good decision. That are difficult things to decide on your own, and therefore I abandoned it. […] I decided that I have to do it myself. I need to decide. […] "It is a difficult decision: nobody can really help me with it, because I know very well what I want and don't want"* (respondent 1).

3.2.3 An intimate relationship with a partner

An intimate relationship with a partner, just like relationships with family and friends can offer practical and emotional support, but is especially important because it can create a feeling of love and belonging. Therefore, having a partner is crucial because a lack of (qualitative) relations is associated with feelings of (emotional) loneliness. Indeed, respondents who explicitely indicate that they do not feel lonely often still have a partner, contact with various family members and/or friends (respondent 5, 6, 8), and people who feel very lonely foremost lack an intimate relationship with someone and some of them live a socially withdrawn life (respondent 2, 3, 7, 10). In this respect, the respondents indicate that they miss a partner with who they can share and experience things together, who supports them practically and emotionally (respondent 1, 7). These functions can only rarely be fulfilled by other contacts than an intimate relationship.

The respondents who we find to be emotionally lonely do not have a partner and miss having an intimate relationship. Those respondents give various reasons why they do not succeed in having a new intimate relationship, depite feeling (emotionally) lonely. One respondent explains that he does not want to start a new relationship because of the love and affection for their deceased partner. *"I still hold dear to her. That was the best woman in the world"* (respondent 13). A few other respondents do not want to start a new relationship because of negative past relationship experiences which make them scared of being hurt again (respondent 11, 12, 15): *"Twice I lived together and twice I came out worse"* (respondent 15). *"I am scared that if I would start a new relationship and it would go wrong again, that I would*

again feel down. That is different, but still I don't want it anymore. I stay away from that. That's a risk you need to be willing to take" (respondent 11). Another respondent states that although he has no difficulties starting an intimate relationship, he does not succeed in constructing a long term and stable relationship. He says that difficulties arise because elderly often have more requirements and very different values, life styles, activities, sexual needs, ... Moreover, he finds that elderly compromise less easily and starting a relationship at an older age is more rational than at a younger age, through which a lot of things should fall into place between two persons in order to make it work: *"When you are young, you fall in love and all the rest disappears. When you are old, it doesn't happen like that"* (respondent 14). Further, a few respondents do not take steps (e.g. using an application) to find a new partner because they do not want to invest a lot of time in meeting up with people (respondent 1). Last, a few respondents indicate that they do not know how to create new relationships; they lack the social skills (respondent 3, 10). One respondent states that his psychological problems make him afraid of being rejected by others and make him think that nobody wants him: *Nobody wants to anymore. […] I don't know. Maybe I am to fat [laughs], or not attractive enough"* (respondent 10). Respondent 15 also states that he has the feeling that when you grow older, you are no longer in the position to give a lot (respondent 15). For others, health problems form a barrier because it makes it more difficult to go outside and meet people, and the inability to perform sexually also seems to make some men insecure: *"When you meet someone and it happens that she wants something and I am there and cannot do anything, then it is over quickly"* (respondent 10).

The respondents have many different ways to deal with feelings of loneliness and a lacking intimate bond. First, holding pets can help to comfort them: *"I never felt lonely, because the love and friendship of an animal is better than that from a human"* (respondent 12). However, a few respondents explain that they had to do their pets away because it is too difficult to take care of them (e.g. during a holiday or hospitalisation), despite the positive effects of those pets on their lives (respondent 12, 14). Second, one respondent who still is fond of his deceased wife, says that the memories of her help him: *"that picture of that woman gives me courage. […] I still have the thought she is with me and it is for that I live"* (respondent 13). Third, having an active social life and doing various activities (going to a social restaurant to meet people, engagement in organisations, walking, reading, television, doing practical chores for others, ...) is also a strategy to avoid or deal with feelings of loneliness because they distract them (respondent 3, 7, 12, 13, 14): *"You can sometimes enter another world by reading"* (respondent 3). Nevertheless, such peripheral contacts are different: *"You can express your feelings there, but [...] when you leave, it's over"* (respondent 10). And although having an active social life during the day helps, a lot of respondents nevertheless often feel lonely in the evening when they are home alone and worry (respondent 10, 13, 14): *"In the evening it can be lonely, but seeing that I am out all day or been busy, I miss that in a lesser degree. But there are always those moments. You come home, you are alone, and I put on the TV. […] It distracts because you still think about it, but not continuously"* (respondent 14). Another respondent states that all his contacts are related to his engagement in social organisations. So when those organisations close during the summer, this respondents' social life is completely put on hold and he sees almost nobody during a few months (aside from the nurse that comes every day to wash him) (respondent 10). Last, one respondent lives alone and states that it does not bother him: given the difficult periods he experienced before, he finds it easy to relativize his feelings of loneliness: *"Living together didn't bother me either, but being alone doesn't bother me at all. […] That's the least of my worries"* (respondent 15).

Although the respondents try to deal with their feelings of loneliness, some of them show signs of defeatism and do not see a solution. *"You do nothing against that [loneliness], you accept it"* (respondent 13). *"That's very difficult. I already had black thoughts also, that I wanted to die. […] That miss is so big."* (respondent 10). *"There is no response to this problem"* (respondent 3).

3.2.4 Empowering relationships with professionals

Although few respondents receive intensive support from care professionals, the narratives demonstrate that professionals can nevertheless play an important role in their lives with respect to both practical, relational and emotional issues. In this respect, it seems to be essential that the elderly can trust those professionals. Indeed, one respondent explains that he only trusts one person, a professional who he turns to for advice every time he has practical or emotional problems. He even states that he would have committed suicide without her: *"When I have a problem, I go to [the professional], and then she helps me"* (respondent 2). This demonstrates the important emotional role professionals can play in the lives of elderly. Another respondent states that thanks to a specific professional and her psychologist, she found the courage to take up contact with her grandchildren again: *"That I see my grandchildren so little, that is also a huge problem for me. [...] That, I learned here from [the professional] who said 'common'. [...] That I had to call my grandchildren and daughter in law myself. That psychologist said the same thing. So, I did that, and the next day they came"* (respondent 3). This shows the importance of sufficient psychological support for elderly, and how professionals can (indirectly) contribute to strengthening their social network.

3.2.5 Societal responses

Some respondents mention the impact of how they are looked at by society on their wellbeing. Some respondents state that several of their family members are to busy (with their work, family) to look after them and help them. In this respect, one respondent states that he no longer has a professional identity since to his retirement: *"You have the awareness that you no longer count as before. In the past, I had to gather legislation and vulgarize it and speak about it and handle that, I am a jurist, and now that is all a lot less"* (respondent 7). Another respondent felt very angry because most people presumed it was his own fault that he came to live in poverty: *"Everywhere you go, you are a loser. You probable drank it all. And this and that. It was always I who had done it. But that you could be right and were screwed over by the system; that was impossible. That's infuriating"* (respondent 15).

3.2.6 The power of giving: reciprocity

Most respondents explicitely stated that they feel good when they help others (respondent 2, 4, 5, 6, 8, 9, 10, 11, 13, 15), and do not expect anything in return. *"I don't want them to pay me for it [the chores he does for others]. […] That's giving and taking: you receive friendship. I can ask those people things, and they will also do them for me if necessary"* (respondent 14). In this respect, the respondents do numerous things for others: volunteering in social organisations, giving birthdaycards to people, handing out soup, giving young mothers advice when they ask for it, fighting injustices, doing practical chores (e.g. reparing bycicles) for people who need help, walking the dogs of neighbors, ... The respondents explain that doing things for others gives them a sense of self-worth and self-esteem, and makes them feel good, useful, needed, valued and proud of themselves (respondent 9, 15). *"That is still important to me [handing out soup once a year]. I already do it for so many years and I do it with a lot of pleasure. […] You cannot always receive; you also need to be able to give. […] I am even happier whan I can give than when I receive. […] when I can do something for somebody else, I am a happy person"* (respondent 5).

This power of giving is not only necessary for the well-being of the person who gives, but also strongly impacts the whole relationship: a relationship is out of balance when it is one-directional. In this respect, a respondent explains how his family relations fell apart during the time he lived in poverty: *"Everybody takes their hands off of you, because it is one-directional. You cannot give anything back. Then they quickly take their hands of you. […] Your own family and friends from before"* (respondent 15). Another respondent who says she does a lot for other people, explains how sometimes she needs to take time for herself and does only want she herself wants to do, in order to keep a healthy balance with respect to giving and taking (respondent 9).

3.2.7 Participation in organisations

All respondents are socially active in at least one organization where they volunteer or do group activities. The main reason for this is the social contact with other people (respondent 1, 3, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15), the ambiance, warmth and friendship, which helps to avoid social withdrawel and feelings of loneliness. Moreover, through those contacts the respondents can receive practical and emotional support later in life. Another reason for their engagement in those organisations are simply the activities and being understood and accepted the way they are (respondent 3, 5). Various respondents find it essential to be able to share an experience or activity with other persons, and to be able to discuss it (respondent 5). Moreover, it helps people to come out their comfort zone and gives them a challenge (respondent 6). Further, being active helps to deal with various problems (health, death of partner, retirement, ...), amongst other things because the activities can serve as a distraction from personal sorrows (respondent 10).

The respondents state that volunteering (as a specific form of participation) is good for their self-esteem and makes them feel useful and needed (respondent 5). *"A lot of satisfaction and the fact that you are regularly asked for this and that. […] That you are asked to do various things and be respected for your opinion. That the value of what you have to say means something for certain people to do something with it. [...] I receive everything from that"* (respondent 15).

3.3 Contextual domain

In this paragraph we describe the sources of strength that give rise to resilience on the contextual domain, which refers to *"a broader political-societal level including the efforts on this domain to deter community treats, improve quality of life and facilitate citizen participation"* (Janssen, 2013, p. 48). In this respect, we discuss the social policy, and the availability and accessibility of services.

First, although various respondents indicate that they would like to have some professional psychological support (e.g. to deal with grief or traumatic experiences), they no longer make use of it because of the financial cost (respondent 2, 3). Nevertheless, some respondents seek support by participating to group discussions of the organisations in which they are active. This offers them perspective and lets them know they are not alone with their problems (respondent 2, 10). Second, most respondents cannot afford to take a taxi (or other personalized transport). This is problematic because their health makes it very difficult to get by on public transportation. As a result, they go out less than they would like to (respondent 3, 5, 15). One respondent (with serious health problems) explains that since recently there is no longer a bus that goes to the quay in his city from where he lives, through which he is no longer able to go there. This affects his social life: *"it sound ridicoulous, but for me it is a limitation"* (respondent 15). Further, the respondents who need help with their household, doing groceries, cleaning, washing, ... receive the necessary help from nurses and services such as 'Family help' (respondent 12). In this respect one respondent states that he would like to join the people from family help to the store so he could do his own groceriess. However, this is not always possible because there is not always a transport service available: *"that you cannot buy what you want, that is very difficult. That is disgusting. The help is not always really help"* (respondent 15). Last, because of their low income some respondents receive financial aid through reductions of costs with respect to rent, health, electricity, phone, ... (respondent 10, 11, 13). Some respondents also appeal to social security for their invalidity (respondent 15), receive help from a service who mediates debts (respondent 10) and make use of social restaurants (respondent 12, 13). Further, when respondent 15 in the past looked for support to deal with his debt problems, not one organisation wanted or was able to help him out. *"Everywhere rejected. [...] Every four months they simply send a bill on a flat rate basis. Two weeks later an official reminder. A bit later a debt collector to announce the verdict that I was to appear before the judge. A month later the same debt collector with the result of the verdict. And then during that month again to write it. A bit later he came to paste it, a big yellow letter on the door"* (respondent 15). Although it took a lot of time, in the end a government service found out that he since long had the wrong work status, through which a big

part of his debt was suddenly absolved (respondent 15). Last, various respondents make use of social housing and/or live in service flats (respondent 2, 5, 6, 7, 8, 11, 15).

In sum, we find that although numerous useful services exist, the cost and access of some of those services prevent respondents from receiving the desired and needed support. Nevertheless, many respondents also talk about the numerous useful services that exist, such as subventioned recreational activities (e.g. library, theather), social organisations, ...

3.4 Interaction within and between the domains

Based on the narratives, we find that there is a lot of interaction between the sources of strength within and between the different (individual, interactional and contextual) domains.

First, we find that various strengths on the individual domain are interrelated. Having a lot of interests, activities and personal goals seems to relate to having a more positive personality and life view, which in turn correlates with being able to take more perspective and having more problem-solving behaviour. Indeed, people with an optimistic personality often assume that problems will be able to be dealt with effectively (primary control processes) and show more insight that some losses need to be accepted (secondary control processes). Further, when elderly do not take on the role of a victim and try to actively solve their problems, feelings of self-worth and courage are reinforced. On the other hand, elderly who do take on the role of a victim seem to have less problem-solving capacities and find in a lesser degree solutions to their problems. However, one respondent took on the role of a victim by blaming 'the system' for his poverty situation, which made him feel better and less ashamed for his situation (because he did not feel personally guilty). Last, elderly have more often the awareness that they are in their last life phase through which they try to 'seize the day' and enjoy the moment more. However, this is also the reason why various respondents do not anticipate on future losses.

The sources of strength on the individual domain are also related to the sources of strength on the interactional domain. Having sufficient social capacities and skills are for example necessary to form social relations. In line with this, various respondents explain that having a positive and optimistic personality has a strong and positive influence on the social network because people are 'not good company' when they are negative and 'nag' all the time. However, although the awareness of elderly that they are in their last life phase is a strength which makes them enjoy life to the fullest, it can also negatively influence other life domains on the mid-long term. Indeed, various respondents do not think it is worth the effort to try to find a new partner (although they would like to have one), since they might not live to see the next day. Further, elderly who do not accept their own vulnerability and support, will have fewer possibilities to participate to social activities: e.g. being too ashamed to use a wheelchair through which they go outside less often.

Next, the sources of strength on the interactional domain also influence the individual domain. Indeed, a sufficiently big and qualitative social network offers both practical and emotional support, a feeling of warmth and friendship, support to make decisions or to process difficult situations (e.g. grief and cancer treatment), distraction from personal sorrows, ... In line with this, volunteering reinforces a sense of self-worth, pride about oneself, and feeling useful and needed. Indeed, it has a very positive effect on the personality in general. However, past negative experiences of social interactions (e.g. having been hurt by a past partner, lacking affective bonds as a child, traumatic experiences) can lead to anger issues, problems trusting others and being reluctant to form new relations, which strongly affects the ability to construct a healthy social network.

Further, the sources of strength on the individual domain also relate to the contextual domain. Indeed, feelings of (financial) shame may lead to people not making use of social services that for example offer free food or clothes. Likewise, the sources of strength on the interactional domain can also have an effect on the contextual domain. Indeed, professionals can give elderly more insight into

existing services that may help them with respect to housing, their financial situation, work, ... Moreover, they can encourage elderly to make efforts to again pick up contact with their family and friends, and that way strengthen their social network. Likewise, the contextual domain also influences other domains: the accessibility of health care (e.g. psychological support) for example helps people to feel better on the individual domain, and financial support can help counteract feelings of (financial) shame and strengthen a feeling of self-worth, which in the end can result in people no longer socially withdrawing.

3.5 Primary and secondary control processes

Elderly use various primary and secondary control processes to deal with adversities they encounter in life. About primary control processes, the respondents use all kinds of sources of strength to solve (age-related) problems. First, many respondents explain how their physical health problems affects their daily life. Indeed, those problems not only make all activities take more time (respondent 6), they also oblige them every time they go out to carefully think about which routes and busses to take (in order to walk the least as possible), where there are benches on which they can rest, … (respondent 7, 12, 13, 15). Although using a taxi could form a big part of the solution with respect to their mobility, this is for most respondents too expensive. Further, to counter memory loss and their forgetfulness, some respondents write things down in a notebook as a reminder. However, since they often forget their notebook, their problem is not always solved (respondent 6). Next, respondent 7 no longer liked the neighbourhood where he lived and therefore moved to another place, which shows his capacity to deal with problems (respondent 7). Further, most respondents also show a lot of insight and problem solving capacities with respect to the management of their bills (respondent 1, 4, 6, 9, 10, 12). A certain respondent for example lives with her daughter, but officially also rents a (very cheap) room so she would receive a higher welfare income (respondent 9). *"There are a lot that cannot do that [manage their bills] and who need help with their money. Then I think: 'just do it yourself'. I am very orderly in that respect: I have maps in which I keep everything. [...] I am used to that. I can manage my money. My father in law tought me. […] I know what serves for what. I know how to control everything, I won't do anything crazy. It doesn't interest me neither, I don't go on holiday or restaurant neither"* (respondent 12). On the other hand, some respondents show little problem solving capacities. Respondent 2 for example once lived for one and a half year without warm water in his home, and did not dare to do anything about it because his landlord had said that he would sell the house if he complained. And while the same respondent states that he would like to do things for other people, he says he does not know how: *"I wouldn't know how I could help them. There are no possibilities for me"* (respondent 2). This respondent clearly does not have sufficient insight into how to deal with this problem, which relates to a lack of manageability (~ 'a sense of coherence").

Elderly are sometimes compelled to use secondary control processes through which they adapt goals and accept their vulnerabilities. Indeed, financial limitations urge various respondents for example to change goals and desires: they are forced to live very economical, for example by not eating a warm meal every day (respondent 1, 4, 6, 10). Furthermore, the respondents try to accept these limitations and focus on what they can still do: *"I find that I have a luxurious life. People always want so much more and more, and sometimes I think: but we already have a luxurious life where we can do what we want, eat what we want. […] I live well I think, and for example in the winter I put the heating system on 18 degrees: for a lot of people that is very low, but I put on a big sweater. So in that way, I think that I live economic but I find that I live well"* (respondent 1). All these strategies through which the respondents adapt their life styles to their income, demonstrate their problem-solving skills and insight in their situation. Further, health problems also force a lot of respondents to adjust desires and goals (respondent 2, 3, 7, 12, 13) such as visiting family, going out to a restaurant, going to church, going on a holiday, cleaning their home, ... Indeed, respondent 6 for example no longer makes big trips because her forgetfulness makes her scared and insecure to do so (respondent 6). But although all respondents explain how goals need

to be adapted out of necessity, for some respondents this is easier to accept than for others. Indeed, some respondents state that they simply need to accept the things they cannot change because it has no use to worry about them (respondent 7, 11, 12, 15): *"the things come how they come, you need to deal with it in a philosophical manner"* (respondent 7). However, various respondents explain that in practice they have a lot of difficulties accepting their limitations and vulnerabilities and keep struggling with this (respondent 9, 13, 15). Respondent 15 states for example that he never got used to his health situation that makes him dependent: *"I try as much as possible to accept it, but it's not always easy. […] People who do not understand and who dare to comment it once in a while. […] Than you simply want to knock his teeth out of his mouth because it is simply a retarded morron who doesn't know what he is saying […]. Then I insult them really well, and I am relieved"* (respondent 15). This extract demonstrates that this respondent did not accept his limitations at all, and still feels very angry. Next, although respondent 9 tries to accept her memory problems, she explains that she feels angry and very ashamed because of it (respondent 9). Last, respondent 6 states that becoming dependent of others is one of her worst fears, and that she would have a very hard time accepting that. *"Imagine that you can no longer walk and you become dependent: that is unimaginable to me. […] I cannot think about it [what she would do] […] Suicide"* (respondent 6). It seems like these elderly might benefit from some psychological support in order to learn to accept some of their limitations.

3.6 The narrative of Tom

In this paragraph, we present the narrative of Tom because it is a great example of the interaction between the sources of strength on the individual, interactional and contextual domain, and of how Tom uses both primary and secondary control processes to deal with adversities.

Tom is a single man of about seventy years old whose life changed drastically at the age of 47 due to an unfortunate incident. During that time, he lived alone and worked a lot (he says himself he was a workaholic). Then, at the age of 47, he was hit by a severe burnout. In combination with a number of other severe health problems, that burnout resulted in Tom being hospitalized for 10 months (in period of one and a half year). On top of that, his health problems made him permanently invalid, which was a serious emotional blow: *"That is heavy at that moment. That is like a bolt from the blue. You can no longer do anything"*.

Since he was no longer able to work, he suddenly had to live from a limited invalidity income. Moreover, all those health problems were accompanied by high medical bills, through which Tom came into serious financial problems that profoundly marked his life: *"With that severe burnout I came into serious financial problems and medical problems. The one is often accompanied by the other. You can no longer work, you have no more income and there are bills everywhere. From then, it goes from bad to worse, and is unstoppable, a negative spiral. At that moment you are seriously ill and can no longer do anything, you can neither defend yourself by trying to do some work. It's hopeless"*. Very soon, a number of bailiffs from different creditors (taxes, social security, ...) came to visit him, some of them already in the hospital. In addition, because he could not pay off his debts, the number of bailiffs rapidly rose to six: *"If there is nothing left, there is nothing left. [...] Three hospitalisations mean three new debt collectors. It's as simple as that. That way, you arrive immediately from three to six that regularly come and say hello. […] Every four months they simply sent a bill on a flat rate basis. Two weeks later an official reminder. A bit later a debt collector to announce the verdict that I was to appear before the judge. A month later the same debt collector with the result of the verdict. And then during that month again to write it. A bit later he came to paste it, a big yellow letter on the door. [...] He played that same game four times a year. He kept going during five years"*. In that period, Tom visited numerous social organisations in his city to find a solution for his financial problems. But since some of his creditors did not agree to settle, there was no solution and his debt kept rising.

The years that followed were very difficult for Tom on various domains. *"The first five years were really not easy: that was a living hell"*. At that moment, he lived in a home from a social housing company,

where he could stay although he was not always able to pay his rent on time. However, he had no money to pay for electricity through which he lived in the dark for five years. *"That is a very bad situation. It is very difficult at home. And especially in the winter when it is dark early, you could only go to sleep"*. Furthermore, his financial situation obliged him to use various services for homeless people, where he could get a free meal. *"You automatically get to know those places, where you get free food and such"*. Further, all his problems strongly affected his inner feelings and mood. *"When you have so many bailiffs, you are not the easiest person. […] During those five years, I was not very approachable, a little grumpy. […] You don't say pleasant things. […] When you don't have money to go out, that is very tiresome. And every time you go out and you need to go to the toilet, you have a fight with the bathroom attendant, that's not very pleasant"*. Next, Tom explains that his situation also affected his social life, and that he started to withdraw socially (which happened automatically). At that time, he was single and lived alone. Nevertheless: *"If I hadn't been alone at that time, it would have probably blown up anyways. There is nobody that can manage that"*. In line with this, his relations with his family also started to worsen. *"Everybody takes their hands off of you, because it is one-directional. You cannot give anything back. And then they quickly take their hands of you. […] Your own family and friends from before"*. However, in that period Tom did get to know many people in the services for homeless people. *"There I got to know people who are a lot more human than in my family or circle of friends. […] People who want to help me when I need something, without asking something in return"*.

After five dark years, Tom suddenly received a positive message. A social service where he looked for help five years earlier, at that time said to him that his official work statute as an independent worker was not correct, and that he probably should have had another contract (with better labour conditions). Therefore, at the time Tom gave his permission to the Social Inspection of the Ministry of Social Affairs to take legal proceedings against his former employer. Five years later – without having heard anything about this in the meanwhile – Tom suddenly received a significant amount of money on his bank account because they had won the lawsuit: a judge had decided that his former work statute was incorrect, through which his debts were overnight significantly reduced. *"How is that possible? That judge can do it simply with a pen draw"*. This unexpected bit of luck gave Tom the courage to deal with his difficult situation again: he went to talk to all his creditors to agree on a settlement. Moreover, his general mood was significantly improved because of this message, what in the end made him take up contact again with his family: *"People who know me from those five dark years [...], also saw that I've changed at that moment. Because of the verdict I kicked off, and they saw I changed. […] Apparently for the better, that I was a bit more approachable again"*. In addition, through the people Tom met in those services for homeless people, he got to know some poverty organisations which held group discussions about povery experiences. At that moment, that engagement was not only positive because it made him go outside and because he received coffee and sometimes a meal (which was a luxury at the time), but mostly because it had enormous positive effects on his self-esteem: *"that is more for a human being than you would think. That is how I started again. [...] At the time, they [people from that poverty organisation] asked me to come back. During those five years [when his financial difficulties were very high], nobody has asked me that. I was so little approachable that nobody was waiting for me. So that was pleasant, and I went back. That's something: from time to time they ask you something, and people take into account what you say. That is very different from when you always need to talk about those debts and when they say it's your own fault all the time"*. Tom started to get more and more engaged in those poverty organisations (and still is). From this, we learn that an unexpected bit of luck helped Tom to take his life in control again. In 2006, he paid off his last debt.

At the moment, Tom receives the minimum retirement income, with which he manages easily despite various health care costs. Nevertheless, he is still angry about what happened to him: *"Everywhere you go, you are a loser. You probable drank it all. And this and that. It was always me who had done it. But that you could be right and were screwed over by the system, that was impossible. That's infuriating"*. Further, Tom still lives alone in a home he rents from a social housing company. Once a week he appeals to 'family help' to clean and do groceries. Although that support is okay, it bothers him that there is not always the possibility to accompany them to the store so he could do his own groceries (because there is not

always a car available): *"That is not the same when they do your groceries for a week. What you can ask is not the same than when you do your groceries yourself. That is difficult, and I keep finding that difficult"*. Although periodically he receives visiting nurse services, Tom does not receive intensive medical care. Nevertheless, his health problems strongly affect his daily life because he always needs to rest even after a very light effort (e.g. putting out the trash, walking 100 meters). Moreover, he also feels insecure because he is scared to fall. As a result, his health problems make it more difficult to go outside: *"Using benches and what not. I try to use the shortest distance between certain points with the public transportation as much as possible, which means I sometimes do a very different trajectory than you would. If you have to walk 500 meters, you will do that. I try to bridge those. Sometimes you take a detour to get somewhere to arrive closer to the destination"*. Because of those health problems he cannot go anywhere he would like to (especially if there is no public transportation), which has a negative effect on his social life. *"It sounds ridicoulous, but for me it is a limitation. There are occasions I do not get somewhere because there is no bus"*. Despite this, he does not loose courage: *"I think it [his health] cannot limit my job as a volunteer"*. However, he still has a hard time emotionally with respect to his health problems: *"You never really get used to that. [...] I try to accept it as much as possible, but that is not always easy"*. This is also demonstrated by the fact that he gets angry with other people who do not understand his health situation (which hurts him): *"They should not have an opinion about that. [...] Than you have the feeling to knock their teeth out of their mouth because it is simply a retarded morron who doesn't know what he is saying. [...] That is my opinion about those people"*. And although Tom is still single, he says he does not feel lonely. The difficult period before presumably makes it easier for him to relativize 'being alone': *"That doesn't bother me. Living together didn't bother me either, but being alone doesn't bother me at all. […] Twice I lived together and twice I came out worse. [...] That's the least of my worries, it doesn't bother me"*. At the moment, his engagement as a volunteer for poverty organisations is his biggest source of strength: it not only gives him a useful activity through which he goes outside, but it especially gives him fulfilment and the feeling of being respected. *"That the value of what you have to say means something for other people to do something with it. […] It all depends on those organisations, I get all my energy from that. Other things? No, my personal life is limited to my engagement concerning poverty reduction"*. Although Tom indicates that he has too many activities, it is clear that he puts all his eggs in one basket (his engagement) which might form a risk the day that falls away.

About the future, Tom states that he simply wants to continue, and make sure somebody can take over his tasks as a volunteer. Concerning possible future health problems, he is rather philosophical: *"Then, you need to adapt, cut down. […] It is the only option, you simply need to accept. […] If it comes, it comes"*. And although he still experiences emotional difficulties to accept his (health) limitations and he is still sometimes angry about what he had to endure, he tries to look to the future through a positive lens.

This narrative shows that various life domains and sources of strength are strongly interconnected, and is therefore a perfect example of the assertion made by Janssen (2013, p. 57): *"The extent in which a coping episode results in stability or change is found [...] to be affected by the combination of available and mobilized sources on both the individual, interactional as well as the contextual domain of analysis. The three domains are represented here as three gearwheels that need to interact favourably in order to create an optimal climate for development (i.e. resilience) to occur"*.

3.7 Conclusion

To deal with adversities, elderly use various interrelated sources of strength, which can be found on the individual, interactional and contextual domain. In what follows, we give an oversight of the different sources of strength that appeared in the narratives.

1. Individual domain:
   - Pride about one's personality and an optimistic life view
   - Acceptance and openness of one's vulnerability
   - Anticipating on future losses

- Mastery by practising skills
- Acceptance of help and support
- Balanced view on life
- Not adopting the role of a victim
- Carpe diem
- Spirituality
- Performance oriented attitude and setting goals
- Interests and activities

2. Interactional domain:
   - Affective bonds as a child
   - Positive relations with family and/or friends
   - An intimate relationship with a partner
   - Empowering relationships with professionals
   - Societal responses
   - The power of giving: reciprocity
   - Participation in organisations
3. Contextual domain:
   - Availability and accessibility of resources
   - Social policy

These sources of strength stimulate what Antonovsky calls 'a sense of coherence' (comprehensibility, manageability and meaningfulness). In first instance, elderly use these sources of strength to solve specific problems with which they are confronted, in order to realize personalized goals and desires (= primary control processes). However, if this is not possible, elderly are forced to adapt personal values, goals, desires and expectations to a changed context, and to accept vulnerabilities that cannot be overcome (= secondary control processes). While the first strategy refers to practical problem-solving capacities, the second strategy can be situated on the psychological domain. In this respect, we find that their increased vulnerability obliges elderly to make more and more use of secondary control strategies to deal with adversities: for example accepting specific health problems that cannot be overcome.

4 | Conclusion

When growing older, elderly not only face a decline in resources, but they are also confronted with a number of age-related (physical, psychological and social) adversities such as poverty, health problems, decease of loved ones, divorce or separation, a declining social network, feelings of loneliness, falling into a black hole after retirement, cancer treatment, increased dependence, reduced mobility, … Not dealing effectively with those adversities can lead to a lower quality of life. Therefore, it is essential to gain more understanding into the resilience processes elderly use to deal with those adversities in order to safeguard a high quality of life.

This research is based on a limited number of narratives of vulnerable community-dwelling elderly in Flanders, who are all active in at least one organization. As a result, the research results cannot simply be transposed to contexts other than the one described here. Nevertheless, our findings correspond closely with the results of scientific research conducted in other countries (e.g. Janssen, 2013). Moreover, our narrative research approach adds to the existing literature by its in-depth description of how elderly use various sources of strength to deal with specific (age-related) adversities. By thoroughly depicting the resilience processes of vulnerable elderly, we are therefore able to make a number of relevant observations and formulate some policy recommendations.

First, resilience is a process that takes time. *"Accepting one's vulnerability or accepting the use of medical devices is not something that the majority of the older people easily deal with. Often, a period of having doubts, being insecure and considering one's options precedes such a more or less stable situation"* (Janssen, 2013, p. 62). Although some problems can be solved relatively quickly, numerous (age-related) difficulties take a significant amount of time to be dealt with. This is especially the case when it concerns changes in social networks (due to divorce, decease of a partner) or when it concerns emotions (e.g. feelings of loneliness) which require psychological adjustments. Therefore, both the social network and professionals should bear in mind that elderly often go through various stages when dealing with their problems, which takes time. Further, many respondents indicate that they find it very difficult to accept certain vulnerabilities that cannot be overcome (e.g. health problems, memory problems), and often continue to struggle with them. This refers to secondary control processes. In this respect, we are of the opinion that many elderly could benefit from (psychological) support to learn to accept vulnerabilities that cannot be overcome.

Second, people who live in poverty seem to have other contextual sources of strength, in that they make use of various services that offer support to people who live in poverty. In this respect, all respondents state that their financial situation simply forced them to appeal to those services, and no-one indicated being ashamed to make use of them. This does not correspond with the scientific literature, which states that people who live in poverty are often ashamed of their situation (and therefore avoid making use of specific services that intend to support people who live in poverty). However, this incongruence could be explained by the bias in our selection of respondents since all respondents are active in at least one social organization (through which we contacted them). Nevertheless, the narrative of a specific respondent does correspond with the literature concerning poverty and feelings of shame. At first, this respondent who blames 'the system' for his financial problems (~ external locus of control) tried to escape his poverty situation by seeking support from numerous organisations. However, as time passed without being able to solve his debts, his financial situation (shame?) strongly affected his thinking, emotions and behaviour: he became enraged with society, experienced a lot of stress and often had disputes with strangers. After a while, he gave up

taking action to escape his poverty situation and ultimately socially withdrew during a number of years. Therefore, in accordance with other scientific literature (Plantinga et al., 2018), we think it is essential that elderly who live in poverty are not only supported materially, but also emotionally and socially because poverty not only has material effects on people's lives.

Third, since elderly are more aware that they are in their last life phase, they seem to anticipate less to specific problems they might face in the future. Although this awareness makes them 'enjoy the moment' more, it can also pose difficulties when those problems do occur. Hence, it seems appropriate that elderly at least already think about possible problems they might face in the future and how they would deal with them (without necessarily already taking preventive measures). That way, elderly would be mentally and emotionally better prepared the day they are faced with those problems. Complementary, it is essential that the social network and society in general detect various hinge moments in the lives of elderly such as the death or divorce of a partner, retirement, severe health problems such as cancer, … It is important to detect those moments at the moment they present themselves since they are often accompanied by severe stressors that threaten the quality of life of elderly. By subsequently offering the necessary and personalized support (moving to a more suitable home, psychological support, practical aid to stimulate mobility, …), escalation of those problems and their side-effects (such as loneliness and social withdrawel) could be prevented.

Last, the narratives demonstrate that 'the power of giving' has enormous beneficial effects on both elderly and society in general. Indeed, doing things for other people (individually or through volunteering) is a crucial source of strength, which has numerous positive effects on the quality of life of elderly: increased feelings of self-worth and self-esteem, making them feel good, useful, needed, valued and proud of themselves. Moreover, since 'the power of giving' often includes social contact, it also contains various benefits such as constructing a social network, coming out of the own comfort zone and having a challenge, doing activities that distract from personal sorrows, … The numerous beneficial effects of having a social network are also emphasized in the narratives. At the present moment, it seems like the strengths of elderly are not fully made use of. As a result, it is essential that society invests more in seeking how elderly can contribute and participate more to society, by helping them find out what they can (still) do. Furthermore, it is evenly important that policy makers take away the contextual barriers that impede elderly from participating to society, by increasing their mobility, access to health and social services, … Indeed, the narratives show that various services which could benefit the quality of life of elderly are quite expensive (e.g. psychological support, personalized transportation). Taking away those contextual barriers will also have a positive effect on feelings of loneliness because it would increase the possibilities of elderly to improve their social relations to the desired level (which is an effective manner to alleviate feelings of loneliness).

In our first research report *'Loneliness and social isolation among elderly. An empowerment perspective'* we found that various partners of be.Source aim to improve the quality of life of elderly by enhancing their resilience. In this respect, they stimulate 'the power of giving' and positive identity formation by focussing on the strengths of their participants. Moreover, those partners enhance the social participation of vulnerable elderly and increase their access to care. Further, they often work in an integral and holistic manner by taking into account various life domains of their participants. That way, they clearly acknowledge the interrelatedness of life domains. In sum, by their specific working methods, those organisations create 'enabling niches' in which elderly can develop themselves and use their own strengths, through which resilience is improved. Moreover, those partners are brought together in what be.Source calls the 'HUB'. This is a platform which main goal is to stimulate synergies among these organisations by giving them a place where they can get to know each other, reflect, exchange information, and start common projects (e.g. training, sensitization campaigns, …). Through the HUB, those partners can formulate a more complete answer to the problems of their participants, grounded in shared values as solidarity and dignity. This benefits both elderly and society as a whole, and brings us another step closer to realizing 'Silver Empowerment'.

- APPENDICES -

appendix 1 Topic list

a1.1 Introduction of the interview

We nemen een aantal interviews van ongeveer 1u tot maximaal 1.5u af met personen van 60 jaar of ouder om na te gaan waar mensen op dit moment krachten uit halen, wat hen veerkrachtig maakt.

We zien immers uit onderzoek dat mensen uit verschillende bronnen krachten halen om moeilijke momentel door te komen. Dat gaat soms over de ingesteldheid (positief ingesteld zijn, humor), maar ook over de sociale relaties die mensen hebben of hun deelname aan bepaalde verenigingen of activiteiten, en ook bijvoorbeeld allerlei diensten van bijvoorbeeld de overheid die mensen kunnen helpen met allerhande zaken, religie, ...

Die bronnen waar mensen krachten uit halen, worden gebruikt om om te gaan met moeilijke momenten waarmee men op de oude dag kan worden geconfronteerd. Dat gaat bijvoorbeeld over de sterfte van een partner, op pensoen gaan, gezondheidsproblemen, kinderen die het huis verlaten, financiële problemen, …

Daarom zit ik hier vandaag met jou samen. In ons gesprek zou ik het graag hebben over hoe je leven er *op dit moment* uitziet: wat je doet, waar je krachten uit put, hoe die bronnen je helpen om bepaalde moeilijke momenten door te komen, enz.

Ik zal je antwoorden opschrijven, maar ik schrijf je naam nergens op. Dit gesprek blijft volledig anoniem. Behalve wij twee komt niemand te weten wat jij precies gezegd hebt. De antwoorden van alle mensen die ik spreek komen samen in één bestand en dus is het onmogelijk om na te gaan wie juist wat geantwoord heeft.

Zullen we eraan beginnen?

a1.2 Topic-list

1) Kan je jezelf kort voorstellen?
   a. Waar woon je?
   b. Leeftijd
   c. Huurder?
   d. Burgerlijke staat?
   e. Uitkering via IGO?
2) Wie ben je, waar vul je je dagen mee?
   a. Sociaal netwerk:
      i. Partner?
      ii. (Klein)kinderen?
      iii. Andere contacten?
   b. Verenigingen of hobbies
3) Waar haal je op dit moment krachten, energie uit? Welke zaken vindt u op dit moment erg belangrijk in uw leven?
   a. Sociaal netwerk
   b. Participatie in verenigingen

c. Religie
d. Hulpverlening
e. …

4) Helpen die zaken u om met bepaalde moeilijke omstandigheden om te gaan?
   a. Welke moeilijke momenten?
      i. Gezondheidsproblemen (fysiek/cognitief-geheugen)
      ii. Sterfte partner of scheiding
      iii. Eenzaamheid
      iv. Kinderen die huis verlaten
      v. Verlies van job
   b. Wat betekenen die moeilijke momenten voor u? Hoe beïnvloeden ze uw dagelijks leven? En dat van je naasten?
   c. Hoe ben je met die moeilijke momenten omgegaan? [strategieën: doel realiseren – nieuw doel]
      i. Voldoende inzicht in probleem
      ii. Gevoel er iets aan te kunnen doen
      iii. Wil om er iets aan te doen
   d. Welke hulpbronnen heb je daarbij gebruik? En op welke manier hebben die bronnen u geholpen om met die moeilijke momenten om te gaan?
      i. LIJST MET BRONNEN
   e. Is dat voldoende geweest om met die moeilijke momenten om te gaan, of heeft u nood aan nog andere specifieke zaken?
      i. Financiële middelen
      ii. Hulpverlening
      iii. Sociale steun
      iv. Meer kennis over welke hulp er bestaat
   f. Maakt u gebruik van hulpverlening? Waarom wel/niet?
      i. Schaamte
      ii. Gebrek aan kennis over bestaan ervan
      iii. Kostprijs

a1.3 List with sources that may give rise to resilience

1) Individueel:
   a. Geloof in competenties:
      i. Trots op de eigen persoonlijkheid
      ii. Aanvaarden van eigen kwetsbaarheid
      iii. Positieve ingesteldheid: zelfvertrouwen en vastberadenheid, gevoel van controle
      iv. Flexibiliteit en pragmatisch
      v. Humor
      vi. spiritualiteit
   b. Controle uitoefenen:
      i. Anticiperen of verliezen?
      ii. Vaardigheden leren
      iii. Hulp aanvaarden
   c. Situatie begrijpen:
      i. Een evenwichtige visie op het leven (relativeren)
      ii. Niet slachtofferrol
      iii. Carpe diem - pluk de dag

2) Relationeel:
   a. Informele relaties met familie, vrienden, buren, … (informatie, gehechtheid, praktische hulp, …)
   b. Relaties in de buurt?
   c. Formele relaties
   d. Reciprociteit
   e. Worden ouderen gewaardeerd in de maatschappij?

3) Maatschappelijk:
   a. Toegang to zorg en hulpverlening
   b. Beschikbaarheid van sociale en materiële hulp (zelfhulpgroepen)
   c. Financiële middelen
   d. Woning?
   e. Sociaal beleid (mogelijkheden om naar rusthuis te gaan)

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