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Barbara J. R. Mager
St. Catherine University

Lou Ann M. Stevens
St. Catherine University

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The Effects of Storytelling on Happiness and Resilience in Older Adults

Barbara J. R. Mager & Lou Ann M. Stevens

Master of Arts in Holistic Health Studies

St. Catherine University, Minneapolis

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Abstract

A person's mind, body and spirit each age at a different pace. Several studies suggest that resilient older adults are happier and tend to report a better quality of life, regardless of actual health status. Studies also suggest that storytelling is one way to build happiness and resilience. We focused on storytelling as an intervention to build resilience in older adults. This study differs from previous studies in that we wanted to know if resilience could be affected in the short-term. The empirical culture of inquiry led us to use a case study method with a quasi-experimental design. We structured five weekly storytelling groups with eight older adults and measured the change in happiness and resilience before, during and after the 5-week program. We used descriptive statistics and thematic analyses. Results suggest that short-term storytelling is effective for increasing characteristics of happiness and resilience. The implications for short-term interventions to increase resilience may be especially useful for transitional care facilities and health crisis centers.

Dedications

We would like to collectively express heartfelt gratitude to our families, friends, professors and fellow graduate students, as well as to the storytelling group participants, and Pathways Health Crisis Resource Center staff. You have all contributed to this project in numerous ways. Your unceasing support, and encouragement inspired us to strive for excellence. We dedicate this work to all of you with love and appreciation.

~ Barb and Lou Ann

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Introduction

There are approximately 75 million Americans born between 1946 and 1964, the baby boom generation, the oldest of this age group began turning age 65 in 2011 (Barr, 2014). Even through people are living longer this does not mean they are living healthier, people over age 60 have a high probability of developing a serious illness or disability, and that probability increases with age (Hildon, Smith, Netuveli, & Blane, 2008). There is a movement toward successful aging and establishing healthy habits early on; eating clean healthy food, exercising, and staying socially connected will set healthy habits in motion that carry over later in life (Larkin, 2013). Based on the sheer volume of older adults entering this transition phase from independent living to multi-level care facilities, the concept of building resilience in the aging population has a new sense of urgency. Healthcare systems are looking to build resilience in older adults through intervention programs that encourage resilience and slow down maladjustment (Ong & Bergeman, 2004).

Resilience research began in the 1970s; researchers originally conducted long-term studies on children. These studies focused on people who experienced adversity as children and who bounced back. These outcomes resulted in increased resilience, as they became adults (Hildon et al., 2008; Wagnild & Young, 1993). In the late 1990s, research on resilience in older adults focused primarily on aging, or recovery from physical disability. Relatively few studies were done on how older adults might develop resilience as a personal characteristic (Hildon et al., 2008). However, recent new studies on older adults have focused on emotional resilience, wellness, prevention, and successful aging, suggesting that developing resilience in older adults leads to positive thinking, wellbeing

and flourishing. (Lavretsky, 2014). This newer research focuses on the impact of social and community influence to develop resilience, and found resilience can be learned (Hildon et al., 2008). According to the author of the Resilience Scale™ Wagnild (2009b), suggests that if a person's resilience core is well developed, one is able to learn from adversity, grow stronger, and bounce back with more resilience. Resilience is a characteristic that enhances one's ability to overcome adversity and encourage successful aging over time (Wagnild, 2003). Resilient people have the ability to face negative events in a positive way (Randall, 2013).

Certain people are more resilient than others. Nelson Mandela, former President of South Africa, is one of the best examples of a person who bounced back from adversity throughout his lifetime while continuing to grow, learn and contribute to his country (Larkin, 2013). Genetics are one aspect of the equation, yet doctors believe resilience can be taught or nurtured by healthcare professionals. Dr. Resnick, at the University of Maryland Nursing School, challenges her staff to encourage their patients to stay independent, and take charge of their own wellbeing rather than slide into learned helplessness (Larkin, 2013). VanNorman, President of Brilliant Aging, suggests that older adults have more resilience than the rest of the population, based on the fact that, "You don't live to be in your 80's without having been resilient throughout your life…without having faced and come back from challenges, be they physical, emotional, financial or any other type" (Larkin, 2013, p. 24). Once a person is able to understand and make sense of an adverse event in their lives, they are more prepared to handle it should it happen again in the future (Pennebaker & Seagal, 1999).

As a lifelong process, human beings develop their identity, examine and make

meaning of their lives, through an integrative story of the self (Bohlmeijer, Westerhof, Randall, Tromp, & Kenyon, 2011). The process of storytelling and story listening allows one to express what is or is not meaningful in their lives. According to Kenyon (2003a), expressing emotions, actions, how one thinks, feels and behaves, makes up the story one tells themselves and others. Further, people coauthor their story along with others who experience life with them. They are never locked into their story; a person can rewrite or recast their story at any time. These stories are recalled from the past and told in the present with new information added from new experiences or new perspectives. As Kenyon (2003a) points out, a person is: "simultaneously narrator, editor, protagonist and reader-but not sole author, only co-author…it is not a case of just anything goes" (p. 31).

If older adults enter into the second half of life without a strong and balanced sense of identity, there is potential to fall into a phenomenon described as narrative foreclosure (Bohlmeijer et al., 2011; Whitbourne, 2005). Narrative foreclosure results from regression of life's meaning; failure to embrace change, as one grows older, and the feeling that it is too late to make a difference in the writing of one's story. Further, as older adults begin to age, their life stories may start to center around the care they need rather than the person themselves. Further, one's identity may become de-storied, or foreclosed upon by family members and caregivers, who no longer honor their life-narratives (Bohlmeijer et al., 2011). Continuing to build resilience in older adults may combat narrative foreclosure. Research data points toward storytelling as an effective way to build resilience in older adults. (East, Jackson, O'Brien, & Peters, 2010; Gunnarsson, Peterson, Leufstadius, Jansson, & Eklund, 2010). There are few studies that point specifically toward building resilience with storytelling in the short-term.

This case study focuses on developing positive emotions and resilience as potential outcomes of storytelling in the short-term. According to Fredrickson's (2004) Broaden and Build theory, balancing peoples' positive to negative emotions broadens current thought-action abilities, and builds wellbeing long term. Happiness is one of the positive emotions that help to build resilience (Seligman, 2002). When positive emotions are experienced, people tap into creativity, gain new knowledge, get involved socially, become healthier, and more resilient (Fredrickson, 2004).

Qualities such as connection to community, being nurtured, listened to, and acknowledged for their contributions, are characteristics that are important to older adults (Snyder, 2005). These important qualities point toward connection between storytelling's healing power and the importance of building resilience. According to East et al. (2010), "The relating of personal stories to interested listeners in an affirming and accepting environment can provide the foundation for the development of resilience" (East et al., 2010, p. 23). This led to our interest in exploring the effects of storytelling on happiness and resilience in the short-term.

The literature is clear that as one grows older, it is vital to maintain optimal health and wellbeing in order to age successfully (Borysenko, 2009). It is also clear that all people experience varying degrees of adversity throughout their lifetime, whether in mind, body or spirit. However, those who face adversity with well-developed levels of resilience seem to fare better, regardless of actual health status (Hildon, Montgomery, Blane, Wiggins, & Netuveli, 2010). The human spirit can be stronger than the body, the body may show outward signs of aging but the spirit continues to thrive. Storytelling can have a profound effect on wellbeing by stimulating creative expression in older adults

(Bohlmeijer et al., 2011). Research has found health benefits from storytelling include; mental stimulation, improved memory, positive social connections, and increased activity among older adults in residential and adult day settings(Sierpina & Cole, 2004). Some studies were conducted using life story writing classes others used verbal storytelling, each with similar outcomes (East et al., 2010; Sierpina & Cole, 2004). This notion led us to draw on storytelling as an intervention toward developing resilience. We propose that because storytelling is an accessible way to promote wellbeing it could be used to develop resilience. There was confirmation of this in the literature however, most previous research points toward resilience as a character trait that is built up over time (Seligman, 2011). We envision positive short-term benefits for increasing wellbeing in older adults, however, we did not discover literature that focused on finding a way to build resilience in older adults in the short-term; consequently, this became the foundation for our study. We contend that resilience is one of the important characteristics that healthy, happy people possess for successful aging (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Therefore, the purpose of this research study is to explore the relationship between storytelling, happiness and resilience in older adults in the short-term.

In the following chapter, we review the literature on aging, resilience, happiness and storytelling. Next, we discuss the theoretical framework for this study through our theoretical and individual lenses. Then, we present our research design, and the methods used for quantitative and qualitative data collection and analysis. Finally, we report the results of the study and present a discussion of the findings.

Literature Review

As people age, their narrative grows and changes as they navigate the twists and turns that carry them along. For many people, this journey is a steady and inevitable unfolding of life events. However, there are many others who become lost in the process of aging and develop an attitude that they have no story left to tell (Bohlmeijer et al., 2011). It seems that those who possess resilience in their later years also perceive a higher level of satisfaction regardless of health status (Hildon et al., 2010). We describe what the literature reveals on how resilience seems to enhance successful aging, and how storytelling is being used to build characteristics of resilience in the elder population.

The purpose of this chapter is to examine what the literature has to say about aging with respect to resilience and storytelling. The literature review starts with our examination of aging. In this section, we introduce the concept of resilient aging, some of the broad aging models, and give context to the process of aging. In the next section, we cover concepts regarding the innate nature of resilience with an emphasis on how overcoming adversity in the short-term develops long-term resilience. This is followed by some of the characteristics of resilient people, whether resilience can be learned and how storytelling can improve resilience in older people. The literature review proceeds with a discussion of storytelling. This is where we examine aging through the lens of storytelling as a healing modality, the multiple elements of storytelling, the role of storytelling for building resilience, and then the benefits of storytelling work. We close this chapter by pointing toward some studies that discuss the benefits of narrative work, with an additional consideration toward future research.

Aging

According to the global forecast by the World Health Organization (WHO) (2014), the number of people age sixty and older will reach two billion by 2050. In the United States, it is projected that people who are eighty-five and older will become the largest segment of the population by 2030 (Hicks & Conner, 2014). This burgeoning number of aging adults is likely to strain the healthcare systems; Larkin (2013) therefore contends that building resilience is of the utmost importance. According to literature on aging studies, the characterization of normal, optimal or pathological aging are varied and full of stereotypes, making it difficult to define what it means to age successfully (Yamasaki, 2009). We found many examples about the predictable stages of aging and models that help to clarify these stages. The classic aging models by Erickson (1986) are relevant and newer ideas from Cohen (2006b) provide deeper understanding. We introduce one aging theory here, regarding identity development and flexibility with an emphasis on healthy aging that has grounded our study (Bohlmeijer et al., 2011). It is also important to address the idea that all humans are participating in the aging process, whether through their own aging, or as a part of the wider community where they collectively write and edit their life stories. In clarifying the characteristics of aging, it is helpful in understanding the context of one's life experiences.

Aging and resilience. The study of aging is called gerontology and it includes the social and psychological aspects of aging. This is not to be confused with geriatrics, which is the study of diseases in older people. For our study, we focus on a holistic approach to healthy aging and as such, our review covers issues within gerontology and geriatrics.

The literature defines successful aging as an older person with a healthy mind, body, spirit, and the ability to independently manage their activities of daily living, while maintaining physical activity, social connections, and resilience (Wagnild, 2003). However, others suggest that the idea of successful aging defies definitional consensus because our experiences are explicably intertwined with those around us. Often, the best measure of successful aging comes from each individual's unique point of view (Randall & McKim, 2004; Tate, Swift, & Bayomi, 2013). Perhaps a better way to view successful aging is through the lens of resilience, which measures positive outcomes despite adversity (Hildon et al., 2008). Colin Milner (2013), CEO of the International Council on Active Aging (ICAA) states that, "Resilience goes hand in hand with wellness and successful aging" (p. 6). Further, all people experience a certain amount adversity at some point in their lives and therefore have developed some level of resilience by the time they are in their later years (Larkin, 2013).

Aging models. Discussion of developmental aging would be incomplete without mentioning Erik Erikson's model of development, which states that around age sixty-five, people begin to slow down, and they begin to take a look back over the events of their life. If one feels they can find worth and value in their life's accomplishments, they develop the virtue of integrity. Conversely, if one looks back over time and sees mostly failure or guilt, they develop despair, which may lead to perceived limitations or depression. To go forward successfully, one's ego must achieve integrity over despair (Erickson, 1986).

Similarly, in his research on healthy aging, Cohen (2006b) describes four predictable stages of development in the second half of life. Each stage provides

opportunities for reflection and change. In the first stage, age forty to around sixty, called midlife re-evaluation, one is called to reflect on life and to seek meaning. This also begins the time when many people confront their own mortality and develop an appreciation for the urgency of living life. The second stage is called liberation, which emerges around age sixty. For many this is a time of a "mounting sense of personal freedom to speak one's mind and to do what needs to be done," often resulting in creative energy and taking action (Cohen, 2006a, p. 8). Around age seventy and into one's eighties comes the summing-up phase. By looking back over one's life, this stage motivates one to share stories, lessons, and the wisdom accrued over time. Philanthropy and volunteerism is also common at this stage when gratitude or empathy drives one to give back to one's community. Finally, the last stage is called encore. Often this time of life, which can be anywhere from one's seventies to the end of life, brings confirmation of one's life themes. It can also bring new insights to change one's beliefs as well as a desire to tend to unfinished business (Cohen, 2006b).

The final aging model discussed here, comes from award winning research by Bohlmeijer et al. (2011), which provides framework for avoiding what they call the theory of narrative foreclosure in later life. This occurs when one believes that there is nothing left to be gained by observing the past and nothing to look forward to in the future. According to their research, when identity development falters in older people, it is often because they have stopped seeking out, exploring, and committing to new ideas. The narrative foreclosure theory is based in part on another aging theory developed by Whitbourne (2005) that defines three processes common to older people: assimilation, accommodation, and identity balance. In brief, assimilation is the rigid attachment to, and

continual reinforcing of one's current belief system. Accommodation goes to the opposite extreme, in which a person constantly changes their belief system and/or self-identity based on the dominant external influences. Identity balance finds a middle ground using the best of both processes creating successful aging by, "flexibly adapt[ing] and integrate[ing] age-related changes while simultaneously retaining a sense of inner consistency and stability" (Bohlmeijer et al., 2011, p. 366). This flexibility may allow an elder to overcome adverse situations to maintain positive emotions and build their resilience (Fredrickson, 2004). These concepts on normal, optimal and pathological aging provide insight for understanding some of the predictable passages one encounters in later life. However, there are many more characteristics that compose perspectives on aging. The context of aging appears to be key to understanding how people shape their attitudes about aging.

Context of aging. The context of where a person grows older, and with whom they are with, influences one's perspective of health and wellbeing. Quality of life is not necessarily the same as the quality of health (Hildon et al., 2008; Seligman, 2011). From a holistic approach, the mind, body and spirit age at a different pace (Oberg, 1996). Finding balance, while making one's way through these changes, seems to improve the chances of successful aging (Whitbourne, 2005).

Mind. When considering aging of the mind, there is common ground yet everyone has his or her own schedule. As people age, it is normal to encounter shifts leading to what Hildon et. al (2008) calls *biographical disruptions,* in which clarity and confusion are experienced as part of daily life. People have an innate prehension that propels them toward psychological development throughout their lifetime. When health

and vitality are nurtured, this drive continues (Cohen, 2006b). This can be a time of great independence and opportunity. One's innate creativity often emerges as the older person finds the freedom to explore and express thoughts and feelings previously held in secret (Randall & McKim, 2004). However, there can also be an increase in fear of accidents, danger from misusing appliances, and being preyed on by criminals (Cisneros & Carstensen, 2014).

Body. The effects of aging on the physical body are also well observed. The aging human body often provides overt and predictable signs such as a decline in physical health, which may require medical intervention. Difficult to understand and yet almost universally experienced is the concept of what it is like to live with pain every day as one ages (Kenyon, Clark, & de Vries, 2001). When physical adversity such as pain is experienced, a resilient person often perceives fewer symptoms than one who lacks this positive attitude (Hildon et al., 2008). Physical signs of aging become visually evident when white hair or wrinkled skin begins to show, and even more evident when hearing aids or the use of canes and walkers are needed. Those who observe or interact with older adults may unwittingly amplify stereotypes by patronizing or infantilizing them, which can lead to lowered self-esteem (Yamasaki, 2009), and this can manifest into negative emotional states and lowered resilience (Cohn et al., 2009). Caregivers may also co-opt an older person's independence by insisting that they know what is best, effectively delimiting, or dominating that person's ability to choose a path. The outcome of this foreclosure on older people is counterproductive, leading some older people toward increasing illness and depression (Bohlmeijer et al., 2011). These physical characteristics may be the most visible signs of aging, however it is also important to recognize the more

subtle issues of how one grows older with regard to the human spirit.

Spirit. The spirit or life force can be strong even when the body is weak. There are many things that influence wellness of the spirit. There are also things that have a crushing effect on the spirit. One such situation occurs with the assumption that with age comes wisdom. This can be disheartening for older people who may not believe that they have attained wisdom (Erickson, 1986; Randall & Kenyon, 2004). It can also set the stage for stress, anxiety, depression and other negative consequences, especially if one is already plagued with fear, self-doubt, or poverty (Cisneros & Carstensen, 2014; Rosowsky, 2009; Yamasaki, 2009). In turn, one's confidence and self-advocacy skills can falter. Depending on how one's culture cares for its elders, the lack of self-advocacy skills can leave the older person vulnerable to elder abuse or neglect (Kropf & Tandy, 1998). Further, each culture has its own beliefs about what it means to get older; these cultural norms may have been an important part of one's value system. Cultural values such as productivity, independence or self-reliance may no longer be available, leading to an uncomfortable dependency on or inconveniencing of others (Westerhof, Bohlmeijer, van Beljouw, & Pot, 2010). The literature suggests that as they age, those who have resilience are less affected by these adverse situations (Hildon et al., 2008).

Resilience

The Greek Philosopher Epictetus said, "It's not what happens to you, but how you react to it that matters." The process of aging presents many challenges and though one cannot control aging itself, a high quality of life may depend on how one responds to adversity and the stresses of later life (Wiles, Wild, Kerse, & Allen, 2012). Resilience, which is essentially the ability to bounce back when faced with confounding

circumstances, is at the center of this discussion. It is important to put aging in perspective: "Resilience-centered research…has poorly defined the adversity construct or assumed that old age itself is necessarily adverse" (Hildon et al., 2008, p. 37). Disease free old age may be unrealistic, but one's notion of what it means to balance the ongoing issues with the characteristics of resilience may make the difference in improved quality of life. This next section covers resilience defined, why resilience as a goal, characteristics of resilient people, whether resilience can be learned, and the role of storytelling for building resilience.

Resilience defined. This section explains the history of resilience studies, how resilience is defined, and how resilience can be strengthened in individuals. The literature defines resilience as a personality trait, which allows a person to adapt under pressure or stress, maintain an optimistic outlook on life, and bounce back from adversity (Larkin, 2013; Lavretsky, 2014; Richardson, 2002; Seligman, 2011; Wagnild, 2003; Windle, Markland, & Woods, 2008). According to Cohn et al., (2009), resilience is considered a stable trait, although there are factors such as optimism and the adaption of positive emotions that contribute to the development of resilience over time.

Resilience research was brought to the forefront in the 1970's through developmental psychology, focusing on adaptation and survival of vulnerable children (Wiles et al., 2012). Early on, resilience was studied from a psychology-based perspective; the main focus of resilience research was based on identification of individual traits or qualities that allow people to overcome disruptions in life (Wiles et al., 2012)

In recent years, there has been a paradigm shift to the process of adaption, to

understand the role of environment in developing the ability to become resilient (Wiles et al., 2012). A shift has occurred in psychology research from the negative focus of avoiding 'ill-health' to a 'positive adaption to adversity' and 'maximizing wellbeing' (Wiles et al., 2012). With that knowledge, we examine the process of how resilient qualities are acquired. Wagnild (2003; 2009a) suggests resilience can be strengthened by developing a strong resilience core, which is strengthened when a person engages fully in life and social connections, supports good health, and balances work with rest. With a solid resilience foundation in place, a person can bounce back from adversity, learn from the situation, grow stronger from it, and respond with more resilience in the future.

Jacelon (1997) defines resilience as a process through which a person reacts to environmental stimuli that is causing a disruption, and then regroups to a higher homeostatic level. Resilience is the drive within individuals toward equanimity in order to "maintain biological and psychological homeostasis under stress" (Larkin, 2013, p. 2). Seligman describes resilience as an important feature of wellbeing; he goes so far as to say that it is an essential component of flourishing (Seligman, 2011). Randall (2013) explains resilience as: experiencing an adverse situation, turning it into a growth experience and subsequently moving forward with a positive attitude. There is debate in the literature, around what constitutes a risk, adverse life prompt, or disruption in life. An event that may be extremely upsetting to one person could prove to be a minor mishap or a welcomed challenge to another person (Wiles et al., 2012).

As defined in the literature life prompts are essentially the disruptions in one's life, which can be positive or negative, internal or external, initiated from thoughts or events that create a paradigm shift in one's comfort zone. Life prompts define a large

spectrum of disruptions; from a minor argument to losing a loved one, getting married or divorced, and developing health complications to changing careers. Regardless of the situation, all disruptions in life provide the opportunity to further build resilience, a higher level of growth, and introspection; in fact, growth is impossible if there are no challenges in life (Richardson, 2002).

Resilience as a goal. In this section, we discuss the virtues of resilience for older adults. Older adults often deal with stressful situations at an accelerated rate. They can encounter illness, mental or physical disabilities, which may create dependence on others, or cause caregiver stress. They may change residence, lose a life partner, or face their own end of life reality (Lavretsky, 2014). These issues can compound in a short period of time and become overwhelming. Being resilient affects everything one does, it is what gives one the ability to carry on and still find satisfaction in life (Reivich & Shatte', 2002). Resilience is the main factor in maintaining wellbeing, optimism, and social support (Lavretsky, 2014). Interestingly, there is a shift in coping styles as a person ages, young adults typically focus on problem solving to strengthen resilience, and older adults focus on acceptance of negative disruptions in order to cope (Lavretsky, 2014).

People who are resilient tend to be happier. However, it is important to distinguish between the hedonistic concept of *being in a cheerful mood*, and happiness, which comes from an over-all sense of wellbeing (Seligman, 2011). It is the momentary positive emotions one experiences that build toward resilience, although the opposite is also true that resilient people tend to have more happiness, creating an upward spiral that can be protective in times of adversity (Cohn et al., 2009).

Characteristics of resilient people. Various researchers have set out to study what makes a person resilient in later life (Hildon et al., 2008; Hildon et al., 2010; Wiles et al., 2012; Windle et al., 2008). From this research, certain characteristics begin to emerge, supplying a pattern of data that point toward resilient characteristics of older people. Traits found to be abundant in resilient people are; independence, above average intelligence, positive attitude, optimism, strong sense of self, varied interests, and involvement in many social activities (Jacelon, 1997). Optimism can be built through avoiding negative self-talk, which leads to a sense of helplessness and increases stress (Fredrickson, 2004; Seligman, 2002). Wagnild (2003) suggests that there are five characteristics at the core of resilience: purpose, perseverance, equanimity, self-reliance, and authenticity. Social resources are an important characteristic of resilience. Windle et al., (2008) stresses the personal and social resources one can utilize when facing adversity, are seen as important aspects of living well. Seligman considers relationships integral to well-being; he states, “Other people are the best antidote to the downs of life and the single most reliable up” (Seligman, 2011, p. 20). Additional attributes of resilient people include a higher level of intelligence, optimism and well-being, plus active social engagement and spirituality (Lavretsky, 2014; Seligman, 2011).

Two schools of thought emerge when assessing resilience in individuals: first the psychological aspects of coping, and second the physiological aspects of stress (Lavretsky, 2014). A common characteristic of resilience in older people seems to be their problem solving or solution driven coping skills. Two types of resilient coping styles are adaptation and development (Hildon et al., 2010). With adaptation one learns to look at a problem in a different way; for example, one might learn new ways to live with

an increasing level of dependency on others. With the development coping style, older people build on the strengths they already have but with an open mind, they learn from a problem and make difference choices in the future. One example of development is learning to be more extroverted, in an effort to deal with loss and loneliness (Hildon et al., 2010; Rosowsky, 2009).

Resilience can be also be used as a tool toward building self-efficacy in order to deal with the stressors in old age. In balancing the stress associated with aging, it seems that facing challenges is better than avoiding them. Older people who are resilient are likely to manage well with adverse issues, leading to higher self-esteem; while others who avoid adverse issues are likely to feel mindlessness and disengagement (Rosowsky, 2009). With resilience as a trait, the health of an individual may begin to fail but one can still age successfully (Hildon et al., 2010). In essence, "resilience could be viewed as an *umbrella* term for such resources which are central to the self" (Windle et al., 2008, p. 286). Characteristics of resilience are described as a protective device for older people and can be seen as acting like a buffer when facing adversity.

Resilience can be learned. Every person possesses a certain amount of resilience, some more than others. Some level of resilience is genetic, however learned behavior also plays a part (Larkin, 2013). Though resilience is generally thought to be a personality trait, much depends on the context of the adversity one is facing. According to Wiles et al., resilience is seen as, "a dynamic process…whose system can be learned at any point in life" (Wiles et al., 2012, p. 417). One method for learning resilience is Fredrickson's (2004) broaden and build theory. This theory is essentially a way to broaden the way one thinks and acts in the moment, which builds positive emotions and

long-term resilience. One can compare this learning to an exercise model, where "…cultivating positive emotions (exercising the muscle) is important for promoting resilience" (Tugade & Fredrickson, 2007, p. 317).

Depending on a person's resources and background, resilience may already be a part of one's character. Resilience is part genetics, but it is also a behavioral trait, meaning that with repeated effort, it can become a part of one's character. This becomes important in later years when challenges with aging bring new forms of adversity. One simply needs to continue to flex their resilience muscle (Larkin, 2013). Hildon's (2008) research contends that understanding how one reacts to life experiences, affects the ability to remain positive in the face of adversity. This supports the premise that resilience is not innate but must be learned and practiced throughout the lifespan. If one is motivated and open to learning, increased resilience can lead toward better health and wellness over time (Larkin, 2013).

The role of storytelling for building resilience. The literature recognizes the concept of storytelling as a way to convey life experiences, offer cathartic opportunities, bring witness to one's life, and foster social support within communities (East et al., 2010). In an effort to transform adverse situations into something more benign and encourage resilient characteristics, a narrative approach is often used (Bohlmeijer et al., 2011; Randall, 2013; Randall & Kenyon, 2004; Ray & Binstock, 2002). Research data indicates that, "the process of constructing and reinterpreting past events in the light of more recent ones was essential to developing resilience" (Hildon et al., 2008, p. 738). Transformation like this is vital when one's self-identity begins to shift, and circumstances of one's life change. The ability to reduce negative assertions while

learning new ways of coping is at the heart of narrative work (Bohlmeijer et al., 2011; Hildon et al., 2008).

Attitudes about aging seem to be shifting toward living well and building resilience rather than just growing old (Vaillant, 2002; Wiles et al., 2012). Further, the literature answers many questions about how one can approach aging successfully, and there are a multitude of resources geared toward maintaining health and wellness, as one grows older. One such resource, that seems to be gaining attention, is the use of personal stories as a way to create health and wellness and resilience later in life (Borysenko, 2009). There is a positive connection to storytelling and resilience; East et al., (2010) argues that: "Storytelling aids the development of personal resilience and provides opportunities to celebrate the hardiness of research participants who contribute to knowledge by recounting their stories of difficulty and adversity" (p. 17). And, Randall (2013) points to the value of storytelling for building resilience:

> Pivotal… is the notion that "narrative reflection" upon that story facilitates a greater sense of irony by affording us an affectionate detachment from our life, intensifying our interior complexity, and thickening our sense of self. As such, it renders us more resilient (p. 10).

What seems to be important is that insights are gained, through the process of listening and telling stories (Ray & Binstock, 2002), advancing the idea that storytelling can aid in understanding adversity, and can also promote health and wellbeing (Hildon et al., 2008; Randall & Kenyon, 2004). By reflecting on others' experiences of overcoming adversity, one can apply those insights to their own lives to expand their resilience and connectedness (East et al., 2010). Next, we present what the literature says regarding storytelling.

Storytelling

Stories are the phenomenon that people talk about regarding their lives. Each person has their own unique story or narrative that accompanies them throughout life (Kenyon, 2003b). The act of telling another person the stories one holds in private is a powerful way to make connections and build resilience (East et al., 2010). This section highlights what the literature says about storytelling as a healing modality. We begin with background into stories and storytelling. This is followed by insight into the particular aspects of aging and storytelling, followed by six defining elements of storytelling (Bohlmeijer et al., 2011; McLean & Mansfield, 2011; Randall, 2013). This section ends with a review of the benefits of storytelling found in the literature.

Stories and storytelling. The form of storytelling is one way in which a person can define life's experiences and convey them to others (East et al., 2010). Most cultures have some form of storytelling, which predate written communication (McKendry, 2008). A modern approach to storytelling as a healing modality comes from the emerging field of narrative gerontology. This field provides a scientific approach to the study of aging, through the observation of transformational life events and the stories told about those events (Kenyon, 2003b; Remin, 1996; Thomas & Cohen, 2006). Two of the leading experts in narrative gerontology, Randall and Kenyon (2004), explain that all humans connect to their life experience through story. How people see the world and their place in it depends on how they look at their life story. Ong and Bergman (2004) discuss the need for interventions such as storytelling that build on people's social tendencies along with their innate need to express a full range of emotion. In creating this type of intervention, the older adult that is experiencing adverse situations would have an

opportunity to share the adversity with others and focus on resilience building, positive emotions (Ong & Bergeman, 2004; Tugade & Fredrickson, 2007).

Storytelling and aging. As previously mentioned, it is important, as one grows older to imagine their life story still unfolding. People assign meaning to the various life transitions and create a story that becomes a part of who they are (Thomas & Cohen, 2006). When an elder is storytelling, it is actually more important to recall the story with the details that they remember, rather than trying to find whole truth of the story (Randall, 2013). This allows them the opportunity to think about past events in novel ways. Without this ongoing internal narrative, the elder may experience narrative foreclosure, which often leads to a reduced quality of life (Bohlmeijer et al., 2011).

Life story epistemologies will always vary, and they may include aspects that range from personal, to social and cultural ways of knowing (Kenyon & Randall, 1999). There is great potential for an increased sense of confidence and wellbeing in older adults that can adapt to and integrate the stories from their past with the imagined stories yet to come (Brown-Shaw, Westwood, & De Vries, 1999; Thomas & Cohen, 2006). In using storytelling as a healing modality toward building resilience, the literature points toward having a framework in which to contemplate the various pieces and parts that are a part of one’s story (Randall & Kenyon, 2004). The following six elements, which are: 1) temporal, or the effect of time on one’s story, 2) poetical, one’s unique perspective, 3) spiritual, which are the transcendent moments, 4) wisdom and how it is perceived, 5) society, and its effect on one’s story, and 6) context or, where one’s story takes place, provide the necessary framework (Bohlmeijer et al., 2011; McLean & Mansfield, 2011; Randall, 2013).

Temporal elements. Used here, the word temporal refers to the concept of time and how it affects one's storytelling. Mindfulness, or the act of staying in the present moment, is a form of meditation that has gained significance in modern culture (Kabat-Zinn, 2002), but the practice of storytelling requires a temporal lens (Kenyon, 2003b). Time can be a trickster, and the perception of time may present challenges when going into one's past to remember details. One may be able to plot life experiences on a timeline but while reminiscing about those events, the ascribed importance may change dramatically. One's timeline and the importance they place on certain events are asymmetric. Consider, for example, an event that may have occurred in a matter of just a few seconds might take hours to describe. Conversely, a year of one's life could be summed up in a couple of sentences (Kenyon, 2003b). This is a form of creative consciousness where past, present, and future are entwined, and they are in a constant state of flux as new events reshape how we think about the past events (Randall & McKim, 2004). According to Randall and Kenyon (2004), those who spend too much time backshadowing with excessive reminiscing, end up caught in an endless loop of the past and those who rely too heavily on foreshadowing are often plagued with anxiety over what is yet to come (Kenyon, 2003b; Randall & Kenyon, 2004). However, one often finds meaning in the back-stories of life.

Poetical elements. Poetical elements as discussed here refer to the things that contain meaning regardless of any connection to the truth or history of an event. According to Randall (2009), the meaning found in one's story is constantly being made, maintained, and altered. The poetical or insightful aspect of memory is remarkable. All throughout life there is a reinvention of sorts, as one grows from information gathering

childhood, through trial and error adolescence, and toward self-awareness in adulthood (Randall & Kenyon, 2004). All people share similarities, with regard to the evolution or flow of life. However, when looking at one's own life experiences, there is creativity in the collection of memories, which tends to give purpose and meaning that enriches the personal story. This is why, so often, when groups are recounting details of the same story so much can vary; it all depends on the observer's perspective (Randall & McKim, 2004). Being able to see a story from a different perspective, either internal or external, gives the storyteller a chance to make changes. It allows the storyteller to examine the *what-ifs* of the past yielding to a memory that, at once, seemed like it was cast in stone and might now suddenly appear more flexible (Bohlmeijer et al., 2011). Meaning and purpose from stories give additional insight.

Spiritual elements. From a spiritual perspective, finding meaning and maintaining a sense of purpose can be vital to aging well as opposed to just getting older (Randall & Kenyon, 2004). The practice of storytelling one's life helps older people to find those moments of transcendence from their past and use them to create meaning in their present, which in turn, may create a more positive future. When older adults learn how to find meaning from their life stories a phenomenon known as gerotranscendence is likely to occur. Gerotranscendence is a perspective on aging where one has progressed toward a mature wisdom, generally bringing an increase in confidence and wellbeing (Tornstam, 2014). Though not all older adults care about finding meaning, bringing consciousness into one's story can be a powerful way to help elevate one's experience toward improving health and resilience (Hildon et al., 2008; Westerhof et al., 2010). In storytelling, when the spiritual dimension is allowed to flourish, an environment is

created where wisdom becomes accessible (Randall & Kenyon, 2004).

Wisdom elements. Much of the literature brings forward the idea that achievement of wisdom in old age is worth further study (Remin, 1996). Randall and Kenyon (2004) make a connection between telling stories about one's life experiences and wisdom, suggesting that when one connects with their authentic story discovery of inherent wisdom may occur. In addition, they argue that one's real and innermost knowing comes not from trying to create wisdom but from the unfolding process of discovery that comes from the expression of one's stories (Randall & Kenyon, 2004). Many people hold up wisdom as if it were a golden challis, which is like a prize to be won if one is lucky enough to live into old age. However, not all people become wise and therefore, caution in using storytelling is warranted.

Delving into the past without a certain amount of resilience could actually increase the risk of negative outcomes (Hildon et al., 2008). It is therefore wise to choose carefully on which issues to reflect and under which circumstances this reflection will occur. Bearing in mind that, whether truth or fiction, a certain amount of optimism, in reflection, can improve one's overall sense of wellbeing, mitigating negative outcomes (McLean & Mansfield, 2011; Seligman, 2002).

Societal elements. As important as how one grows old, it is equally important to consider where and with whom one grows old. The conditions, under which one lives in community with others, make up a significant portion of how people construct and process their stories (Kenyon, 2003b). This external knowing gives a measure of reality or facticity about life events. Wilber's (1997) integral theory explains this idea as part of the collective consciousness: whereby the life one lives is inexplicably connected to

everyone and everything, from the most intimate to the universal knowing that surrounds all. Consequently, all people with whom life is shared are in essence co-authors of one's story (Randall & Kenyon, 2004). According to Remin (1996), the mind, body, and spirit exist with all that is outside of us, entwining stories that are told, untold and even unknown to us. Storytelling involves personal editing as well as taking in details edited by friends, relatives or coworkers (Kenyon, 2005). Therefore, the context of society in which our life story develops, is inseparable from that which resides within one's internal consciousness.

Contextual elements. Personal stories are often made richer and more complex as a result of the involvement with others. This concept informs the idea that group narrative work may be a useful tool to assist with successful aging (Birren & Svensson, 2006; Brown-Shaw et al., 1999; Thomsen, 2009; Thornton, 2008). The social network that is developed with group narrative work may also build resilience for people facing adversity (Hildon et al., 2008). Group story sharing extends the development of one's story into an external community or group setting. There are less formal applications, which take place in communal living settings as well as social settings (Brown-Shaw et al., 1999). Finally, being present to other people's stories often gives deeper wisdom and empathy by providing cross cultural, socioeconomic, or political context. This may in turn, further develop the context in which to place one's own experience (Birren & Svensson, 2006; Kenyon, 2003b; McLean & Mansfield, 2011; Popova, 2015). Having established a framework for storytelling as a modality for healing, we further expound on the benefits derived from participating in storytelling.

Benefits of storytelling. The literature has much to say regarding the use of storytelling as a holistic modality that can open a path toward profound self-understanding and transformation (Bohlmeijer et al., 2011; Cohen, 2006b; Randall, 2013; Remin, 1996). As stated earlier, the observation of the past often gives a path toward envisioning the future. Kenyon et. al (2001) discusses the idea of a self-fulfilling prophecy that can be hopeful; "…individuals construct their own future scripts, [and] they do so in ways that optimize the likelihood of their success (p. 152). An increased awareness, to one's life story tends to build an appreciation for one's life, that is to say, when one looks beyond the details and toward the big picture, they are more likely to see that a meaningful life is unfolding. This in turn, often creates a reaction of gratitude and a sense of purpose, which is an important factor in successful, resilient aging (Brown-Shaw et al., 1999; Randall & McKim, 2004; Wiles et al., 2012).

Westerhof et al., (2010) suggests improving meaning as an intervention for mild symptoms of depression, and found success using guided autobiography (GAB), narrative life review process. These results were amplified however when the life-review process was conducted in a group setting. Benefits of GAB are also noted by Birren & Svensson (2006), who found that GAB gave participants the opportunity to listen to others, which stimulated their own ability to recall. Common themes often emerge between participants, which develop a cohesive sense of community with others (Randall & McKim, 2004; Snyder, 2005).

Improved communication skills are another benefit of storytelling (Brown-Shaw et al., 1999; Kropf & Tandy, 1998). In one case study, the group writing prompt was the word *light*. This prompt brought many ideas forward, but for one eighty-year-old

participant, the word light helped her explain why she lives with fear. She wrote in her story that; due to the fact that her vision had diminished with age, she was no longer able to see clearly, living in a constant state of fear that she would fall and sustain life-threatening injuries. Through communicating this feeling in a social setting, her fears were acknowledged by others, who then helped her advocate for improved lighting of her residence home. In doing so, her self-efficacy was increased (Kropf & Tandy, 1998). This example shows how something as intangible as narrative can have profound effects on one's health.

The creative power of storytelling and story listening may seem intangible. However, evidence shows that when older people talk about stressful experiences, there are measurable improvements in blood pressure, autoimmune disorders, brain health and quality of life (Cohen, 2006b; Westerhof et al., 2010). Additionally, those with mild dementia showed moderate improvement in memory and recall (Sierpina & Cole, 2004). The idea of improving overall brain health and function is at the forefront in the scientific study of psychoneuroimmunology, which refers to how the mind can effect the health of the body. When looking at brain health, the benefits of creativity and narrative storytelling begin to emerge; "research in this area vividly demonstrates that when the brain is challenged through our activities and surroundings, it is altered through the formation of new synapses…and increased opportunities for new ideas connecting" (Cohen, 2006b, p. 10). Further, storytelling makes an impact on the mind/body health of both the storyteller and the listener. It seems that activities such as storytelling that promote reflection, creativity, and socialization, may well provide effective tools for older adults in increasing quality of life and successful, resilient aging.

Summary and Research Question

The purpose of this chapter is to explore and connect aging with the concepts of resilience and storytelling. This was accomplished by examining the models of aging which point out the fork in the road where choices can be made leading one toward foreclosure or resilience. While people with any number of health issues achieve successful aging too often, people close the door on opportunity, resulting in narrative foreclosure and the loss of quality of life. Narrative gerontology, which seeks to scientifically approach the study of aging, through the observation and storytelling of life events, may hold some of the answers to why some people age well and others just grow old (Kenyon, 2003b; Randall & Kenyon, 2004; Remin, 1996; Thomas & Cohen, 2006). Resilience in young people is widely studied but the research concerning resilience in older people seems to be limited. Current studies identify why resilience shows up in some people but not in others, rather than on ways to increase resilience. Further, there was an abundance of theoretical research on narrative work, but there was relatively little that connected these narrative models with resilience in older populations. In fact, there was very little research that pointed toward storytelling work as a resource for building resilience in older people (Hildon et al., 2008).

The literature is clear that as a consequence of advanced age, many people begin to lose sight of the importance of the stories that make them who they are (Bohlmeijer et al., 2011; Randall, 1999; Randall & Kenyon, 2004). The literature suggests there is an emerging link between those who possess positive characteristics such as happiness and resilience (Fredrickson, 2004; Seligman, 2002). Those people who are able to maintain healthy self-confidence as they age tend to have high levels of resilience (Wagnild,

2003). Resilient people tend to report a far better quality of life, regardless of actual health status (Hildon et al., 2008; Hildon et al., 2010; Wiles et al., 2012). Recent research points toward the idea of personal narrative in the form of storytelling, can increase confidence, resilience and a sense of being heard (East et al., 2010; Randall, 2013). While many forms of storytelling in older adults have been widely studied (Bohlmeijer et al., 2011; Kenyon et al., 2001; Randall & Kenyon, 2004), there seems to be limited data exploring the role of storytelling as a short-term intervention for building resilience in older people.

Questions remain regarding whether the efficacy of storytelling is the answer to improving resilience. Further, since resilience is a character trait built up over a lifetime of coming back from adversity can short-term interventions make a difference in elders? Based on the idea that building resilience is the goal, and storytelling may provide the means to achieve it, the direction of this research study will be to answer the following question: Is short-term storytelling an effective intervention to develop happiness and resilience in older adults?

Lenses

Providing a conceptual framework for this study helps the reader understand the various biases that we bring to the project. Transparency in research naturally lends itself to a higher level of responsibility on our part as researchers. As such, we account for all aspects of this research study, including background for each researcher and the theories that drove our choice of method, design and analysis. Therefore, this chapter presents information using the following themes: research paradigm and culture of inquiry, and an individual account of each of our paradigms. This is followed by insight into our theoretical lenses, professional lenses and personal lenses.

Research Paradigm and Culture of Inquiry

Our post positivist paradigm with its realist ontology and its modified objectivist epistemology informs how we have designed this study. A small group case study method, with a quasi-experimental design was chosen in order to see if happiness and resilience measures change as a result of a short-term storytelling intervention. Our goal was to discern whether benefits could be perceived after a five-week storytelling intervention. We designed a study that will foster truthful observations, based on controlled variables that would provide strong conclusions (Nock, Michel, & Photos, 2007). The empirical culture of inquiry was an appropriate fit for this project in that we wanted to observe a phenomenon rather than work strictly from a theory (Bentz & Shapiro, 1998). According to Ong & Bergeman (2004), "The combined use of standard questionnaire measures, daily assessments, and narratives of individual life stories speaks to the importance of integrating qualitative and quantitative sources of data to further scientific inquiry" (p. 233). To that end, we designed a small group storytelling

intervention with multiple forms of data collection including quantitative surveys and qualitative questions.

We acknowledge that true objectivity is unattainable and that we as researchers are instruments as well. Therefore, in addition to the previously mentioned measures, we will also rely on our own field notes to further elucidate the human interaction of our group members and our own influence on the group.

Researcher Paradigms

Barbara Mager. The intersection between what I believe to be true and what I know to be true forms my post-positivist epistemology. I value objectivity and I believe that realistic controls will provide reliable and valid data. However, I also believe that whenever the natural world is involved, there are variables that cannot be quantified. I think there is a subjective relationship between the knower and what is known. This axiology, or value, allows me a measure of reflexivity and consequently, the idea of human consciousness can be factored into my research.

The empirical culture of inquiry fits with my post-positivist philosophy because I value a form of experimentation where an instrument is applied and an outcome is observed. I also believe in critical multiplism, which suggests that using multiple sources of information and a variety of different approaches will get us closer to the truth. I tend to place a higher value on quantitative data however; I also believe that the factors that confound such data need to be qualified. I find statistical analysis enjoyable because it allows me to connect and combine conceptual ideology with concrete data.

Lou Ann Stevens. My research is grounded in the post-positivist paradigm with a critical paradigm persuasion. While I enlist logically to be governed by critical realist

ontology, I notice my subjectivist epistemology reflected in the process. I appreciate the structure that the post-positivist paradigm provides, and I agree to work at maintaining objectivity, but it does not come easy. My nature is to be subjective, so the mixed-methods used in our case study research appeals to my critical paradigm. As a human being and working with human beings as subjects, knowledge is interpreted as a researcher while listening to their personal stories, therefore emotions cannot be denied. While researcher bias is a factor, I strive to minimize the influence of it by grounding myself in awareness and being forthcoming with those observations.

Theoretical Lenses

There are three theories that frame and provide the necessary conceptual grounding for this study. First is the theory of narrative foreclosure, in which there is a sense that one's narrative has ended (Bohlmeijer et al., 2011). The second theory that drives this study is Wagnild's Model of Resilience (2009a). The third is the broaden-and-build theory of positive emotions, which supports the path toward resilience (Fredrickson, 2004). A summary of each theory and the rationale for how they are connected to this project follows.

Narrative foreclosure. Keep in mind that aging is not equal to adversity, but rather adversity often accompanies aging. It is normal to encounter shifts leading to what Hildon et al. (2008) calls *biographical disruptions,* in which clarity and confusion are experienced as part of daily life. How one moves through these disruptions can affect an elder's wellbeing. The narrative foreclosure theory postulates that in order to achieve and maintain quality of life, as one grows older one must be able to connect with the stories that make up who they are. According to Bohlmeijer et al. (2011), when identity

development falters in older people, it is often because they have stopped seeking out, exploring, and committing to new ideas. Further, one must understand that their stories are not finished, and that, in the attainment of resilience, they can re-write stories from the past with new insight. Often, people who experience narrative foreclosure also experience physical and mental symptoms such as depression, fatigue or anxiety (Bohlmeijer et al., 2011). This theory is important to our study because storytelling, as a holistic health alternative, may provide an older adult with an alternative or at least an adjunct in the treatment of depression (Kenyon, 2003b). In turn, older adults may explore new ideas and increase positive emotions and resilience.

Resilience theory. Wagnild's theory of resilience (2003; 2009a; 2009b) includes a model to strengthen one's resilience core characteristics. A person may increase their level of resilience over time by focusing on four areas that support resilience; taking care of self, balancing recreation, rest, and responsibilities, seeking and giving social support, and engaging fully in life (Wagnild, 2009a). These supports replenish one's resilience core, which is made up of five underlying characteristics: purpose, perseverance, equanimity, self-reliance and authenticity (Wagnild, 2003; Wagnild, 2009a; Wagnild, 2009b). Developing these five core characteristics provides the ability to bounce back from adversity, learn and grow from life's disruptions, and become more resilient in the future (Wagnild, 2009a). One way to measure resilience is with Wagnild's (2009a) Resilience Scale™; this 25-item questionnaire provides a self-administered tool to quantify a person's level of resilience at a point in time. Results can then be recorded and used as a baseline to track increases or declines in resilience.

Broaden and Build Theory. In building resilience, the incremental increase of

positive emotions is foundational. The broaden and build theory guides this study as part of a strategy to incorporate the concept that positive moods play an important role in increasing resilience. Fredrickson's broaden and build theory postulates that positive emotions such as happiness are more than just a pleasant experience; they also help to produce optimal functioning and build resilience (Fredrickson, 2004). The theory relies on an evolutionary model wherein memories integral to survival are connected to emotion. This in turn helped ancestors recall situations or events connected with either positive or negative emotion. Fredrickson further suggests that experiences that increase positive emotion also increase resilience.

The concept of increasing resilience in the short-term became increasingly important to this study as we encountered limitations on the amount of time we had for measuring resilience. As mentioned, resilience is a character trait which tends to build more slowly over time, whereas positive characteristics such as happiness are considered a state of being and are more likely to shift according to one's mood. Our study design, set out to measure changes in resilience however, the incremental changes in happiness according to Fredrickson (2004) support the path toward resilience.

Professional Lenses

Barbara Mager. In my thirty-three years as a professional listener, I have heard volumes of stories. The thirty-three years have actually been spent listening, behind the chair, as a hairdresser. The level of comfort and trust I provide helps people to open up and as a result, I have had the privilege to be present for thousands of stories that have been entrusted to me. Some of the most profound stories occur during the transition from working to retirement and from independent living to dependence on others. The impact

of these transitions on elders and their families are difficult and emotionally charged. Often times I have to pause my work to provide comfort as tears are shed. These stories influence a great deal of the inspiration for this project.

Further, as a Master's level student I bring an attitude of inquiry to the work with a goal of academic excellence, personal responsibility and genuine respect for the topic. As a part of the master's study, I have learned how to be a group facilitator. This knowledge has given me the confidence to lead the storytelling groups that are fundamental to this study.

Additionally, I have completed the Wellness Coach Training Program with the Mayo Clinic and I am working toward Wellness Coach Certification. I hope to continue the research of resilience in older people, as I transition into a new career as a wellness coach, specializing in senior health and wellness.

Lou Ann Stevens. As a businesswoman in Real Estate over the past twenty-nine years, I have worked with many older clients making transitional moves of their residence, either by downsizing, moving to their lake cabin or closer to family and grandchildren. These moves often involve a plethora of emotions, stories and financial considerations. I help people with their largest investment and through the most stressful transition of their lives. I not only interact with the home buyer and seller, but also their children, their parents and their pets, therefore I am a relationship builder and a good listener. I see what people go through during upheaval from an intimate, yet safe distance. Clearly some people transition well while other's struggle with change. My interest in aging and resilience comes from enjoying the stories of the elders I have come to know, and in wanting to age gracefully myself. I consider myself a lifelong learner,

hence my enrollment in a Master of Holistic Health Program in my late fifties. I learn from every experience I encounter. My conversations with older adults are treasures, their history and wisdom has become more valuable the older I get. My mission is to pay it forward, honoring the elders of my community, by listening to them and letting them tell their story. By encouraging elders to voice their stories and experiences, we not only open them up to rich, long forgotten experiences, but also more importantly allow them to be heard and acknowledged. I believe our culture under-values older adults, by not taking the time to listen to their stories. My concern is their stories will be lost. When a person is given the gift of being heard, they come alive and remember who they are. Older adults are vital human beings with a wealth of wisdom to share. I believe their voices should be heard to reclaim their emotional vibrancy, to remember their life has meaning. That is what brought me to this work.

Personal Lenses

Barbara Mager. The direction of this project is fueled in part, by my personal experiences with the topic. I admire cultures that care for their elders. Unfortunately, my observation of western culture does not always align with my values. I have seen people that I care about become invisible in our society and victims of ageism. I have watched my own parents struggle with attempts to maintain resilience as health issues begin to dominate their conversations and, the ever-changing world of technology attempts to push them aside. I believe that aging can be a dynamic process; experienced more fully with the support of the society in which we live. I hope this project will add to the discussion by increasing the knowledge base on holistic ways to increase resilience.

Lou Ann Stevens. As the go to person for all things my family would rather not deal with, I find myself embracing aging, end of life issues, and how to make transitions less traumatic. I became intrigued with the process of end of life dynamics, after being the primary caregiver for both of my parents when they faced their last months. Neither one left quickly or without upheaval. The family dynamic of siblings jockeying for position, finding their way through the emotions of losing a parent, not knowing how to help or worse, not wanting to, was surprising and infuriating. Now as I begin my third act, my life path is starting to face in the downward direction, the decline in everything youthful does not go unnoticed. Thoughts of transition from independence to dependence in my later years come up more than before. I find myself enjoying relationships with elders more. I value their stories, admire their strength and learn from them how to gracefully navigate the perils of aging. The five main life transitions in aging are predictable and not uplifting; retiring from a job, moving a homestead, losing a life partner, encountering a health crisis, and losing independence, all bring isolating changes to a once vibrant lifestyle (Hildon et al., 2008). When life, as you know it slowly slips away, all you have are your stories. Many stories become lost, along with a person's feelings of value. If a person's stories can be kept alive, I believe the person can age successfully with their self-worth intact.

Unlike the wedding planner in my family, my role has been the funeral planner; I plan, set up, create the photo boards, write the obituary, pick the music, write and speak the eulogy, do the paperwork and pay the bills. Along the way, I may have resented certain aspects of the process or certain people for their lack of participation, but I gained

more than I ever thought I would. I have a sense of pride and accomplishment for the service I provided my elders, and a deeper, richer connection to understanding successful aging and end of life issues. I was raised to have compassion for others and live by the "Golden Rule: Do unto others as you would have them do unto you." As we age, we don't have complete control over where we end up in society. No one wants to be cast aside as unneeded or in the way. Yet, our society is moving so fast, this often happens when you're too frail to keep up. I believe if I help elders feel valued as they age, by increasing their resilience and wellbeing through storytelling, hopefully someone will do the same for me.

Method

The purpose of this study is to explore the relationship between short-term storytelling, happiness, and resilience in older adults. The purpose of this chapter is to discuss and provide rationale for why we chose a case study method, and for the use of a quasi-experimental design. Next, we review our sampling procedures and the measures put in place for the protection of human subjects. This is followed by an account of the instrumentation, multiple forms of data collection and statistical and thematic analysis. Next, we discuss reliability and validity, and finally the strengths and limitations of the method and design.

Rationale for Method

According to the review of the literature, elders who are resilient seem to have a higher sense of wellbeing (Hildon et al., 2008). To that end, a group case study method, with a quasi-experimental design was chosen in order to test the strength of storytelling as a short-term intervention that may affect resilience. Both storytelling and resilience are part of a complex social environment and therefore provide the researchers with multifarious data. In order to understand the implications of storytelling as a short-term intervention, we needed to design a way to reliably measure resilience before, during and after storytelling.

The case study method is described as: a strategy that provides a way to explore the depth of a process and to use a variety of data collection instruments over an extended period of time (Creswell, 2009). A case study method was a good fit for this study based on our exploratory purpose. The group case study design allowed us to apply the storytelling intervention to a group of older people, and to collect multiple forms of data

over a five-week period of time.

A quasi-experiment design is an empirical approach in which the data help researchers explore the outcome of an intervention; it is similar to a true experiment in that we are measuring the baseline resilience of a group of people, applying a storytelling intervention, and then re-measuring resilience. The distinction is that it lacks a random sample or control group. Use of this design allowed us to determine if our intervention had the anticipated effect on the participants (Denscombe, 2010). Case studies that include quasi-experimental design allowing for collection of both quantitative and qualitative data strengthens internal validity of the study (Hesse-Biber & Leavy, 2006). We chose a quasi-experimental design because it gave us the parameters to recruit a small but specific group of people who had the particular qualities, of which we wanted to focus our research. The empirical culture of inquiry and multiple forms of data collection and analysis aligns with our collective research paradigms. Together, we approach the research united by desire to explore holistic health. Individually, each of us brings a unique perspective to this methodology, which blends post-modern and ideological paradigms in our ontology and epistemology (Brinkmann & Kvale, 2015).

Finally, because each story is made richer and more complex as a result of the involvement with others, we designed an intervention using a small group. (Birren & Svensson, 2006; Brown-Shaw et al., 1999; Thomsen, 2009). We wanted to utilize the social network that is developed, with group narrative work, because it may build resilience for people facing adversity (Hildon et al., 2008). Being present to other people's stories often gives deeper wisdom and empathy by providing cross cultural, socioeconomic, or political context. This may in turn, further develop the context in

which to place one's own experience (Birren & Svensson, 2006; Kenyon, 2003b; McLean & Mansfield, 2011; Popova, 2015).

Sampling Procedures

In order to distinguish the sample from the general public, the participants were chosen from the target population, which we believed would benefit most from the research (Yin, 2009). We used a purposive sample to study a small group of people that fit our criteria. Purposive sampling relies on the judgment of the researchers to select participants that will represent the larger population (Hesse-Biber & Leavy, 2006). This type of sampling aligns with the quasi-experimental design of the study.

The primary source of recruitment was Pathways, a Health Crisis Resource Center in Minneapolis, MN that provides programs to support a creative healing response to people with life threatening illness and their caregivers. This facility's mission aligns with our holistic health paradigm making it an appropriate choice. We approached Pathways, and were invited to meet with the Executive Director and the Program Manager from the center. During that session, our study was embraced with enthusiasm. Pathways agreed to hang recruitment posters (see Appendix A) around their facility. The Pathways Program Manager recruited two participants for the study, when combined with the four others, who responded to the poster, this gave us six study participants from this facility.

The secondary source for recruitment was The Village Commons, a senior housing facility in Mendota Heights, MN. This facility was chosen because it houses elders, age 55 and older, which fit one of the study criteria. We attended a facility wide meeting and briefly presented an overview of the study and our request for participants.

We also were given permission to hang recruitment posters in their common areas as well as placing one outside of each resident's door. We recruited two study participants from this facility.

The inclusion and exclusion criteria used for recruitment of participants are based on two elements that are central to the study. The first criterion is critical. Because the study is focused on resilience in older people, the participants needed to be age 55 years or older. The second criterion is that participants have the cognitive capability to answer the questions. This criterion was in place primarily due to the nature of the data collection methods, which required a measure of clarity and consistency from the participants. Also, our scope of practice is inadequate for work with those older adults with limited cognitive capability. This cognitive capability was assessed first, through our assessment that there was a clear understanding of the informed consent form. It was also assessed through the older adult's ability to complete the 25-question resilience scale. All participants that wanted to be in the study met these two criteria.

Finally, the literature states that delving into the past without a certain amount of resilience could actually increase the risk of negative outcomes (Hildon et al., 2008). Therefore, we used the preliminary scores of the resilience scale to screen participants prior to accepting them into the study. Our participants could all be categorized as having an average or high level of resilience at the start of the study.

Protection of Human Subjects

In accordance with St. Catherine University, any study that involves human subjects must first obtain approval from the Institutional Review Board (IRB). The rigor of the IRB provides that all study participants safety and confidentiality be maintained.

Our philosophy of protecting our study participants is grounded in objective ethical standards, in which building and protecting the researcher/participant relationship takes precedent (Graham, 2013). This study received full IRB approval in December 2014.

The study contains no physical risks, however the researchers note two potential risks to participants: privacy and distress. The first risk involves the privacy of participants and the content of their stories. The nature of the small group case study means that participants will be sharing personal stories with the researchers and the rest of the group. Every effort was made to design a storytelling circle that would encourage a respectful atmosphere. Each participant received a list of group norms (see Appendix B) with the consent form. At the beginning of each storytelling circle, participants were reminded of these expectations. Though the researchers could not guarantee confidentiality, this procedure helped to create a respectful, safe, and cooperative environment.

The second risk involves the nature of the questions used to prompt storytelling. We purposely used storytelling prompts, based on the literature review, which are in the areas of particular importance to older people (Hildon et al., 2008). Examples of the weekly prompts included themes of overcoming adversity, meaningful relationships and memories of home. We found that these themes gave participants the opportunity to recall stories that may have great purpose and meaning. However, because recalling stories had the potential to trigger memories that may have caused distress, we made every effort to mitigate these issues. We used a positive frame when conveying the storytelling prompts and remained aware of the potential for negative outcomes (Seligman & Csikszentmihalyi, 2000). We remained alert to changes in mood or behavior

and were prepared to use the emergency contact information that we collected from each participant for the purpose of physical or emotional support, although we never needed to use this step.

We minimized the aforementioned risks by insisting on a clear understanding of the informed consent form (Appendix C). Participants were informed that they could decline to answer any question for any reason. They were also informed that they could discontinue participation at any time, and that they were under no obligation to complete the study. The consent form also contained a list of resources that included psychological and social support as well as further information about resilience and storytelling (Appendix C).

Instrumentation

To explore a complex relationship, such as how storytelling affects resilience, one needs to comprehend the variables that inform the relationship (Hesse-Biber & Leavy, 2008). The complex nature of this exploratory study was the driving force that led us to design a study using multiple instruments. It was our goal to use instruments that would be both reliable and valid. The instruments for this study are: the Resilience Scale™, check-in/check-out cards, storytelling prompts, group norms, and the researchers.

Resilience Scale™. In order to establish a baseline of resilience and then use that to compare to the scores after the storytelling intervention, a valid and reliable instrument was needed. After thorough investigation of available resilience scales, we chose the Resilience Scale™ (RS™) designed by Wagnild and Young (Wagnild, 2009a) (Appendix D). This scale was chosen because it is reliable and consistent. According to Wagnild (2009a), the Cronbach's alpha coefficient for this scale has a range from 0.85 to 0.94,

which is based on seventeen different studies. The researchers found two additional studies that confirmed the reliability and validity of this scale (van Kessel, 2013; Windle et al., 2008). We purchased the rights to use this scale by permission of the author, Gail Wagnild, solely for the purpose of this graduate level study (see Appendix E). We used $50 in available student funds, provided by the Holistic Health Studies Graduate Student Advisory Board.

Check-in/check-out cards. This incremental measure was designed to collect ordinal and qualitative data from participants each week. Frequent incremental assessment helps us to capture the shifts in participants' resilience throughout the intervention. This necessary step allowed us to follow progress of our participants' resilience and measure changes to the dependent variable (Nock et al., 2007). However, to help simplify this question for our participants we needed to use common language. Because happiness is trait that is an integral component of resilience, we chose to use the common term happiness in the incremental resilience measurement (Fredrickson, 2004; Seligman, 2002). We designed a simple scale of happiness using a series of emoticons that were used as a visual expression along with the terms ranking happiness as: very unhappy, unhappy, neutral, happy or very happy (Appendix F). Two different cards were distributed; one was completed before the start of the storytelling session and the second was completed as the final task prior to exiting the session. Participants were asked to complete this scale privately at each of the five group sessions.

We also wanted to strengthen the study by collecting alternate forms of data. This is particularly important with case studies because using multiple forms of data strengthens the validity of our data (Hesse-Biber & Leavy, 2008; Yin, 2009). To that end,

the check-out card also had two qualitative, open-ended questions. The same two questions were asked each week. The purpose of the first question was to gain insight from the participants regarding their experience during the storytelling session, and was phrased as: What was meaningful for you today? The second question was phrased: Has anything happened, in the past week, that has significantly affected your happiness, please explain? This question was asked to determine if there were events that occurred during the past week, which may have affected their happiness measure and thus be a confounding variable.

A third question was asked at the end of the five-week study. We added this qualitative, open-ended question as a result of our ongoing assessment of the storytelling process. The third question was asked at the end of the study to gather data that would directly address the insight of our participants regarding the participation in the study. It was phrased: How did being part of this storytelling group affect you? The purpose of this responsiveness was to collect the most complete data picture that we could in a short period of time.

Storytelling prompts. The storytelling prompts came from the literature on aging and resilience and are structured with several things in mind. First, in order to provide the participants with topics that could be built into engaging stories, we chose questions in areas that would have similarity for older adults. These choices were based on findings that indicated that these topics would prompt the participants to engage in areas of significance and meaning (Hildon et al., 2008). Second, the phrasing of the questions were kept positive to neutral which allowed us to prevent excessive focus on loss, grief or other issues that may be outside our scope of practice (Seligman & Csikszentmihalyi,

2000). The background and importance of these questions demonstrate validity in the construction of this integral piece of the design. The nature of using a scripted prompt for the storytelling allows for replicability. The following five questions were used, one per week, in this order for the study:

Week 1. Tell a story about overcoming adversity.
Week 2. What story comes to mind, when you think of home?
Week 3. Tell a story about an important relationship you have had.
Week 4. Tell a story of when a transition made an impact on your life.
Week 5. Tell a story about how a health issue affected your confidence.

The nature of this line of inquiry gave participants rich prompts for storytelling. Careful attention was paid in the design to avoid sensitive subjects that could have potentially triggered excessive negative reminiscence (Bohlmeijer et al., 2011). These prompts, and the list of group norms provide the backbone of the storytelling intervention.

The explicit group norms (Appendix B) provided structure with clarity on the controls of this study and demonstrate construct validity (Nock et al., 2007). We used these norms to establish rules for group participation and to provide a sense of predictability and ritual for the participants (Parks, 2004). This created a cohesive rhythm to the weekly sessions. The norms also provided a framework that was flexible so that as questions or concerns came up, changes could be made. The first change occurred at the closing of the first session when there was a request to change one item. Participants requested that the story prompt be given one week ahead rather than on the day of the session in order to prepare their story. After group discussion, we made a decision to change this item. The researchers reflexivity and flexibility, improved the quality of the study and the quality of the stories.

The norms also allowed us to structure each session with opening and closing rituals. The opening ritual consisted of a brief 3-5 minute centering meditation, which included a focus on calming breath and relaxing the body. The closing ritual consisted of a round robin, one word statement of gratitude. These simple rituals were established in part to create an environment that promotes holistic health. They were also used in an effort to encourage positive energy in the group.

Finally, the researchers acknowledge that they themselves are instruments. Due to the interactive nature of storytelling, and the quality of the facilitation of the group, the researchers have an affect on the outcome (Brown-Shaw et al., 1999). To ensure that the groups would be run with a measure of professionalism, we used additional research findings on effective facilitating techniques (Barbee, personal communication, September 8, 2014). According to Barbee, these are some examples of good techniques in group facilitation: creating a sense of safety and comfort, building a sense of community, keeping participants focused on the topic, providing questions that result in rich content, establishing a listening environment, no judgment or opinions from facilitators, manage time, and modeling the behavior that we expected. Further, we made every effort to be reflexive in our interpretations and minimize our effect on the group by maintaining an active analytical stance. We conveyed clear expectations of group process along with non-judgment toward the content of the stories. We built a sense of community for the participants while keeping a professional demeanor. Finally, because this study is grounded in a post-positivist ontology, we as researchers acknowledge that an ultimate truth is inaccessible, and true objectivity is unattainable (Guba, 1990). To the extent that we made every effort to remain impartial, potential biases are unavoidable. We address

this issue in greater length in the Lenses Chapter.

Data Collection

This small group case study makes use of multiple forms of data collection and is guided by a quasi-experimental approach. As is typical of most case studies, we collected multiple forms of data in order to triangulate the information (Yin, 2009). The process of collecting data began with participant screening and resilience pre-test. This was followed by incremental measures during the storytelling intervention and resilience post-test. Both researchers were available for all the storytelling sessions except for one group session that was led by one researcher. Field notes were shared on the week that one of us had to miss. Six participants attended all five sessions; two participants attended four sessions each.

The process of collecting data was conducted with reasonable consistency. Each participant was provided with the same information and was given the same instructions at each session. The first individual one-on one session consisted of a complete and thorough reading of the consent form. Subsequent meetings occurred with all participants as a group. Demographic information was collected on the first session, which included self-reported health status, and age. Seven of the participants live independently, either in a single family home or a senior housing apartment complex; one blind participant lives in a care facility. Of the eight participants, two were recruited from a senior apartment complex, and six were recruited from Pathways Health Crisis Resource Center.

Participants were asked to verify that they did not have a diagnosis of Dementia or Alzheimer's disease in order to align the scope of the project with the researcher's experience. After participants had an opportunity to ask questions and the consent form

had been signed, the 25-item resilience pre-test was self-administered. The participant was given fifteen minutes to complete this questionnaire. All potential participants were capable of completing these tasks, having an average or higher RS™ score and were therefore invited to participate in the next phase of the study.

The next phase of the study was the five-week storytelling intervention and incremental data collection. We used the first storytelling circle to establish group norms in depth and to allow for participant questions or concerns. This introduction included instructions for completing the incremental happiness measures of the weekly check-in and check-out cards. Then we introduced the format for the storytelling intervention, including a topic for the week's storytelling. We also established time keeping rules that would give participants a gentle warning when their time was nearly up.

In subsequent sessions, the weekly check-in cards were distributed as participants arrived and participants indicated their pre-session level of happiness. After these cards were collected, we did the opening ritual, and gave a reminder of group norms. The storytelling circle commenced and each participant took a turn telling a story to the rest of the group based on the topic of the week. After all participants had a chance to tell their stories, the check-out cards were distributed and participants indicated their level of happiness. The check-out card was completed in writing by responding to the two questions on the card. After all cards were collected, we conducted the closing ritual.

Following the fifth and final week of the storytelling circle, participants were each asked to complete the second resilience test. This occurred in the same room as the storytelling circle. The one blind participant was removed to another room and was given assistance in completing the resilience post-test. Participants were also given the final

qualitative question and asked to respond in writing. Participants remained quiet while others completed their tasks.

It should be noted for clarification that although the storytelling intervention had many rich forms of data, we did not collect all forms. In particular, the actual content of the participant's stories was not collected. We intentionally decided that the content of the stories was not relevant to the purpose of this research, which was to study the effect of the intervention and not the stories themselves on resilience.

All data collected was handled in a way that respected the privacy of participants and the integrity of the study. In order to keep the data safe, it was kept in a file in a locked office, and was available only to the researchers and our advisor. The data was de-identified by assigning each participant a 01-08 code number. All data was recorded into a database using these codes, as the only way to identify participants. At the completion of the study, all original, identifying data was destroyed. However, the de-identified data will remain in our possession and may be used for future research.

Because we were directly involved with participants there is a risk of inadvertently manipulating outcomes. We did not want any of the data to affect how we proceeded with the study. In order to maintain the integrity of the data we chose to store it without looking at it during the data collection phase. The data was collected and stored in a file in a locked office for the entirety of the data collection period. We did not access this data until after the final storytelling session, as we began the analysis phase of the study.

Data Analysis

Our theoretical orientation proposes that resilience can be improved as a result of taking part in a storytelling group for five weeks. To test this, a group case study was chosen with a quasi-experimental design and with a single group being studied. Because of this design, we chose to use both quantitative and qualitative data. The purpose of using these instruments to collect data is to test the null hypothesis and to collect participant feedback from the experiential nature of a storytelling circle. The analysis methods included quantitative use of t-tests and thematic analysis of the qualitative data.

Quantitative data. To analyze the quantitative data, we used inferential and descriptive statistics. For the inferential statistics, a paired samples t-test was chosen because it is a reliable way to measures the differences in means between two groups. We used this to determine if the resilience scores changed significantly from the beginning of the intervention when compared to the scores at the end of the intervention. Specifically, the t-test calculates the probability that a specific sample can be generalized (Cramer & Howitt, 2004). We used an online t-test calculator provided by Social Science Statistics (2015). First, a t-test was used whereby the mean RS™ scores of the first test were matched with the repeated RS™ scores from the post-intervention test. Analysis of the RS™ results in a numerical score that indicates high, moderately high, moderate, moderately low, and low levels of resilience. This information provided a pre-test baseline of participant’s resilience, which was compared with a post-test following the five-week storytelling intervention.

Descriptive statistics then were used to summarize data within the sample and were helpful to describe the patterns observed. We used this method to organize the raw

data to present a clearer picture of the results. This analysis method is often used when a sample size is small (Cramer & Howitt, 2004). The quantitative data in this study that was analyzed descriptively includes the demographic data, subcategories from the RS™ and the ordinal data from the happiness measure.

The RS™ can be divided into the resilience core, which are made up of five subcategories: purpose, perseverance, equanimity, self-reliance and authenticity. In order to further analyze the data, we organized the data by each of the resilience core subcategories. Descriptive analyses of the mean scores of each subcategory were matched and the pre- and post-intervention scores were compared.

The happiness measure of incremental changes (Appendix F) was also analyzed using descriptive statistics. This qualitative ordinal data was analyzed by ranking each happiness choice by number. The following ranks where used: 1-very unhappy, 2 unhappy, 3-neutral, 4-happy, and 5-very happy. We then used these rankings to find the mean scores from the check-in cards and the check-out cards. While we acknowledge that ordinal data analysis produces intervals that are unequal, the validity of this measure is strengthened by the weekly repetition of the happiness measure by same participants each week at the beginning and the end of each session. The participant's perception of the scale was likely the same each time allowing us to contrast changes in happiness. This descriptive data was then looked at with two things in mind. First, looking at the changes in happiness over the 5-week period of time, the mean scores of happiness were analyzed comparing the happiness measure on the first week check-in card with the happiness levels on the check-out card of the final week. Additionally, the incremental changes from the beginning of each session to the end of each session were compared to help

analyze the effect of the storytelling intervention.

Qualitative data. Thematic analysis was used to analyze the open-ended qualitative questions gathered during the study. According to Braun & Clarke (2006), thematic analysis is the method used to identify recurring themes that emerge within data. We decided this method fit with our combined post-positive and critical paradigms allowing us to subjectively analyze the human experience. We analyzed themes that emerged from this data for the purpose of gaining insight to the participants underlying perceptions regarding the process of storytelling as it relates to resilience. Once all of the answers to the open-ended questions were collected, the data was recorded into one document.

We first looked at the data using a deductive approach directed by our research question and theoretical framework (Galman, 2013). Our process of thematic analysis consisted of each researcher reading the data independently, looking for reoccurring patterns, creating general categories that pertained to our research question. We then read the data together looking for similarities and coded the data into themes, four themes emerged (Galman, 2013). The qualitative questions allowed the participants to reflect on their reality of the process of using storytelling to build happiness and resilience. It also helped us to track fluctuations of how they made meaning of the experience, and to what extent events between the sessions impacted their happiness. The iterative process of being aware of the common themes, while exploring patterns among the words, required us to remain reflexive.

Validity and Reliability

In order to ensure that our data was valid and that our analysis was reliable,

certain processes and procedures were maintained throughout the study. In doing so, we can be confident in the accuracy of our research. To that end, this section outlines the specific measures practiced in the design and method of the study with regard to objectivity, process and procedure.

The choice of method and design came from our interpretation of what we found in the literature. In an effort to maintain external validity, we used what was already known about resilience and storytelling, and then we designed the study based on the perceived gaps in the literature (Denscombe, 2010). Further, it is important to note that the design and analysis methods used in this study, were intended to provide accuracy and responsiveness in management of the data, leading to validity and reliability at both the instrument and process level.

To the extent that we are invested in improving the health and wellbeing of older adults, this study was conducted with an open-minded approach. This process allowed us to achieve a measure of objectivity in our data analysis and avoid simplistic understanding of the results. Further, we continually checked to make sure that we remained reflexive in our interpretations. We acknowledge that how we explain our findings is tied together with our past experiences and these cannot be completely separated (Denscombe, 2010). This reflexivity was especially evident in the thematic analysis of qualitative data.

In order to ensure that the study was reliable, we designed each aspect of the research so that it could be replicated. The highly rated RS™ resilience measurement instrument that we used ensured that the study maintained internal reliability. The incremental measurements provided alternate forms of data that added to the content

validity of the study and gave us the opportunity to triangulate the results. For the statistical analysis, we used well-established t-tests to provide accountability and generalizability. We provide clarity in the procedures used while processing the thematic analysis. We contend that the precision with which the research was undertaken provides an appropriate measure of accountability.

The researchers took an active and analytical stance in the preparation of each element of this study. However, due to the integral nature of the participant and researcher relationship, we provide information in the Lenses Chapter that sheds light on the experience and bias of each researcher.

Design Specific Strengths and Limitations

There are specific strengths and weaknesses in any study design. The chosen method and design are open to a variety of strengths and limitations. The following are the strengths and limitations specific to design, that we observed in the process of conducting this study

We found many design specific strengths to this study. First, in narrowing and then choosing among a wide variety of design strategies allowed us to find a method that would best inform our empirical culture of inquiry (Bentz & Shapiro, 1998; Hesse-Biber & Leavy, 2006; Hesse-Biber & Leavy, 2008; Rallis & Rossman, 2012). The overall design of the study was a good fit to address the research question. Next, the instruments and techniques, we chose were reliable which provide more validity to the study (Brinkmann & Kvale, 2015; Hesse-Biber & Leavy, 2006; Wagnild, 2009b). Further, the structure of the storytelling circle, using a small group and maintaining consistency with the scripted prompts and ritual, created an environment that established a setting that

could be replicated.

There are also a variety of limitations that emerged in the course of this study. First, purposive sampling provided a bias issue that we had to be cognizant of throughout the study. Due to the limited time and resources available for this research study, we were not able to randomize our sample. Further, our study participants already had at least an average level of resilience and therefore we would be less likely to perceive resilience changes over a short-term intervention. These issues placed limits on generalizability.

Second, even though the participants represent the target population for this intervention, the small sample size limits the ability to generalize the findings across populations. Further studies using larger participant groups, for a longer period of time and experimental methods may yield even clearer results on whether storytelling has an effect on the resilience of older people.

Next, using a small group rather than individual interaction, may lead to dynamics that confound interpretation of data. Therefore, the data may not provide clarity on whether the changes in resilience were due to the actual storytelling intervention, or the social benefits of participation in a group activity.

Results

“To a large degree, we are basically our stories for good or not so good; like our life with all the positives and negatives. It adds such a rich context of what creates each person. The healthy and humorous perspective that people have as they look back on their lives-you seem to add a philosophical outlook that helps make our remembrances have meaning that fits us. It’s my story and I like it”(study participant quotation).

The purpose of this chapter is to present the results of the group case study, intending to measure the effectiveness of a short-term storytelling intervention on an older person’s happiness and resilience. We begin the results chapter with a descriptive analysis of participant data with regard to RS™ scores. This is followed by observational data. Since both quantitative and qualitative data were collected, we present the results of each separately. The results of the inferential and descriptive analysis of the quantitative data are presented first, followed by the thematic analysis of the qualitative data.

Description of Participants

Demographic data (Appendix G) collected prior to the start of the study was used to compare the changes from pre- and post-resilience measures. The results of the descriptive analysis are presented here. The sample had a total of eight participants, with a median age of 77.5 years, including five women and three men. Table 1 describes participant’s demographic information by the Resilience Scale™ (RS™) scores, where a score of 25 is the least resilient and a score of 175 is the most resilient (Appendix D). Examining the scores of the pre-intervention and the post-intervention allows us to observe changes over time by demographic data. These observations include results categorized by gender and by self-reported health status (SHS).

Using the mean scores from the first RS™ (RS1) and comparing with the differences from the mean scores of the second RS™ measure (RS2), we calculated the percent

change (%C). The formula we used to determine percent change is as follows: %C = ((│RS2-RS1│) / RS1) 100. There was an increase from the pre-intervention to the post-intervention resilience scores for both genders; for women, there was a 2.9% increase and for the men, there was a 4.3% increase. The amount of change in resilience scores by SHS varied. Those who reported very good health increased 4.4%, good decreased 0.1%, fair and poor categories increased by 4.4% and 5.0% respectively. No participants reported very poor health.

Table 1.
Changes in Resilience Scale™ Scores by Gender and Self Reported Health Status

		Mean RS™ Scores: Range 25-175		
		Pre-intervention	Post-intervention	Percentage change
Gender	Women (n=5)	136	140	2.9%
	Men (n=3)	138	144	4.3%
	Other	0	0	0.0%
Self-reported Health Status	Very Good (n=4)	135	141	4.4%
	Good (n=1)	165	163	0.1%
	Fair (n=2)	135	141	4.4%
	Poor (n=1)	120	126	5.0%
	Very Poor	0	0	0.0%

Note: Formula used to calculate the percentage of change between the pre- and post-intervention RS™ scores %C = ((│RS2-RS1│) / RS1) 100 came from the website: Skills You Need to Know, Percent Change: Increase and Decrease http://www.skillsyouneed.com/num/percent-change.html, 2015.

Observational Data

Based on the field notes collected each week, we observed the following information. The average time for storytelling per person, actually used in the allotted, 15-minute time frame was 8 minutes. Based on the nature of the story prompts, sometimes participant's stories overlapped and there was repetition of information. By week two, community started to form within this group; after hearing the stories, they seemed to develop empathy for one another. Participants often came the following week with ideas to help one another. Comments were shared that the group was well run and being heard was a delight. Once participants heard other people's stories, we observed participants becoming more willing to share the stories of their own lives. At times, we noticed non-verbal signs of active listening, such as nodding and smiling. We also observed looking down or away, furrowed brows and stiffening of the back when the story contained topics such as infidelity and shoplifting. Toward weeks four and five, participants were expressing a need for further discussion around some of the stories, we encouraged that to be done after the sessions or on the break. Answers to the second qualitative question each week gave us insight to events the participants experienced that may contribute to feelings of happiness between sessions. These observations helped us to understand the dynamics of the group storytelling and contribute to understanding the nuances that may have affected participant's happiness and resilience.

Resilience and Happiness Results

In the following section, we report the results from the analysis of the quantitative data. The findings are divided into three sections. The first section shows the results of the pre-intervention resilience scores compared to the post-intervention scores. The next

section reports on the five subscales of the RS™, which are the core characteristics of resilience as identified by Wagnild (2009a), the author of the RS™. Then, we present the results of the incremental happiness measures.

Resilience scores. A comparison of the over-all RS™ scores after five storytelling interventions increased. The over-all combined mean pre-test score was 136.88 and overall combined mean post-test score increased to 141.63. The descriptive result shows a 3.47% increase in resilience. In order to measure if the increase is significant, a two-tailed, paired sample t-test was conducted between the pre-test RS™ mean scores and the post-test RS™ mean scores of each participant. There was not a significant difference in the scores for pre-intervention resilience (M=137, SD=16.7) and post-intervention (M=142, SD=16.7) scores: $t(8) = 1.10$, $p = 0.31$. Therefore, this result suggests that there was not a statistically significant difference (positive or negative) in the resilience scores as a result of the five-week storytelling intervention.

The RS™ scores were also analyzed by ranked level of resilience. These ranked levels were identified as very low, low, moderately low, moderately high, high and very high, by Wagnild (2009a), the author of the RS™. All participants were fairly resilient to begin with; the lowest they fell in this ranking was moderately low resilience. When looking at the results of the RS™ scores by rank level, increases in resilience were seen in each category. These results follow in table 2.

Table 2.

Mean Resilience Scores of Participants Pre- and Post-intervention by Rank.

	Very Low 25-100	Low 101-115	Moderately Low 116-130	Moderately High 131-145	High 146-160	Very High 161-175	Total N=8
Pre-RS™	0	0	119 (n=3)	141 (n=3)	149 (n=1)	165 (n=1)	136.9
Post-RS™	0	0	123 (n=3)	145 (n=2)	151 (n=1)	162 (n=2)	141.6

Note: Rank levels are based on the Resilience Scale™ created by Gail M. Wagnild © 2009-2014 used in this study by permission.

Resilience core categories. The RS™ is subdivided into five core characteristics: self-reliance, purpose, equanimity, perseverance, and authenticity. When comparing pre-RS™ scores in each subcategory with post-RS™ scores in each subcategory, we found increases in three subcategories. The formula we used to determine percent change is as follows: %C=((│RS2-RS1│) / RS1) 100. The results of this descriptive analysis indicate that the subcategories self-reliance, perseverance, and equanimity scores increased, while the subcategories of purpose and authenticity did not increase. Also, the mean score in the subcategory of authenticity was the highest of the pre-intervention scores and showed the greatest negative percentage of change. The mean scores in the subcategory of self-reliance increased by 12.3%, which was almost 45% more than the next highest category. Table 3 describes RS™ subcategories by characteristics where a mean score of 5 is the lowest and 35 is the highest possible mean score.

Table 3.
Resilience Scale, Core Categories by Characteristics

	Mean RS™ Core Category Scores: Range 5-35		
	Pre-intervention	Post-intervention	Percentage change
Characteristics			
Self Reliance	26.5	29.8	12.3
Perseverance	26.5	28.8	8.5
Equanimity	25.9	26.5	2.4
Purpose	28.1	27.8	-1.3
Authenticity	29.9	28.9	-3.3

Note: Resilience Scale Sub Categories by Characteristics are based on the Resilience Scale™ created by Gail M. Wagnild © 2009-2014 used in this study by permission.

Happiness Measure. The happiness measure of incremental changes was also analyzed. The following ranks where used for each term: 1-very unhappy, 2-unhappy, 3 neutral, 4-happy, and 5-very happy. We used the numbers associated with the terms to analyze the data. The results from mean scores from the first check-in cards were compared to the mean scores of the last check-out cards. Out of a possible five-points, the mean scores at the beginning of the intervention was 3.63 and the mean scores at the end of the intervention were 4.07 indicating that participants were happier at the end of the intervention when compared to the beginning of the intervention.

This incremental measure of happiness was also used for each weekly session, to measure the participant's level of happiness at the beginning (check-in) and again at the end (check-out) of the storytelling circle. Our results show that happiness scores varied from week to week however, the mean check-out scores were always higher than the mean check-in scores. This result suggests that participants were happier after each storytelling circle. Figure 1, shows the group mean scores by week, indicating the consistency of increased happiness.

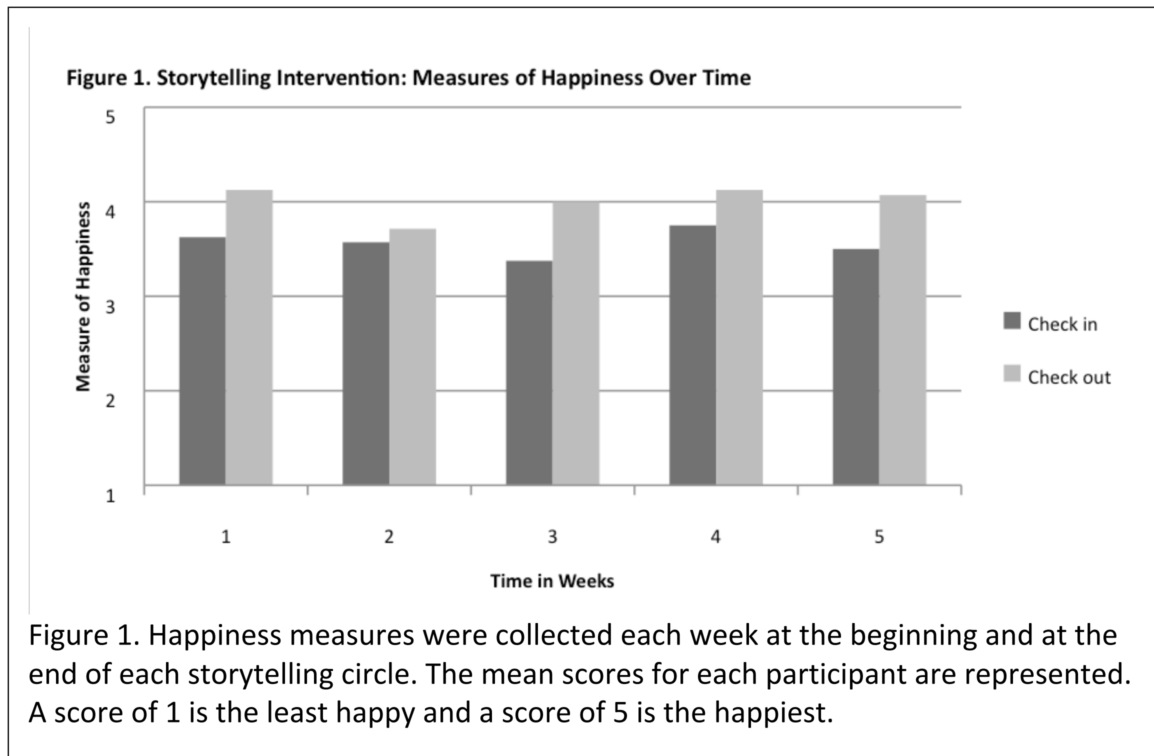

Figure 1. Happiness measures were collected each week at the beginning and at the end of each storytelling circle. The mean scores for each participant are represented. A score of 1 is the least happy and a score of 5 is the happiest.

Qualitative Data

The following section reports the results of thematic analysis on the open-ended qualitative questions used in the case study. The participant's wrote their answers privately to the same two questions each week, at the end of the storytelling sessions. A third question was answered in writing, by the participant's at the end of the five week study. The researchers held the participant's responses in a locked filing cabinet without reading them until the end of the study. The thematic analysis of this data produced four main themes: listening and learning from others; being heard; connection; and empowerment. The results for each theme are presented along with, supporting quotations.

Listening and learning from others. Many participants were affected by the *rich and personal content of stories,* which stimulated *empathy, reminiscence,* and *interest* in

others:

> *To celebrate the reality & vitality of other older people who both embrace their own stories, and share how they…moved forward.*

Participants were inspired by listening to others stories:

> *The diversity of the group & the uniqueness of each story was rich and rewarding to listen to.*

Participants expressed enlightenment toward others abilities of overcoming adversity, leading to a deeper appreciation of their own lives:

> *I became much more aware of my current home…a nurturing place. I feel very blessed. To hear fascinating stories of how people lived through difficult transitions, it encouraged me in my own challenges…today's sharing felt very affirming of our abilities as people to move through situations…and the resourcefulness that we find/create when needed.*

The participants were motivated by each other's stories: *The stories that people told were inspiring…the cat story touched my heart.* Another person mentioned: *stories were all touching about relationships; glad we spent time talking about them*.

How people saw the world affected the perception of their life story. They commented on how listening to other people's stories, broadened their own view of life.

Being heard. The acknowledgement of being heard was appreciated by participants: *It was nice to be heard* and *there was compassion in the group, people listened to what I had to say.* Being heard contributes to wellbeing: *The support of being listened to, knowing that my life matters…being listened to is an act of healing.* Another observation was: *Being able to tell my story to others…I am grateful for the opportunity to connect with this group and my own story.*

The participants' feeling of *happiness*, *feeling encouraged* and *uplifted* was mentioned. One participant pointed out: *I feel stronger in believing in myself…it brought*

back good memories. Participants said that being acknowledged for what they say could not be underestimated; it is a powerful healing tool.

Connection. Having a sense of *community*, c*onnection, and social experiences* enhances wellbeing. One person commented about attending the sessions: *It gave me the opportunity to meet others, and have something positive to do.* Others mentioned that they were *sad that [it was] almost over. We will miss these group sessions.* Another participant reflected on how quickly the group felt connection: *By listening to other's stories, we began to create a caring community.*

Participants commented on how staying connected to others, having a sense of community was important: *[There were] diverse subjects, [and we had a] feeling of connectedness. People shared intimate details of their personal life-willingly.* Connecting with new people was invigorating for the group:

> *Hearing everyone's story was so interesting. I feel like I want to be friends with everyone here. I got to know everybody better through the stories.*

The group developed a connectedness through their willingness to share personal and intimate details about their life stories.

Empowerment. Participants were reminded of what they have endured and how strong they really are: *I believe that change is inevitable but growth is a choice. I am learning constantly. Resilience, overcoming adversity*, *learning* and *feeling empowered* add to feelings of self-reliance. Participants mentioned gaining a personal sense of accomplishment: *My friends are amazed at what I went through, they say they couldn't have gone through what I went through. I don't consider blindness a bad thing. My friends marvel at all that I do.*

Remembering lifelong achievements and continuing to learn from life experiences

develops authenticity:

> *At age 80, I'm dealing with many first time events and experiences. I went to a labyrinth where each turn is 180 degrees; it seems to reflect life and particularly the transitions I am going through.*

Participating in a group storytelling empowered this participant:

> *This reinforced my taking very good care of myself so I have a lot of energy to share with others. There is a lot of wisdom in this group and everyone.*

The answers to the qualitative questions provided rich data that reinforce the quantitative data and contribute to the validity of the study, thus providing supporting information to the experience of being in a storytelling group.

The result of the inferential analysis indicates that overall resilience changes over time were not indicated. However, there were descriptively significant increases to resilience and resilience core subcategories of self-reliance and perseverance as well as increased levels of happiness. These findings are supported by the thematic analysis of participant's individual perceptions of the process. A discussion of the importance of these results follows.

Discussion

The purpose of this chapter is to interpret and share the relevant findings of this study. This research was conducted to explore the relationship between storytelling, happiness and resilience in older adults. Specifically, we wanted to know if a short-term storytelling intervention would affect measures of happiness and resilience in older adults.

In this chapter, we discuss the findings of this study that are supported by the literature. Next, we shed light on some of the unexpected findings that occurred in the process and product of the study. Then, we present our consideration of alternate interpretations of the results along with recommendations for future research. We follow this with a discussion regarding some of the implications of this project including implications for holistic health, and for the community. Finally, our discussion ends with a summary and concluding remarks.

Findings Supported by the Literature

This section describes the findings of this research study and how each finding is supported by the literature. We begin with the insights gained on the topic of building resilience including resilience by subcategory. This is followed by what we discovered regarding the measures of happiness. We then discuss the relevant themes that emerged, which are listening and learning from others, being heard, connection, and empowerment. Next, we discuss alternate interpretations of our research that are supported by the literature. We then summarize and conclude this study with some final remarks.

Resilience. The findings of this study reflect much of what we found when reviewing the relevant literature. Our results suggest that, “the process of constructing

and reinterpreting past events in the light of more recent ones was essential to developing resilience" (Hildon et al., 2008, p. 738). The mean RS™ scores comparing resilience measures increased after participants took part in the 5-week storytelling circle. This finding descriptively suggests that the intervention increased resilience. We analyzed the scores inferentially and discovered that even though our participants' resilience scores did increase, the amount of the increase was not significant enough to generalize, perhaps due to our limited sample size. This outcome reinforces the theory that resilience, as a character trait, is less affected by short-term interventions. However much of the literature contends that resilience can be learned and built up over time. Further, understanding how life experiences affect one's ability to remain positive in the face of adversity gives weight to the theory that resilience is not innate but must be learned and practiced throughout one's lifetime (Bohlmeijer et al., 2011; Hildon et al., 2008).

Resilience Core Categories. Looking further into the data, we then analyzed the particular components represented in the RS™ that, according to Wagnild (2009b), make up the core of resilient characteristics in people. The RS™ is subdivided into five core categories, Self Reliance, Purpose, Equanimity, Perseverance, and Authenticity.

There were descriptive increases in three of the five subcategories. The findings indicated that the characteristic of self-reliance was increased by 12.3% after the short-term storytelling intervention. This is in keeping with the literature, which points towards storytelling as a way of developing a stronger sense of self (Randall, 2013). Those people who can foster this self-reliance tend to maintain their independence longer and with a higher level of satisfaction (Westerhof et al., 2010).

Further, our research found that the resilience core, subcategory of perseverance increased by 8.5% after the short-term storytelling intervention. This is consistent with the literature which points toward the idea that resilience can be learned (Wiles et al., 2012). In order to learn any behavior or trait, one must be consistent and deliberate in their practice; it is through this perseverance that resilience can be built (Tugade & Fredrickson, 2007). These important outcomes point toward the idea that some aspects of resilience are affected in the short-term. It should be noted that the perseverance scores might have been increased due to participant's willingness to attend a group for five consecutive weeks during the cold and dark of Minnesota winter.

The next two subcategories, purpose and equanimity, changed negligibly although the final subcategory, authenticity decreased by 3.3% over the 5-week study. There was a 1.3% decline in the subcategory purpose. However, the structure of the storytelling prompts were derived from the literature, which suggested that focusing on events that have great meaning and purpose, may increase resilience (Hildon et al., 2008). Though this may be the case, this study did not find that these questions increased participants' sense of purpose. Nor was this study designed to increase equanimity, which increased by 2.4%. On the contrary, due to our limited scope of practice, we intentionally phrased the questions based on Seligman and Csikszentmihalyi's (2000) positive psychology, which encouraged an upbeat, positive setting. Finally, that the subcategory of authenticity decrease may be explained in part by the study design, which did not place emphasis on the authenticity of the story. Randall (2004) suggests that when one connects with their authentic story, discovery of inherent wisdom may occur.

Happiness. The incremental happiness measures in our study showed consistent increases in building happiness with each storytelling session. When one's positive emotions are broadened, resilience can increase (Fredrickson, 2004). Descriptively, the mean scores from the participant's measure of happiness at check-in, varied from week to week. However, each week the scores were consistently higher at check-out than they were at check-in. These results suggest that happiness was increased after the short-term storytelling intervention. Since happiness is considered a state of being or a mood, the ability to increase this measure is more predictable (Seligman, 2002). The ease of which this happiness was increased by means of short-term storytelling circles, suggests that a goal of increasing happiness is a positive step toward building resilience as a character trait. The momentary positive emotions one experiences, often build toward resilience, and can be protective in times of adversity (Cohn et al., 2009). It is important to note that the happiness measure increased every week, in spite of the results to the qualitative question asked each week: Has anything happened in the past week that has significantly affected your happiness? Please explain. The participants' answers revealed they were affected by many adverse events during the 5-week sessions, such as health issues, depression, sadness, grieving recent deaths of loved ones, legal issues and job challenges, yet their happiness levels went up every week.

Listening and learning from others. A number of our findings are consistent with the literature, which suggests when a person reaches the age seventy to mid eighties they enter a summing-up phase. During this phase a person looks back over their lives, shares stories, wisdom and lessons learned, this process generates a renewed sense of appreciation of their accomplishments (Cohen, 2006a). The literature suggests that

reinterpreting past events is essential to developing resilience (East et al., 2010; Hildon et al., 2008). Our study suggests, participants developed a transformed self-understanding and renewed appreciation of their lives by virtue of the themes listening and learning; participants were fascinated with the extent of other participant's difficult transitions and how they managed to get through their plight. The participants were inspired with new ways of coping, by listening to other's stories of overcoming adversity leading to resilience. This was consistent with the literature that suggests being present to other people's stories creates deeper empathy by providing cross cultural, socioeconomic or political context (Birren & Svensson, 2006; Kenyon, 2003b; McLean & Mansfield, 2011; Popova, 2015). This was demonstrated by our study participants' experiences of being affected in joyous and sad ways when listening to others' stories. Kenyon (Kenyon, 2003b), Wagnild(2003), and East et al. (2010), all suggest once resilience is strengthened, people develop a deeper optimism when faced with adversity in the future.

Being heard. According to East et al. (2010),"Healing after painful experiences can begin when our voices and stories are listened to and heard" (p. 20). The group embraced the participants who shared stories about adverse events with compassion. When participants came into the group with a sad story, they left with a better feeling after sharing and being heard. East et al., (2010) also points out, when personal stories are told they provide meaning, awareness and insight, which develops resilience in the listener and storyteller. Having a witness to your life is an important part of wellbeing.

Connection. Through sharing stories, the participants expressed their identity, background, values, and interests. Wagnild, (2009a) suggests that seeking and giving social support through community connection helps to build your resilience core. In our

storytelling sessions a connectedness developed among the participants, they began to form community within the group. The participants would return the following week with products or ideas to share with others in the group based on their stories. Consistent with Randall and McKim (2004) to be heard and acknowledged by others, to have a group to share the details of their lives with, developed a cohesive sense of connection and trust. The study participants mentioned often and early that they will miss the group sessions, one person stated halfway thru the five weeks, there was sadness that it would soon be over. Having a sense of community is highly important to building resilience (Wagnild, 2009a).

Empowerment. Our participants expressed a stronger sense of self-worth, perseverance, and eagerness for continued learning and acceptance to change, which is consistent with the literature that suggests there is great value in developing self-confidence and wellbeing in older adults (Brown-Shaw et al., 1999; Thomas & Cohen, 2006). This develops open mindedness to adapt and integrate new experiences, rendering them more resilient. The literature also suggests that taking care of yourself helps to build your resilience core (Wagnild, 2009a).

Unexpected Findings

Despite careful preparation of this study, there were outcomes for which we did not initially account. These are the unexpected operational findings that occurred during the process of conducting this study. These findings are a relevant part of the discovery process and accordingly, we discuss them here.

As discussed earlier, mitigating the potential distress that might come as a result of sharing the personal details of one’s story was a concern. However, even though there

was a wide range of emotions such as sadness, anger, fear and joy as a result of sharing stories, the measured level of happiness was consistently higher at the end of the sessions than at the beginning. One possible explanation for this is that older adults in their seventies and eighties who choose to volunteer for a study on resilience, may already have developed a high level of resilience (Larkin, 2013). Alternately, the process of turning memories into stories rather than having a discussion, may have allowed participants a measure of freedom to imagine their stories in a different way (Bohlmeijer et al., 2011). Stories sometimes focused on sad or painful topics. However, because the structure of the group did not allow cross talk during or between the stories, the power of group support was apparent as participants readily conversed during the break and at the end of the sessions. This affirmed our decision to bring this storytelling intervention to small groups rather than individuals.

Another unexpected finding came in week two of the intervention. Based on a request by a majority of the participants, a change was made to provide the participants the story prompts one week in advance. We believe that this change created a richer storytelling experience for both the storyteller and the listener. It may also have given some participants an opportunity to build a more elaborate and detailed story. In doing so, they may have utilized the opportunity to re-vision their stories toward better health and wellbeing, which ultimately could ward off symptoms of narrative foreclosure (Bohlmeijer et al., 2011).

The last unexpected finding for this study is centered on a shift in thinking about what can reasonably be built in the short-term. The outcome of this study was geared toward understanding if the known benefits of storytelling for building resilience could

have an effect on participant's resilience levels in the short-term. We knew that resilience, as a personality trait, would be difficult to shift in only five weeks. We also acknowledge that with the case study method, our sample was small, making it difficult to generalize the findings. It was surprising therefore, that the RS™ subcategories of self-reliance and perseverance, as well as the incremental measures of happiness increased so sizably. This outcome provides some evidence that this type of intervention promotes positive emotion and in turn, may increase resilience over time.

Future Research

In order to fully understand our research outcomes, it is important to consider alternative interpretation of the results of the study. Therefore, we provide explanations that contrast the range of possibilities that arose from these results. In doing so, we shed light on some of the strengths and limitations of this study. These interpretations may also guide other researchers to consider how they might use this study in the future.

The most significant issue in the interpretation of the results is whether the building of positive characteristics was a result of the actual storytelling or if it came from having taken part in a group activity. The literature points out benefits of both storytelling and group participation for building resilience. Hildon et al. (2008) notes that the social network that is developed with group narrative work builds resilience and East et al. (2010), contends that storytelling is central to the development resilience. However, because this study was designed without a control group these variables are difficult to ascertain. Future research may consider including a control group that incorporates the social aspect of a group but without the structure that the formal storytelling circle provided.

Another factor that may have contributed to participants' increased positive characteristics is the process of group work. Participants were exposed to other people's stories and therefore, we cannot be sure if the increases in positive characteristics were from storytelling or being present to other people's stories. The literature confirms the notion that being present to other people's stories often gives deeper wisdom and empathy (Kenyon, 2003b). Listening to others may very well increase happiness for some, though it may decrease happiness for others. Since we did not measure this aspect, we cannot be certain that some combination of the storytelling and the process of listening to others created the benefits. Future research may consider a more pointed set of questions that address the experience of listening to other's stories.

Next, due to the fact that we intentionally started this study with participants who had average to high resilience, our desire to increase resilience was understandably made difficult. This choice was made because of our limited scope of practice. We were encouraged in the overall increase in positive characteristics though we were hard pressed to nudge the overall resilience scores with this group. Researchers with a background in psychology, social work, or other area, which would provide clinical expertise, may consider beginning with a group of older adults that have lower beginning resilience measures.

Finally, because our study was designed to measure changes in resilience and not the quality of the stories, we did not collect data on the content of the stories told by the participants. As we noted earlier, the storytelling intervention had many rich forms of data. However, we intentionally decided that the content of the stories was not relevant to the purpose of this research, which was to study the effect of the intervention and not the

stories themselves on resilience. This caused some confusion for participants during the study. Further research is warranted to examine if there is a connection between the content of the stories and changes in the measures of resilience or positive emotion.

Implications

This section is intended to propose ideas on some of the practical applications of this research study. It is here that we address how this research can be used to in the field of holistic health and how it can benefit older adults in the community.

Implications for holistic health. A holistic treatment for some of the common adverse issues of aging increases the possibility of creating better health and wellness for older adults. We found that taking part in a storytelling circle may build positive emotion, which in turn may decrease some of the negative symptoms people experience as they age. This is important as a holistic health alternative because it may add a non-pharmaceutical treatment or adjunct treatment for depression by increasing positive emotions (Seligman, 2011). Another reason to consider a storytelling modality is that it may improve brain plasticity. For instance, when our brain is engaged with activities like storytelling, it forms new synapses, allowing for new ideas to connect (Cohen, 2006b).

Given that we recruited people from Pathways Health Crisis Center, we know that either they or a family member had a recent health crisis, which leads us to practical applications for using storytelling to build positive emotions in other health care settings. For example, the short-term nature of this study may be of benefit in transitional care facilities. Many people that need to transition from a health crisis back home again require rehabilitation time. This kind of adversity can strengthen one's resolve; however, it often leaves people feeling vulnerable, frustrated and even depressed (Whitbourne,

2005). Because our findings illustrate that participating in a weekly storytelling circle may improve happiness, this type of program may provide benefits in this short-term time frame. A storytelling circle may be adopted and even sustained through the duration of a patient's stay.

Implications for the community. With the growth of the population who are moving toward retirement age, many people will experience changes that may involve choosing older adults communities or functional care centers. For some this phase of life may be simple but for others it will bring challenges that will test their resilience. A person's home affirms their identity. When an older adult moves to a group living environment; they must become acclimated to a new setting. For this reason, the incorporation of a storytelling circle especially as a part of the living community may create connections, help gain a better understanding of their fellow residents, and bring moments of happiness that can buoy the spirit and ferry one across the difficult time of transition. Storytelling is an easy, inexpensive way to help people connect within themselves and to their community.

Summary and Conclusion

This research was conducted to explore the relationship between storytelling and resilience in older adults. Specifically, we wanted to know if a short-term storytelling intervention would affect measures of resilience in older adults. The literature is clear that as one grows older, it is vital to maintain optimal health and wellbeing in order to age successfully (Borysenko, 2009). It is also clear that people experience varying degrees of adversity throughout their lifetime, whether in mind, body or spirit. However, those who face adversity with well-developed levels of resilience seem to fair better, regardless of

actual health status (Hildon et al., 2008). Further, resilience is one of the important characteristics that healthy and happy people possess (Cohn et al., 2009). We also acknowledge that the stories we tell can have a profound effect on our wellbeing (Bohlmeijer et al., 2011). This notion is what led us to draw on storytelling as an intervention toward developing resilience. We proposed that because storytelling is an accessible way to promote wellbeing that it could be used to develop resilience.

We discovered that increasing positive emotions such as happiness might be a practical short-term way to build toward resilience. We confirmed that storytelling, especially when part of a group, is a powerful way to increase happiness. We therefore conclude that if a person is lucky enough to grow into old age, taking part in a storytelling circle—one that provides a positive and accepting environment—may provide the basis for increased resilience.

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Appendix A

Recruitment poster

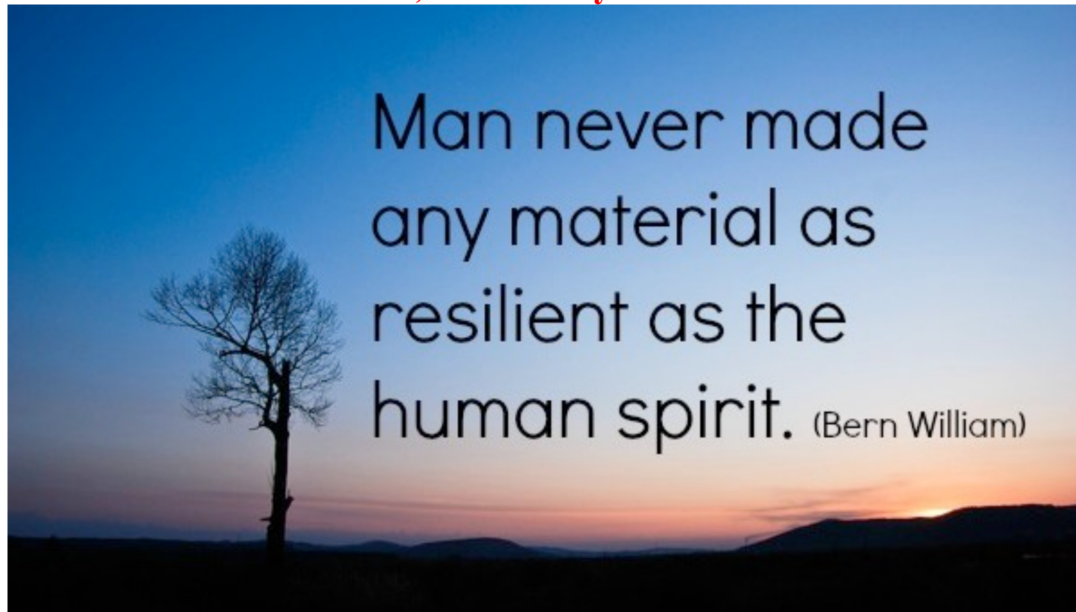
Do you like to tell Stories?

You are invited to participate in a Research Study:

How does Storytelling affect Resilience?

St. Catherine Graduate Students are looking for participants who are 55+ years and willing to commit to approximately 10 hours over 5 weekly sessions. Participants must be ***without*** a diagnosis of Dementia or Alzheimer's and be willing to tell stories about resilience from their life.

Sessions will run Saturday's Jan. 24 thru Feb. 21, 2015
10:00-12:00 am, at Pathways Resource Center



All participants will receive a $10 gift card after completion of the study.

If interested or for more information contact:

(The researcher's contact information was removed from this document)

Appendix B

Group Norms

In order to create a positive experience for everyone, we have established a few ground rules (group norms) that we ask everyone in the group to follow. Most of these address simple issues of courtesy and privacy. Please read the group norms and sign below.

1. Fill out a check-in card and take a seat. Cards will be collected.
2. At the start of each session, the facilitator will conduct a short, guided relaxation with the group. This will help to center and ground us for the work of storytelling.
3. Remember that there are no right or wrong answers. Each person has his or her own story. Sometimes these stories can be very emotional. It is always okay to laugh or cry but if emotions become overwhelming, it is okay to stop at any time.
4. A talking stick will be used and passed to each person signaling who has the floor.
5. Facilitators will signal when the speaker has 3 of their 15 minutes left.
6. Listening to others is a gift, therefore the rest of the participants will be asked to simply listen. Please refrain from conversations, discussions, problem solving and advice giving.
7. After listening to a story, it is appropriate to thank the storyteller for sharing.
8. Remember: What is shared with the group stays with the group. We hold each other's stories in confidence.
9. After everyone has told their story, we will end with a chance for each participant to name something thing they are grateful for. We hope this ending ritual will help the group end on a positive note. We want you to look forward to coming back next week!
10. Fill out the check out card before you leave.

I agree to abide by the group norms as stated above

____

Signature Date

Appendix C

Research Information And Consent Form

Introduction: You are invited to participate in a research study exploring the relationship between storytelling and resilience in older people. Barb Mager and Lou Ann Stevens, students in the Master of Arts in Holistic Health Studies Program, at St. Catherine University, are conducting this study. You were selected as a possible participant in this research because you are age 60 or older. Please read this form and ask questions before you decide whether to participate in the study.

Background Information: The purpose of this study is to explore the relationship between storytelling and resilience in older people. Approximately 6-8 people are invited to participate in this research.

Procedures: If you decide to participate, you will be asked to take part in a weekly group storytelling project. This study will take approximately 6 weeks and the sessions will last about 90 minutes each.

The study will begin with an individual 90-minute session. The purpose of this session is to read and sign this consent form, and to clarify any questions you may have. You will be asked to verify that you are at least 60 years old and do not have a diagnosis of Dementia or Alzheimer's disease. Finally, you are also asked to complete a 25-question survey in the first session. If you are invited to participate in the study, a convenient weekly time will be arranged and contact information will be exchanged.

The next five 90-minute sessions will begin with a check-in card, and we will provide you with different a storytelling theme each week. You will take turns (about 10-15 minutes each) telling a story based on that theme. You will do a lot of listening too. At the end of each storytelling group, you will fill out a check out card. On the very last day, you will be asked to complete another 25-question survey.

Risks and Benefits: The study has minimal risks. The first is a risk to associated with confidentiality. The nature of storytelling group means that you may be sharing personal stories with the researchers and the rest of the group. You are encouraged to keep the stories confidential. You will be asked to read and sign a statement of the ground rules as a part of this consent process. At the beginning of each group, we will remind everyone of the ground rules of confidentiality.

The second risk involves the storytelling itself. We purposely used themes that give you the opportunity to recall stories that may have purpose and meaning to you. We do frame the storytelling in a positive light, but some memories may trigger unpleasant thoughts. We provide you with a list of resources for help if your stories bring up things that make

you uncomfortable. You are always free to decline to answer any question or withdraw from the study if at any time it becomes too difficult to continue.

There are also benefits to participating in this study. First, being in a storytelling group may provide an uplifting social experience. Second, knowing that you are taking part in a study, which could increase knowledge about seniors, may be gratifying.

Compensation: Upon completion of the study, you will receive a $10 gift card as a small token of our thanks.

Confidentiality: Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. As noted earlier, we cannot guarantee confidentiality of group members but we make every effort to do so. We expect that you will also keep the contents of the stories that you hear confidential.

We will keep the research results in a password protected computer and/or a locked file cabinet in Barb's office and only Barb, Lou Ann and our advisor will have access to the records while we work on this project. We will finish analyzing the data by June 1, 2015. We will then destroy all original reports and identifying information that can be linked back to you.

Voluntary nature of the study: Participation in this research study is completely voluntary. Your decision whether or not to participate will not affect your relationship with your living facility or any future relations with St. Catherine University in any way. You will always have the option to say no to any question and you are under no obligation to complete the study. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

New Information: If during course of this research study we learn about new findings that might influence your willingness to continue participating in the study, we will inform you of these findings

Contacts and questions: If you have any questions, please feel free to contact one of the researchers. You may ask questions now, or if you have any additional questions later, the faculty advisor, Carol Geisler, Ph.D., will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, and Chair of the St. Catherine University Institutional Review Board. You may keep a copy of this form for your records.

Statement of Consent: You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I ____consent to participate in the

study.____
Signature of Participant Date

____
Signature of Researcher Date

____
Signature of Researcher Date

Resources for participants in the storytelling and resilience study:

1. The U.S. Department of Health and Human services Health Finder http://healthfinder.gov/, which offers a wide range of information from both governmental and non-profit organizations.
2. The United Way is a good resource for a variety of different services. You can simply call 211 from any land line or 651-291-0211 from any cell phone. Online access: http://www.211unitedway.org/
3. For issues of depression or any other mental health crisis NAMI has local resources in Dakota County call 952-891-7171 or visit: http://www.namihelps.org/support/crisis-resources.html
4. More information on the Resilience Scale™ http://www.resiliencescale.com/index.html
5. Storycorps, oral history project for more information on the power of stories http://storycorps.org/about/faqs/

Prior to participation, we recommend each participant make note of his or her own resources for support. Please include at least one emergency contact.

Appendix D

Resilience Scale™

RESILIENCE SCALE™

Date_______________

Please read each statement and circle the number to the right of each statement that best indicates your feelings about the statement. Respond to all statements.

Circle the number in the appropriate column	Strongly Disagree						Strongly Agree
1.	1	2	3	4	5	6	7
2.	1	2	3	4	5	6	7
3.	1	2	3	4	5	6	7
4.	1	2	3	4	5	6	7
5.	1	2	3	4	5	6	7
6.	1	2	3	4	5	6	7
7. Trademarked information can be found at: https://www.resiliencescale.com/ or by contacting the authors: Wagnild and Young at gwagnild@resiliencecenter.com	1	2	3	4	5	6	7
8.	1	2	3	4	5	6	7
9.	1	2	3	4	5	6	7
10.	1	2	3	4	5	6	7
11.	1	2	3	4	5	6	7
12.	1	2	3	4	5	6	7
13.	1	2	3	4	5	6	7
14.	1	2	3	4	5	6	7
15.	1	2	3	4	5	6	7
16.	1	2	3	4	5	6	7
17.	1	2	3	4	5	6	7
18.	1	2	3	4	5	6	7
19.	1	2	3	4	5	6	7
20.	1	2	3	4	5	6	7
21.	1	2	3	4	5	6	7
22.	1	2	3	4	5	6	7
23.	1	2	3	4	5	6	7
24.	1	2	3	4	5	6	7
25.	1	2	3	4	5	6	7

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Appendix E

INTELLECTUAL PROPERTY LICENSE AGREEMENT
Students & Residents of Developing Countries

This Intellectual Property License Agreement ("Agreement") is made and effective this [*date*] ("Effective Date") by and between The Resilience Center, PLLP ("Licensor") and [*licensee name*] ("Licensee").

Licensor has developed and licenses to users its Intellectual Property, marketed under the names "the Resilience Scale", "RS", "the 14-Item Resilience Scale", and "the RS-14" (the "Intellectual Property").

Licensee desires to use the Intellectual Property.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, Licensor and Licensee agree as follows:

1. License.
   Licensor hereby grants to Licensee a 1-year, non-exclusive, limited license to use the Intellectual Property as set forth in this Agreement.
2. Restrictions.
   Licensee shall not modify, license or sublicense the Intellectual Property, or transfer or convey the Intellectual Property or any right in the Intellectual Property to anyone else without the prior written consent of Licensor. Licensee may make sufficient copies of the Intellectual Property and the related Scoring Sheets to measure the individual resilience of an unlimited number of subjects, for non-commercial purposes only.
3. Fee.
   In consideration for the grant of the license and the use of the Intellectual Property, subject to the Restrictions above, Licensee agrees to pay Licensor the sum of US$50.
4. Term.
   This license is valid for twelve months, starting at midnight on the Effective Date.
5. Termination.
   This license will terminate at midnight on the date twelve months after the Effective Date.
6. Warranty of Title.
   Licensor hereby represents and warrants to Licensee that Licensor is the owner of the Intellectual Property or otherwise has the right to grant to Licensee the rights set forth in this Agreement. In the event any breach or threatened breach of the foregoing representation and warranty, Licensee's sole remedy shall be to require Licensor to do one of the following: i) procure, at Licensor's expense, the right to use the Intellectual Property, ii) replace the Intellectual Property or any part thereof that is in breach and replace it with Intellectual Property of comparable functionality that does not cause any breach, or iii) refund to Licensee the full amount of the license fee upon the return of the Intellectual Property and all copies thereof to Licensor.
7. Warranty of Functionality.
   Licensor provides to Licensee the Intellectual Property "as is" with no direct or implied warranty.
8. Payment.
   Any payment shall be made in full prior to shipment. Any other amount owed by Licensee to Licensor pursuant to this Agreement shall be paid within thirty (30) days following invoice from Licensor. In the event any overdue amount owed by Licensee is not paid following ten (10) days written notice from Licensor, then in addition to any other amount due, Licensor may impose and Licensee shall pay a late payment charge at the rate of one percent (1%) per month on any overdue amount.
9. Taxes.
   In addition to all other amounts due hereunder, Licensee shall also pay to Licensor, or reimburse Licensor as appropriate, all amounts due for tax on the Intellectual Property that are measured directly by payments made by Licensee to Licensor. In no event shall Licensee be obligated to pay any tax paid on the income of Licensor or paid for Licensor's privilege of doing business.
10. Warranty Disclaimer.
    LICENSOR'S WARRANTIES SET FORTH IN THIS AGREEMENT ARE EXCLUSIVE AND ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

11. Limitation of Liability.
    Licensor shall not be responsible for, and shall not pay, any amount of incidental, consequential or other indirect damages, whether based on lost revenue or otherwise, regardless of whether Licensor was advised of the possibility of such losses in advance. In no event shall Licensor's liability hereunder exceed the amount of license fees paid by Licensee, regardless of whether Licensee's claim is based on contract, tort, strict liability, product liability, or otherwise.
12. Support.
    Licensor agrees to provide limited, e-mail-only support for issues and questions raised by the Licensee that are not answered in the current version of the *Resilience Scale User's Guide*, available on www.resiliencescale.com, limited to the Term of this Agreement. Licensor will determine which issues and questions are or are not answered in the current *User's Guide*.
13. Notice.
    Any notice required by this Agreement or given in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or by certified mail, postage prepaid, or recognized overnight delivery services.

    If to Licensor:
    The Resilience Center, PLLC
    PO Box 313
    Worden, MT 59088-0313

    If to Licensee:
    [licensee's name]
    [licensee's address]

14. Governing Law.
    This Agreement shall be construed and enforced in accordance with the laws of the United States and the state of Montana. Licensee expressly consents to the exclusive forum, jurisdiction, and venue of the Courts of the State of Montana and the United States District Court for the District of Montana in any and all actions, disputes, or controversies relating to this Agreement.
15. No Assignment.
    Neither this Agreement nor any interest in this Agreement may be assigned by Licensee without the prior express written approval of Licensor.
16. Final Agreement.
    This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both Parties.
17. Severability.
    If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
18. Headings.
    Headings used in this Agreement are provided for convenience only and shall not be used to construe meaning or intent.

IN WITNESS WHEREOF, the Parties hereto have duly caused this Agreement to be executed in its name on its behalf, all as of the day and year first above written.

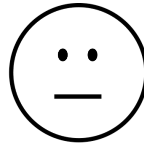
Appendix F

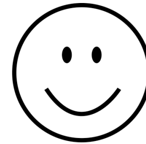
Check-in and Check-out cards

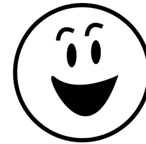
Check-in Instructions:

very unhappy

unhappy


neutral


happy

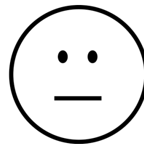

very happy

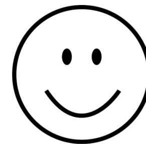
Check-out Instructions:

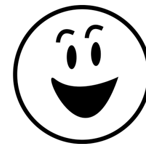
Please circle how you feel right now and answer the questions below.

very unhappy

unhappy


neutral


happy


very happy

1. What was meaningful for you today?

2. Has anything happened, in the past week that has significantly affected your happiness? Please explain…

Appendix G

Demographic information and Health Status

Study: The Effects of Short-term Storytelling and Resilience in Older People

Demographic information

Name:____

Gender:____

Age:____

Health Status (circle one):

Very poor Poor Average Good Very good

Preferred contact information (is it ok to leave a message for you with someone else?):

Phone 1:____

Phone 2:____

Email:____