



Research Article

The Nature of Resilience: Descriptions of Long Lived Lives

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Abstract

Objectives: The purpose of this study is to advance the personal meaning of longevity. I investigated the ways independent elderly people define, experience and discuss longevity. Research questions included how they articulate the reasons of their longevity and what is their perspective of the medical community.

Methods: I interviewed twelve seniors who were at least 85 years old and independent. I utilized the ideas of grounded theory in order to allow the findings to come directly from the data in the interview.

Results: Five main results from this research indicate that these participants are resolute, content, energetic, accept mystery and understand medicine.

Discussion: This inquiry contributes to the broad array of the knowledge of aging. This will be practical and applied information that can enable others to understand more about those who are living a long time.

Keywords: Interview; Living at home; Older adults; Resilience

Introduction

The purpose of this study is to advance the personal meaning of longevity. I investigated the ways independent elderly people define, experience and discuss longevity. Research questions included how they articulate the reasons of their longevity and what is their perspective of the medical community. This inquiry contributes to the broad array of the knowledge of aging. This will be practical and applied information that can enable others to understand more about those who are living an extended life. The multi-disciplined aspect of aging and the various changes that take place in one's life call for a continuous need to research the very old. In addition this study helps to shed

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light on the very old who are living in rural areas. Similar to ideas of Nosraty et al., [1] I also wanted to understand more about the details of how older adults understand their 'good' age and how they identify the reasons why they have aged successfully. The highlighted or key words of this study are the following: older adults, living at home, resilience and interview. Although there is a changing aspect of 'older adult' this study focuses on older adults who are at least 85 years of age. 'Living at home' and the ability to remain at one's home while aging has become an increasingly important aspect of each person's life. 'Resilience' is a term which focuses on the individual's ability to withstand stress, overcome difficulty and to find the resources needed to survive in a positive way. Lastly this research incorporated the basic interview in order to gain sufficient amount of data to answer the research questions in study. It is the responsibility of the researcher to carry out interviews that are safe, ethical and comfortable for the participant. It is necessary to spend adequate time with the participant in order to gain accurate information.

Literature

There is a plethora of information regarding aging as well as those who are living a long life. This review focused on the following aspects of aging - physical activity, various themes of successful aging and living at home.

Physical activity

One perspective of healthy aging from Sixsmith et al., [2] found that healthy older adults continue to be involved in physical activity. It is stressed that older adults, continue with moderate physical activity for at least 30 minutes, five out of seven days, eight to ten strength exercises two times per week, as well as flexibility and balance for ten minutes for two days [3] and there is continuous research that shows the overall value of aerobic activity even with advanced age [4]. Roper et al., [5] introduce the topic of older adults and sport training. Their unique research, with one participant indicates the importance of continued activity and its impact on an 88 year old. This paper also revealed the significance of finding some meaningful activity during one's older years as well as social support. Adding to this is research of Tulle and Dorrer who investigated older adults exercising at a sport's facility [6]. These active agers were well integrated into exercise and each one had their own unique and positive view of aging.

Witcher et al., [7] discussed the physical activity of older adults in a rural part of Canada. Their explanation included the cultural dynamics of the area as well as the social context of the participants. They also saw that the 'depression era' generation is busy and committed to their unique and individual tasks. Interestingly, some seniors have the ability to excel in the physical arena and many are involved in a program called Senior Olympic Games. Another research by Heo et al., [8] indicates the positive relationships between level of involvement in serious leisure, life satisfaction and health. This study reminds the reader of the positive impact of meaningful activities and the importance of serious pursuits that require time, money, energy and effort.

Leisure involvement in the context of serious leisure is positively associated with life satisfaction, physical health and mental health. Although many older adults have never participated in physical education as we know it, many are aware of the importance of being active. Cress et al., [9] research shows the importance of physical activity for seniors. They recommend exercise based around four activities - balance, strength, endurance and flexibility.

Various themes of successful aging

There are increasingly more ideas and theories about the causes of successful aging. Research by Carlsson et al., [10] focused on people 85 years or older who are independent and living in a large European city. As a result of interviews they found significant amount of coping patterns, some positive and some negative. Positive ones were self-realizing, mature aging, and adapting; negative ones were dependence, despair, withdrawing and accepting without a fight. Kavcic [11] focused on coping and found that seniors face everyday risks such as illness, falls and finances. This research showed individual coping strategies that can help such as the prevention of accidents and injuries, saving money and receiving help from others. Research by Mathews et al., [3] showed some of the barriers of aging can come from health problems, such as heart failure, arthritis, back pain, incontinence and falling. Healthy aging may be shown as having an expectation of positive results from physical activity, social support, and access to facilities and programs.

Similar to successful aging, resilience is an important attitude that continually resurfaces concerning the topic of living a long life. Based on research by Metze et al., [12] resilience refers to the capacity for successful adaptation despite challenging or threatening circumstances. Further, resilience has a strong link with empowerment, it is stimulated by self-reflection and involves accepting one's situation or changing it, and not becoming the victim of another. The interactional aspect of resilience involves utilizing one's resources, families, friends, and community to gain social support and to reciprocally give to others. Further, the definitions of resilience center around the idea of maintaining positive adjustment under significant challenging life conditions [13]. This 'toughness' was also written about in Becker and Newsom [14] who described serious illness and its impact with older adults, especially African American. Although they were somewhat daunted in the initial aspect of their disease, they eventually demonstrated determination, perseverance and tenacity. Interesting for my study, the participants were "fiercely determined to stay in their own homes...to remain in charge of their lives, and even resisted family members efforts to alter their autonomous living...." (p. S217).

Resilience is discussed in Tanner's [15] research with seniors who were refused assistance from the government for various reasons. Their research with twelve seniors indicated they developed resilience as a result of keeping going, staying themselves and avoiding the easy way to lose one's health. This information is essential in some countries such as Japan which has the highest proportion of older adults in the world. Muramatsu and Akiyama's [16] study on the impact of the devastating tsunami on older adults revealed seniors who demonstrated wisdom, resilience in survival, coping, as well as an active social and labor participation. Important issues are the ways that Japan has instituted a number of policies that affect older adults in a positive way, such as a focus on community-building by strengthening social relations and the openness for older adults to work [8].

Living at home

There is an increasing amount of interest in the issue of older adults who are continuing to live at home and remain independent [17,18], including older adults with some disability [19]. Adding to this complex social scene, especially in the USA, is the separation of families due to work as well as mobility. This is similar to research from Sixsmith et al., [2] who also were exploring the relationship of healthy aging with those who continued to live at home. Nyqvist et al., [20] showed that those living at home are less depressed as those who are institutionalized.

Haak et al., [17] explored the concept of older adults who are living at home. These 80 year olds state that the home is a significant part of their independence, and that they are struggling to remain at his/her home. One main reason is that staying at home allows them to govern their daily life. Horgas et al., [21] described the daily life of the very old and considered the impact of different backgrounds. Most of the activities were taking place alone and at home, thus continuing to show the importance of one's home. Some of the activities were personal maintenance such as eating, personal care, preparation for bed, also included was watching TV, carrying out household chores, doing nothing, or reading.

Methodology and Method

Similar to ideas of Sixsmith et al., [2] and Becker and Newsom [14] I utilized in-depth interviews from a perspective of grounded theory. I retrieved data through interviews, field observation and documents. The validity of this research is reflected by the length of time the interviewer knew the participants as well as extensive time in the field interviewing the participants [22]. These interviews were designed on a social constructive perspective where the older adult explained and discussed his or her reasons for a long life. Except for one participant, this took place in a rural area of Georgia, USA. I was attempting to understand the social process as well as subjective experience of living a long life.

The recruitment strategy incorporated a purposeful sampling of older adults who were at least 85 years old and continue to live independently at home. The researcher chose older adults from his local area or they were recommended by other participants or key informants. I chose those older adults who knew me in order that they would feel comfortable sharing about their life. Having a previous relationship would allow for more in-depth information. Special attention was taken to make sure the individual was comfortable with the questions and in sharing details of their life. I used an informal semi-structured conversational interview, allowing them to ask me questions and to talk about other topics. After the first interview, I listened to the recorded interview and made notes of what to address during the second interview. During the second interview I made sure that all of the research questions had been discussed. This data was analyzed inductively through thematic analysis. Validity was enhanced through the use of a triangulation of knowledge of the participants, observation, documents, as well as the interview. The study began in May of 2015 and continued until there was a saturation of data, which was August of 2016. This research met the requirement of the University Ethical Committee and informed consent was received at the beginning of all interviews.

Grounded theory depends on methods that take the researcher close to the real world of the participant, so that the results and findings are grounded in the reality of the participants [23]. This research presents findings from descriptive interviews in order to gain insights into the very old person's perspective. Adding to this, the participants in this research are well known to the researcher. This allowed for a comfortable situation of interviewing as well as trust, resulting in thick and rich information [24]. The theoretical lens of this study is based on the concepts of successful aging or aging well [25]. This perspective is concerned with understanding how others transcend constraints placed on them by learning how others are aging well. These interviews took place in the natural setting of the individual, mainly their home. The researcher was careful to set aside bias and to allow previous knowledge of the participant to clarify their statements. Inductive data analysis as well as continuous collaboration with participants allowed the findings to naturally emerge from the data.

Because the researcher is also from this area and familiar with the individuals in the study, this allowed for a holistic account of the situation. I will "attempt to understand the meaning of events and interactions of ordinary people in particular situation" [26] and I focused on the phenomena of living a long life independently. This purposeful criterion allowed for me to focus on information rich cases of those who have lived the longest. This closeness to the individual allowed for intimate fieldwork due to direct and personal contact with those in the study, I am close to the participants and to their situation. This long term knowledge of the individual allowed me to be "personally engaged so as to use all of one's senses and capacities...." [22]. This research is not detached, I know the individual's family, I have been to their homes, I know the context of their life, this empathy, sympathetic introspection and personal encounter allows me to understand the wider context of the situation.

Each participant was interviewed twice within their own home, unless they asked not to. This was in order to maximize participant comfort and minimize inconvenience. One participant was interviewed over the phone and another one met me in a public building. The interviews were recorded, listened to several times and transcribed. Notes were taken concerning the most important themes based on how the participants answered the purpose of the study and the research questions. The analysis of the data is interplay between the researcher and the data, and this is based on a framework or organizing or ordering the data into understandable topics through a process of coding the data [23]. I used constant comparison method from multiple sources of data and developed a coding system to organize the data by looking for regularities and patterns based on the purpose of the study and the research question [26]. Further, I incorporated Seidman's [27] and Becker and Newsom [14] perspective of multiple interviews. The first interaction with the participant focuses on the history of the individual, the second concerns the focus of the study and the third is a reflection on the meanings involved as a result of the interview. The questions in the interview were open ended, broad, and general so that the participant could construct the meaning of the situation of being very old.

The researcher is also a gerontologist, therefore being acquainted with ideas and concepts of aging and aging well were unavoidable. Also the researcher is an older individual, further providing more individual insight into the statements that were given. Furthermore, the researcher has known all of the participants in the study except one,

and they are all from his home town and rural area. Although this allowed the interviews to stray into various areas, due to familiarity, it also created a trust among the participant to openly state many details from their lives. Even some participants, said, "Please do not repeat what I am about to say, but...." Further, the author, knows and understands the culture and the setting of the individual being a native of this area.

Findings

The findings consist of two parts. First I present the results from open ended questions concerning various aspects of the participant's life and their medical history (Table 1). The second part of the findings is a combined summary of the interviews. In the appendix I may find the Questionnaire, Interview Guide, and the transcription of the complete interviews, as well as a summary of the interviews.

Summary of findings

As a result of this study I present more details into the lives of those who are living older independent lives. I offer to the reader more insight into the nature of resilience of these older adults. These are five compensatory mechanisms that reflect the nature of longevity.

One - Resolute versus apathy

Rather than give into pain from a hip replacement, participant twelve, still continues at the age of 95 to drive to the YMCA for his exercise workout session. This is also seen as unwavering adherence, or firmness, or willingness to overcome hardships. One participant while visiting her husband at the nursing home, looked out the window into an enclosed garden, and she saw a snake slithering across the patio, next to a woman slumped over her wheelchair. This participant, went outside, grabbed a hoe and killed this snake. Rather than apathetically ignoring this problem, this snake killer decided to take matters in her own hand. This determination can also be seen as a continuation with life. Some of my participants said, "I have the right to drive." "I will use WIFI and the I phone." One 94 year old participant explained - "Well, now I just bought me a new 2014 Jeep Cherokee. Of course I am driving, once my daughter, said something about older people driving, and I told her to mind her own business." Another one explained, "We live in a rural area, listen, if you don't drive yourself, you won't go anywhere, you have to continue to drive." Driving may be a separate issue, but each person in this research is actively driving except for Number 10. Going beyond society's descriptions of who should drive, defying their own family members, they are renewing drivers licenses and getting new cars.

Two - Contentment versus nervousness

Although each one has experienced various difficulties, sorrow is gone and adaptation and contentment are present. Rather than give into the nervousness of living alone after becoming widowed, Participant Five learned to meet and be with other men, put in a security system and eventually gets a dog. This attitude includes a positive outlook versus negative outlook. All of the participants live in their homes, except for #10. This lifelong personally built museum of memories constantly provides a sense of nesting comfort and contentment for the aging individual. Participant eleven instead of looking back on his childhood with negativity, or the loss of his first wife, he has chosen to remarry, continue to engage in life and to move with her to a new place.

Participant	Age Birthday	Self Described Current health	Approximately, How many times did you go to doctor for yourself?	Approximately, For others?	What was most helpful?	Not helpful?	Home remedies?	Medicine positive	Negative	Other helpful
1	1924	Feel good, I am active	40	150	Evaluated my pills	They don't focus enough on the nutritional aspect	No	Tiagem, birth control	No	Massage, treadmill, clean face, prevention magazine
2	1927	Good	250	500	Always helpful	Mistake on some x ray	No	Ok	No	Attitude, be content, don't fret
3	1922	Good for my age	20	30	Took out gall bladder	Too much medicine	no	Blood pressure medicine, calcium	Foximec	Eat good food
4	1927	Excellent for my age	150	600	Home visits	Emergency room did not treat me so well	Food	Ok	Amdo Besylate	Be active with your doctor, wellness programs
5	1925	Ok, Good	200	400	Surgery on shoulders, breast cancer treatment	One dentist made mistake of wrong tooth	Exercise	Primam, surgery on shoulder	madocentrum	Get enough sleep, exercise, read, get a dog, increase in spiritual area
6	1929	Good for my age	50	20	Knee replacement	Nursing home neglected my husband and he died	Aspirin and soda water	Medicine to keep me awake	No	Help yourself, don't sit around and feel sorry for yourself
7	1927	Fair	315	100	Help with sleep apnea, some problems with right side of head, and pinched nerve in the back, medical community has helped a lot with both	No	For sore throat, whiskey, lemon, and honey	Treatment for sleep apnea	Some difficulty after one surgery	Using a walker to get around has been helpful
8	1925	Good	20	50 – 70	Having breast cancer and having it resolved	No	Food, castor oil	Ok	No	I have no problem with my life, I have been fortunate in being health!
9	1925	Good	30-50	15-20	Dealing with hypertension and restless legs (but do not like the medicine)	The medicine they give me for hypertension, I do not like the way I feel, so I only take a small amount	Calamine for constipation	Blood pressure	But I do not like the way it makes me feel	Being outside and working outside, spiritual dimension
10	1926	Generally good	160	228	Prednisone helpful; and some doctors would do house calls and the doctors we had were so caring	Once I was seeing a rheumatologist, and it was not nice, they were just keeping me there for a long time, which was not necessary; once in the hospital it was hard to get nurses to come when I was in recovery and rehabilitation	Milk in all of its forms	Pregnazone, rehabilitation was very helpful with recovery of broken bones	no	Living on the farm, healthy life and diet, lots of vegetables; and, staying active especially mentally active
11	1931	Good, I feel good	150 - 200	100	Surgeries	no	no	After surgeries positive response with medicine given	no	Keep active, take doctors seriously

12	1921	Good	250	100	Blood pressure hip replacement	Second hip replacement is still a problem and hurts	Gargling with salty water for sore throat	Blood pressure	no	Good diet, eating habits, positive attitude, physical in- volvement, stay involved with others
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Table 1: Concerning various aspects of the participant’s life and their medical history.

Participant Four has also lost her husband, one of her children, and a grandchild. Yet she expressed how much she enjoyed each day and even looked forward to the evening television shows. Participant Three shared: “I cannot tell you what it was like for our family to have our beautiful and sweet granddaughter killed in her car, I can still remember the phone call that we got, it was horrible. But you learn to live with this horribleness. Because you too have to continue and have to go on.” Participant Three built a cabin on a pond, next to her regular house, only for the purpose to have a special place for her family to get together. She explained that her children do not often get along and can’t even be together, but she is not bothered by this. “There is something special and unique about being in one’s family. There is a unique bond, and when it is good and healthy, loving, then it is specially healing, nice, and communal.”

Three - Energetic versus passive

Participant One had to do something, and something that only she could do. She is involved in helping to preserve the history of her community as well as in various landscaping projects. These twelve participants were very active with a variety of activities such as church, bridge, television, games, family and internet. This also extends into the activity of physical activity. One participant gets out of the bed and immediately onto a walking machine. Another participant is lifting weights in a gym. Participant #4 looks forward to working every day in and around her home, and especially in the outdoors, and yard. She said with optimism, “I have a lot to do, and not enough time for it.” The other participants are active physically, such as walking or working in the yard, socially, such as going to church, and mentally, such as playing bridge or other games such as Sudoku. One participant 90 years of age had the first Nordic walking sticks in this rural community, each morning she would walk almost 30 minutes around her house. Plus she is active in the same bridge club for 60 years. There are rarely any negative habits, such as smoking, overeating, over use of alcohol, there is usually a very conservative perspective on all issues of life. One participant stated, “You cannot do those bad habits and live a long life, they will kill you, so you better stop them if you want to live a long life.” Most of these participants are watching some type of television every day, mainly in the evening it provides a great source of information or entertainment. “Oh yes, I enjoy looking at the Hunters, they will shop for certain things all over the world, you cannot believe all they are saying or doing to find something.” Another participant is thrilled to watch his favorite baseball team on the television. Further, daily newspapers seem to provide a continual source of information and they enjoy looking at the paper.

Four - Mystery - “I am not sure why I made it”

Almost each participant repeated the same statement. “Why has the good Lord not taken me,” or “why am I still here,” or “I cannot explain to you how I have been able to continue to live.” They

discussed inheriting positive genes from their parents, they practiced good habits and avoided negative ones. Yet there remains this mysterious aspect. The overlooked serendipitous and unplanned aspects of life are also a significant factor. One person described how she was able to quit smoking. “I randomly saw a magazine article while waiting for my child in a doctor’s office, reading this article eventually led to stopping smoking.” Although all of these participants are active in some church community, this mysterious aspect of life goes beyond traditional religion and includes, the known and unknown aspects of life. They were all comfortable with saying, “I just don’t know.” One participant said, “I am sorry to disappoint you, but I just don’t know why I have lived 20 years longer than my parents, or 15 years longer than my husband.”

Five - Develop a medical critique

My participants have visited doctors, pharmacists and hospitals hundreds of times. They have taken an assortment of medicines. They have sat in a thousand waiting rooms and had discussions with hundreds of medical personnel. This has led to a lifelong and life wide approach to understanding health. They have learned through experience what is working for them or their family, and they can also take the advice from the medical community and compare it with their own lifelong experience. Each person respects the medical community; however a repeated response was to stay away from hospitals. They would take seriously the advice of the doctor, and follow the instructions from others in the medical community. Yet there was this learned personal knowledge of having been around the medical community for so long, they began to develop their own critique. They discussed how they would think about what the doctor said, and discuss it with others, and maybe they would consider some compromise or alternative. This included recognizing other aspects of life as medicine, especially food. A history of healthy food seems to be evident among these participants. Another said, “Although I grew up on the farm, it was a simple way of life, there was a lot of walking, doing chores, we ate all fresh grown food, If we were hungry, we had a sweet potato to eat.” Rarely eating packaged, or fast food, or eating out in restaurants, these participants have filled their stomachs with natural grown food from rural areas. Another participant said, “You want to know if there is any other reason for me living a long life, except for drinking milk in all of its various forms?” Another participant worth a fortune, said plainly, “I can’t afford to go downtown to eat and sit around with others, I rather have the food I know is good, good fresh vegetables, and corn bread, and plus I got too much else to do.”

Discussion

Similar to my research is the study of Nosraty et al., [1]. They interviewed 45 seniors who were at least 90, I interviewed 12 seniors who were at least 85. Both groups were still independent and living in their homes. They were clear on their desire to remain in their home

and avoiding a 'senior home.' These participants were prepared financially to remain at their homes and they had created a place within their home they can stay. They confirmed what we already know as the familiar concepts of successful aging - especially physical, cognitive, psychological and social functioning. Similar to my results they found new information on good health from unique sources, especially magazines or periodicals. Similar to my participants, they state that the home is a significant part of their independence, and that the individual is struggling to remain at home which reflects the importance of governing their daily life. Interesting is that in both their study as well as mine, this very old person, rarely mentioned anything about death or dying. One participant made it clear to me, "Okay, you can ask about that, but we don't like to talk about those subjects."

Horder et al., [28] introduced us to 24 older adults from age 77- 90 who were engaged in their own version of successful aging. Many of their statements were also verbalized by my participants. They were able to keep self-respect by keeping 'fear of frailty' at a distance, they had the resources and structure for security, they learned how to continually feel valuable, and they realized the importance of choosing gratitude. Torres and Hammarstrom [29] interviewed 16 seniors and similar to my participants saw the value of resources, attitude, and community for achieving successful aging. This also coincides with Becker and Newsom [14] who interviewed older adults that were determined to stay in their own homes. My participants were thankful, felt valuable, through involvement with others and had the resources to improve their life.

Similar to my study, Helvik et al., [30] interviewed fourteen individuals in rural areas who also had some type of manageable health problem yet they were living on their own. These individuals maintained control by adjusting their expectations about life. They, as well as my participants, learned to live with reduced energy, their unique health problem, as well as their age. Also similar, their life was enhanced and more successful due to the network of others, enjoying their cultural heritage, having various interests, maintaining some purpose, limiting their boundaries and creating meaning. Metzger et al., [12] indicated that despite the best intentions, organized programs for seniors may not work. Surprising to the organizers, their research found that having a 'senior' program negatively confirms the aging process, takes away their independence and puts people in their lives of whom they are not interested. They showed how seniors do not want to ask for help, they are reluctant to open up about what is really happening and they fear losing control. All the efforts of the community to enable seniors, from alarm bells around the neck, to politeness such as giving up a seat, they would rather decline, and instead support "their own, independent and youthful, perception of themselves...." (p. 63). They recommend a compassionate interference when it is necessary. Similarly, my participants want to go to a dance, but not a dance for seniors. They prefer to go to the YMCA for exercise, not a special exercise class for seniors.

Horgas et al., [21] disclose that the older adults in their study spent time in one of three main categories, personal self-maintenance, leisure activities, or resting. Similarly, my participants had accepted this aspect of their life, and they had all created their own unique system of enjoying this time. This included television, games, telephone, cleaning their house, working in the yard, napping and talking with others. Adding to the complicated dimensions of aging, Nimrod and Shrir [31] discuss the paradox of leisure time and aging. Although

other research confirms the positive aspect of leisure time activities and its significance for older adults, many seniors can no longer be involved for various reasons. There is a need to understand and to learn more about the opportunities of leisure activities for seniors. My participants have developed a specific routine of activities of leisure including television, newspapers plus other reading, puzzles, church activities, housework and time with friends and family.

Kavcic [11] also focused on coping and discussed the everyday risks that are threats such as illness, falls and finances. Each participant created individual coping strategies that help to prevent accidents and injuries, keeping their money and receiving help from others. Haak et al., [17] explored the concept of older adults who are living at home. My participants also reflected similar ideas of resilience based on research by Metzger et al., [12]. Resilience was seen in my participants and theirs as the capacity for or outcome of successful adaptation despite challenging or threatening circumstances. Each of my participants had multiple daunting situations in their life, yet they were determined to continue their life. This resulted in empowerment and is stimulated by self-reflection and involves accepting one's situation or changing it, and refusing to become the victim of another. There was maintenance of positive adjustment under significant challenging life conditions [13]. My participants were similar to Becker and Newsom's [14] who described serious illness and its impact in older adults. They were somewhat daunted in the initial aspect of their disease, yet they eventually demonstrated determination, perseverance and tenacity. Especially interesting for my study, as well as a repeated theme, the participants were "fiercely determined to stay in their own homes...to remain in charge of their lives, and even resisted family members efforts to alter their autonomous living...." (p. S217). Resilience is discussed in Tanner's [15] research and similar to his findings, my participants are keeping going, avoiding easy ways to lose one's health, keeping busy, being active, having balanced relations, being positive, and careful with one's resources or money.

Greenfield and Marks [32] also show the overall value of volunteering and its impact on resilience for older adults. All of my participants were volunteering in some capacity, especially with church, one's family, or some community program. They demonstrated resilience by attempting to end adversity that places individuals at a heightened risk for experiencing negative outcomes. Similar to research by Nosraty et al., [1] my participants were not afraid of death, many had their funerals arranged, they are active with various activities, being physically and financially independent, they wanted to be at home and they did not want others making decisions for them. Research by Heo, Stebbins, Kim, & Lee indicates the positive relationships between level of involvement in serious leisure and life satisfaction and health [8]. There is a positive impact of meaningful activities and the importance of serious pursuits that require time, money, energy and effort. Similarly, my participants were involved in meaningful activities. These serious pursuits often included grandchildren, church activities, recreation involvement and volunteering.

Conclusion and Implications

Two main conclusions from this research: The individual who wants to live a long life and be independent, they must first, surround themselves with a community, and second, they must endure through the disappointments of life. First, each person in this study was active in a larger community. Similar to ideas from Gladwell's [33] popular

book, 'The Tipping Point,' many older adults rely on a concentric network of social relations that helps to meet their needs. These are connections that can make a difference in one's life. Relying on each other can become a personal 'tipping point' in the direction of successful aging. My participants have amassed a lifetime of wisdom and how to receive what they need from others. They have mastered this age of isolation and have become comfortable with being alone as well as very old. Part of this is the community that is around the older adult - family, friends, neighbors, church and other activities, even helpers around their living situation.

Second, although the participants in this study were overwhelmingly positive, each one had dealt with, in the words of one participant, "the horribleness of life." In Viktor Frankl's [34] book on his experience during a concentration camp, there is one chapter titled 'The Case for a Tragic Optimism.' "In brief, it means that one is, and remains, optimistic in spirit of the tragic triad, as it is called in logo therapy, a triad which consists of those aspects of human existence which may be circumscribed by pain, guilt, and death" (p. 139). He described the human search as not simply something to find happiness, rather a search for a reason to be happy. He emphasized that people have enough to live by, but nothing to live for; they have the means but no meaning. This meaning according to Frankl can be met by doing some deed, or experiencing something or someone (love), and third, the ability to rise above some situation that is seemingly hopeless. My participants although not confined to a concentration camp, yet in their 85 plus years have experienced a great amount of suffering and difficulty. Yet each one was optimistic, happy and almost giddy at the continued prospects of life. Each of them had stated in some way, they had something to live for something like a purpose or reason. During these interviews I confirmed with findings from Ong et al., [35] how surprising the overwhelming positive outlook these older adults have. They have all gone through difficult situations, and it was surprising to see their humor, smile, and positive perspective. They offered all sorts of advice, such as eating wholesome food, or become so healthy you do not go to the doctor and certainly not the hospital, find some purpose and meaning to your life, love everyone - especially your family and make sure that you have the money it takes to live a long time.

Limitations and Further Research

Interestingly, the uniqueness of this study is found in various overlooked topics. Each of these is significant for further research as well as increased policy. First of all, one of the main issues in this study is the number of times these older adults have been to the doctor. Perhaps the medical community overlooks these older adults and all of the information they have gained. These topics are important in the lives of the older adults, yet there needs to be more investigation in these areas - this includes driving the car, finances, television, pets and the ethics of aging. All of the participants in my study, except for one are still driving, renewing their drivers' licenses and even buying new automobiles. Yet, they have to wrestle with the worries and the negative imagination of their children concerning their driving. The strict moral code of these adults prompted no smoking, little or no alcohol and no gambling. Important issues that were evident among my participants and warrant further investigations are finances, pets, television, and the use of mobile devices and the internet. Another uniqueness of this study involves utilizing participants that I have known throughout my life. This closeness to the individual allowed

them to open up to me because they trusted me. Further, I can verify what they were saying because I have known them most of my life. Lastly, there should be more policy that promotes the older individual living in their own homes. If the older adult wants to remain in their home, there should be resources that promote this choice.

A year after I had completed some of these interviews I saw one of the participants at church. As she was walking out, holding onto the arm of a helping friend, she looked at me. "Now let me tell you, I want you to tell people to learn what to do about death and dying, how to handle it, and how to be around it, I have had to bury two husbands and one of the worst issues is dealing with all of the family who can't handle it...."

Interview Guide

Interview One

1. Give me a brief history of your life! (Five minutes.)
2. Describe a typical day for you.
3. RQ1. Describe your medical history. What do you have to say about doctors, nurses, or pharmacists?
4. Review handout on this topic.
5. RQ2. What has been particularly helpful for you concerning medicine, doctors, pharmacy, nurses?
6. RQ2. What has been helpful for you personally? What has been your role in your length of life? Certain philosophy or mental idea?
7. Mistakes that have been made by the medical community?
8. RQ3. Advice you would give to the medical community?
9. What is important for you at this time in your life?
10. What has been difficult for you in your life and how have you handled it?

Interview Two

1. Follow up on all of these questions based on pos and rq
2. Show them the inside outside model of aging and see what they think about it

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