Occupational Well-Being and Resilient Ageing in Older Women with Mental Illness

by

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Dedication

This is dedicated to all resilient people, especially older adults who have displayed inspirational resilience, wisdom and strength. Thank you for the many lessons you teach us.

"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen."

— **Elisabeth Kübler-Ross**

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Abstract

Background. Canada has an ageing population. The importance of identifying innovative and effective ways to promote and maintain health in older adults is of upmost concern, including utilizing an individual's strengths and resilience through the lifespan. One of occupational therapy's core assumptions is that meaningful engagement in valued occupations influences well-being. **Purpose.** This thesis aims to identify the relationship between occupational well-being and resilient ageing in older women with mental illness. **Methods.** Using a narrative approach, semi-structured interviews were conducted with 4 women who demonstrated traits of resilience in order to hear and learn from their stories of resilience, meaningful occupation and well-being. **Findings.** Five themes emerged from the data. These themes are *doing and connecting, learning from adversity, self growth, personality traits and spirituality.* **Implications.** Occupational therapists are well posed to promote resilient ageing through occupational well-being, however further research is recommended to further explore this relationship.

List of Abbreviations Used

BRS – Brief resilience scale
CMHA – Canadian Mental Health Association
MHCC – Mental Health Commission of Canada
WFOT – World Federation of Occupational Therapists
WHO – World Health Organization

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Chapter 1: Introduction

Canada has an aging population. By 2036 nearly one out of every four Canadians will be a senior, outnumbering children for the first time in history (Statistics Canada, 2010). As health problems rise with age, older adults are more likely to report chronic conditions and accompanying poor health. Twenty five percent of seniors reported having at least 4 chronic conditions, compared with 6% of adults aged 45 to 64 (Statistics Canada, 2018). The Mental Health Commission of Canada estimates that one in five older adults lives with a mental illness. As Canadians live longer, it is expected that this number will increase resulting in the need for innovative and effective mental health services (MacCourt, Wilson & Tourigny-Rivard, 2011). In addition to focusing on interventions that address the physical conditions or mental illnesses that may occur with aging, it is also important to focus on maintaining health and well-being in order to prevent or minimize the impacts of these conditions. Health is more than simply the absence of disease or illness: it is a positive sense of well-being, or the capacity to enjoy life and deal with the challenges we face (CMHA, 2020). Thus, directing attention to ways to support well-being is a paramount concern for the individual, the healthcare system, and those who work with older adults. Well-being ensures people can still live well with changing health concerns as they age, despite illness or disability. Utilizing an individual's strengths and learning from their experiences of resilience may be a way to promote health and well-being, and research on what influences resilience will shed light on this issue.

Throughout life experiences, individuals with a variety of health conditions adapt to challenges in different ways, displaying a range of abilities to overcome adversity by fostering

well-being. The development and ongoing use of personal strategies to cope with adversity as one ages is important in all older adults, including those with mental illness. Resilient ageing is the process of enduring beyond adversity, in an older person's quest toward quality of life (Hicks & Conner, 2014), and may be a component or factor of well-being. A growing number of gerontologists have argued that resilient aging should become the dominant paradigm for aging well as it is more inclusive, attainable, and attuned to diversity than other models of successful ageing that focus primarily on physiological and functional abilities (Fullen & Gorby, 2016). For example, the term successful ageing describes older people avoiding disease and disability, maintaining high mental and physical functioning, and remaining socially engaged (Rowe & Kahn, 2015). Ideal physical health is neither necessary nor sufficient for successful aging as defined by the older adults themselves, and psychological factors such as resilience, optimism, and well-being contribute strongly to healthy outcomes (Jeste et al., 2013). Healthy ageing refers to the process of developing and maintaining the functional ability that enables well-being in older age (World Health Organization, 2015). Although the terms successful and healthy ageing are similar to the concept of resilient ageing, the term resilient ageing will be used in this study as it takes into account not only the factors that make up healthy or successful ageing, but the unique strategies that people develop to age well, not only despite, but out of adversity. The term resilient ageing fits better under the concept of resilience than successful or healthy ageing as it is the experience of resilience over time. Resilience is defined as the ability to bounce back, recover or successfully adapt in the face of obstacles and adversity (Ungar, 2009). Mental illness often results in adversity in ways such as lack of productive or social relationships. Understanding the strategies individuals use to maintain a

positive sense of wellness in the context of such adversity would provide valuable information related to how to support older adults with mental illness to live fulfilling and satisfying lives.

Continuing to do valued activities throughout the life span is the focus of occupational therapy. Doble and Santha (2008) use the term *occupational well-being* to describe the meaning and satisfaction that people derive from their occupational lives. This relates to activities that occupy a person, including anything that is important to them such as taking care of themselves, doing productive activities such as employment, managing one's home or community or participating in leisure interests. Choosing and engaging in occupations which consistently meet an individual's occupational needs relates to occupational well-being (Doble & Santha, 2008), and is different than general well-being. In their study, Fullen and Gorby (2016) conceptualised that health in older age is the capability to continue to do valued things in later life. Occupational therapists are in a prime position to explore the relationship between resilient ageing and meaningful engagement in activities. Consistently, research into resilience has shown the importance of participation in valued activities to contribute to resilient ageing (Hicks & Conner, 2014) however little research into the relationship between occupational well-being and resilient ageing has been found.

Resilient ageing and the relationship it has with occupational well-being may be an underutilized resource that can impact an individual's ability to maintain wellness and health, for the long term. Resilience and occupational well-being in turn may increase quality of life and reduce strain and resources required of the health care system. With an aging population, it is imperative to investigate and understand alternative and long term options for promoting wellness and more specifically, resilient aging, especially in those with chronic conditions such

as mental illness. This research aims to shed light on how occupational well-being influences resilient ageing in older women with mental illness.

Chapter 2: Literature Review

In order to understand how resilient ageing and occupational well-being in older women with mental illness are related, a general understanding of these concepts is needed. This chapter will review the current literature on the concepts of mental health and older adults, resilient ageing and occupational well-being. It will also comment on the gaps in the current literature on the relationship of these concepts, as related to this research study.

Mental health and older adults

The proportion of the senior population (aged 65 and older) has been increasing steadily over the past 40 years. From 1971 to 2010, the number of seniors in the population of Canada grew from 8% to 14% and is expected to reach between 23% and 25% of the total population by 2036 (Statistics Canada, 2018). According to the Mental Health Commission of Canada, 1.8 million people over the age of 60 were living with a mental health problem or illness in 2016; mental illnesses among older adults are likely to affect every family in Canada in some way. It is estimated that 20% of those aged 65 and older are living with a mental illness (MacCourt et al., 2011).

The Mental Health Commission of Canada outlines the direction for mental health services for all Canadians and identified seniors' mental health as a priority, suggesting the need to:

> Increase the capacity of older adults, families, care settings, and communities to promote mental health in later life, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge (MHCC, 2012, p. 30).

The Strategy (MHCC, 2012) describes that feeling well, functioning well and being resilient in the face of life's challenges not only improves the quality of individuals' lives but is integral to overall health and well-being and can bring social and economic benefits to society. These benefits can be broad, and not just related to less use of health care resources, but also by supporting older adults in becoming pillars of strength and resilience within communities. Many factors can negatively impact older adults' mental health such as changing roles, changing living situations, grief and loss that comes with such changes and as well longstanding reliance on external supports, if they have been reliant on mental health supports for a long period of time. Mental health issues in older adults can both be "new" and emerge in response to the above mentioned concerns, or can be a condition that an individual has lived with for many years and is compounded by other changes that occur in older age. The Strategy suggests that "Good physical health, meaningful activities, and secure and supportive relationships all contribute to good mental health and quality of life for seniors, just as they do for people of any age" (p. 30). This statement draws attention to the importance that well-being, as related to activities or occupations, can play in maintaining and promoting health for older adults with mental illness.

The Strategy also recommends a recovery-oriented system that supports each individual's journey toward a meaningful life even with symptoms of mental illness. Recovery

in mental health is less about remission or cure than a reclaiming of one's life and identity by making a meaningful contribution to society (Deegan, 2005). The recovery journey uses personal empowerment processes which are intended to improve an individual's strengths when coping with mental health concerns (Jorge-Monteiro & Ornelas, 2016). This personal empowerment process puts the responsibility, and power, of one's wellness in the individual's hands, as opposed to the individual being a guided participant, which in turn makes it a personal and meaningful process. In a phenomenological study by Sutton, Hocking and Smythe (2012), the states of engagement in mental health recovery were not experienced as set stages in a unidirectional progression but rather were ways of relating to the world that fluctuated over time in a nonlinear process. Integrating the approaches of wellness and recovery in programs targeting persons with mental illness provides a unique opportunity to assist these individuals in optimizing their health and well-being (Sterling, von Esenwein, Tucker, Fricks & Druss, 2010). Research suggests that time spent in a subjective state of occupational engagement is associated with increased happiness and well-being, and supports the notion that engagement, or active involvement in occupations, is significant in the recovery process (Slade, 2010). An occupational perspective of recovery focuses on the interplay of self and world during engagement in occupation, valuing the experience and process of occupational engagement just as much as the content and outcome of performance (Sutton et al., 2012). The recovery process appears to support resilience building in individuals with mental illness.

While the Mental Health Strategy for Canada supports recovery oriented practice, there is limited application in the current literature to older adults, which is vitally important given

that they are the largest growing population and that often their health needs becomes more complex with the ageing process. Within any given year, 1 in 5 Canadians experiences a mental health problem or illness, with a cost to the economy of well in excess of $50 billion (Smetanin et al, 2011), in addition to the potential negative impacts on the individual's quality of life. Understanding how ageing well with mental illness is of increasing importance given that greater numbers of older individuals with mental illness are living longer independently. Supports to enhance their own unique abilities to cope with adversity and experience well-being, and not just longevity, are required. Given the fact that people continue to contribute to society in multiple ways into older age, understanding what supports, learning opportunities, and other interventions they need in order to remain capable and resilient to challenges is of obvious importance to healthy individuals and society (Hayman, Kerse, & Consedine, 2016). The high rate of mental illness and the need to overcome a number of barriers indicates that older adults are an excellent focus for learning who overcomes adversity and how.

Older women with mental illness are an important group to study. The leading mental health problems of older adults are depression, organic brain syndromes and dementias. The majority of these individuals are women (WHO, 2020). According to the World Health Organization (2020), depression is not only the most common women's mental health problem but may be more persistent in women than men, and depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men. Due to longer life expectancies than men, women also spend more years living alone, suffering from more debilitating chronic illness than men in later life (Beckette Warner,

et al., 2017). These factors demonstrate older women are more susceptible to mental illness, thus making them an important population to study when exploring resilient aging.

Resilient Ageing

A desire to know who adapts to adversity more effectively (and why) throughout the ageing process has led to ongoing interest in the capacity for resilience as individuals age, which some researchers have defined as resilient ageing (Hicks & Conner, 2014). Resilient ageing is defined as the process an older person endures beyond adversity, in the person's quest toward quality of life (Hicks & Conner, 2014) or general well-being based on a variety of subjective and individual factors. Adversity can be a onetime event, such as a natural disaster or losing a loved one, but can also be seen as a longer term challenge such as living in poverty or living with an illness, which can be a complicating factor for those living with a mental illness. Resilient ageing differs from other healthy ageing concepts, such as successful ageing or healthy ageing in that adversity plays a key role. Hicks and Conner (2014) have proposed a resilient aging model, suggesting that the presence of adversity (such as illness) is a necessary antecedent, which has a direct relationship with the protective factors of activity, social support and life experience. These protective factors act indirectly on the individual's quality of life through the resilient ageing core attributes of coping, hardiness and self concept. The attribute of coping is seen as a process of developing cognitive and behavioral efforts or strategies to manage psychological stress (Lazarus, 1993). Hardiness has been characterized as the ability to overcome or endure hardship (van Wormer & Besthorn, 2011) and self concept is an individual's perception of him

or herself. Antecedent to resilient ageing are the protective factors (activity, social support and life experience) which are perceived to diminish an individual's vulnerability from the risks of adversity (Hicks & Conner, 2014). These protective factors closely resemble occupational well-being as related to engagement in valued activities, however further research related to the subjective experience of meaningful engagement in valued activities and resilient ageing is needed.

Given the health and social compromises faced regularly by older adults, such as development of health conditions, changing roles, and grief, with the potential to compound as age advances, resilience is especially important in later life (Hayman et al., 2016). People in advanced age have had more time and opportunity to be exposed to life stresses and to develop resources to deal with them. Surviving challenges such as trauma can have benefits for example, by increasing confidence in one's coping ability (Hayman et al., 2016). Stephens, Breheny and Mansvelt (2015) suggest that a focus on the capability to achieve the valued functioning of everyday life, followed by work to develop communities which enable people to do and be those things within their society form the basis for resilient ageing.

The terms successful ageing and healthy ageing are distinct from, but closely linked with, resilient ageing. In Rowe and Kahn's theory of successful ageing, resilience is used to describe older adults who overcome stress and retain high levels of physiological health or functional ability (Rowe & Kahn, 2015). In effect, resilience can be a trait that is used by some older people to attain the criteria for successful ageing (Fullen & Gorby, 2016). However, the concept of resilient ageing is distinct from successful aging and conceptually related to

resilience. In a qualitative study focusing on how to promote successful ageing in older adults, two themes were identified: self-acceptance and the pursuit of active engagement and self-growth (Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010). Similarly, Warner, Doble, and Hutchinson (2012) identified two key criteria for ageing successfully: having something to do that is personally meaningful and connecting with others. Similar to resilient ageing, they pointed out that health can be a potential resource or facilitator to support efforts to age successfully when one faces the adversity of having a health condition and the uncertainty or change that this may impose on their ability to engage in activities (Warner et al., 2012). It is also suggested that an engaged lifestyle is highly regarded as an important component of successful ageing (Adams, Leibbrandt & Moon, 2011). According to Jeste et al. (2013), increasing resilience and reducing depression may have effects on successful ageing as strong as reducing physical disability.

Terms like successful ageing convey a sense of worth and create a dichotomy between well and chronically ill older adults, where the latter cannot achieve a sense of positive (or successful) ageing. Resilient ageing, however, is distinctly different from other ageing concepts; it can be applied towards the health promotion of all older people, including frail older people debilitated by long term illness (Hicks & Conner, 2014). The concept of resilient ageing places all older adults along a continuum of wellness, as opposed to a trait or a result such as successful aging that one either has or does not have. These differences between successful ageing and resilient ageing are important factors that highlight that the concept of resilient ageing is more closely aligned with resilience.

Resnick (2014) concluded that resilience is an innovative way to optimize ageing and help individuals cope with the many physical and psychological losses that can occur, and suggests that a focus on resilience and the process of resilient ageing in older adults is particularly critical as it is impossible to prevent losses and adversity. In fact, resilience thrives upon adversity and may constitute a process by which people can make the most of their longer lives and live them out with dignity (Hayman et al., 2016). Resilience in ageing is experienced by all older adults in some way and viewing resilience as a universal characteristic allows both practitioners and older adults to seek out evidence of resilient behavior and mindsets (Fullen & Gorby, 2016). Furthermore, as mentioned, a growing number of gerontologists have argued that resilient ageing should become the dominant paradigm for ageing well (Fullen & Gorby, 2016). They argue that it is more inclusive, attainable, and attuned to personal strengths than models of successful ageing that focus primarily on physiological and functional abilities (Harris, 2008; Hicks & Conner, 2014).

Resilient ageing has the potential to improve the quality of life and well-being of all older adults—in spite of the adversity they may face (Fullen & Gorby, 2016). Health care providers, including occupational therapists, are in a prime position to support individuals who either are experiencing adversity or are at risk to experiencing adversity, and to facilitate resilient ageing to enhance health. If health professionals develop a better understanding of resilience in advanced age they can improve their capacity to benefit older people by developing more focused services, interventions, and strategies (Hayman et al. 2016).

Occupational Well-being

Mental well-being is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, 2014). This is more than simply the absence of disease, and should be considered within the sociocultural context and on a continuum (World Health Organization, 2018). One of occupational therapy's core assumptions is that engagement in occupations influences well-being (Whalley Hammell & Iwama, 2012). This is based on the research within occupational therapy literature that an individual's health and well-being are enhanced when they engage in meaningful occupations, and that the role of occupational therapists is to promote health and well-being through occupation (WFOT, 2010). For the purpose of this research, occupations are defined as everything that people do during the course of their everyday lives (Law & McColl, 2010). Although the concept of well-being through occupation has been described in many different ways, being more explicit about concepts of occupational well-being and how it can foster resilient aging will provide occupational therapists and occupational scientists with a more concrete basis for examining the effects of occupational engagement, and it will offer practitioners a more distinct goal around which to frame their efforts (Aldrich, 2011). Occupational well-being is closely linked with a person's meaningful engagement in valued activities.

Occupational well-being is a subjective experience (Weinblatt & Avrech-Bar, 2001) and the subjective perception is at the heart of this framework. Occupational well-being requires

that people make significant strides towards fulfilling their dreams and aspirations and feeling productive, among personally valued roles. This is especially relevant for an older population, as valued roles can, and often do, change significantly as one ages. According to Nilsson, Lundgren and Liliequist (2012), people experience occupational well-being through a combination of valued, observable, culturally and socially dependant actions. Additionally, opportunities for an individual to participate in meaningful occupations are an ongoing process, and will vary over time (Townsend & Polatajko, 2013). Lal et al. (2013) suggested that the more individuals with a diagnosed psychiatric illness engage in activities considered highly valuable for their well-being, and for which they perceive self-efficacy and control, the more enhanced their well-being will become. Adams and her colleagues (2011) found that a review of recent studies from a number of countries and cultures demonstrated that social, leisure and productive activities each have significant associations and predictive relationships with aspects of well-being for older adults. In a literature review by Law, Steinwender and Leclair (1998), the effect occupation has on health and well-being was investigated and evidence of occupation as having a strong influence on health and well-being was identified. Whalley Hammell (2017) identified that "stress buffers" can be enhanced through occupational engagement and contribute to well-being. Furthermore, Whalley Hammell (2017) suggested that engagement in occupation is fundamentally important to human well-being, that well-being is a human right and that all people have the inherent right to engage in meaningful, purposeful occupations that contribute positively to their own well-being and the well-being of their communities. These statements highlight the impact and importance of occupational well-being related to health.

Another important and consistent theme in occupational well-being is a focus on "being" or how people feel about what they do (Wilcock, 2006). Wilcock (2006) proposed that "being" through "doing" is an important factor in overall health and well-being. Belonging (connecting and contributing) is also positively correlated with human well-being (Whalley Hammell, 2014). Assisting people to find and express their own way of being and to use their abilities in varied and demanding occupations is a powerful recovery tool (Sutton et al., 2012).

Other factors in the research related to occupational well-being include balance, eudaimonic well-being and occupational integrity. Lifestyle balance is defined as a satisfying pattern of daily occupations that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances (Matsuka & Christensen, 2008). In their study, Piskur, Kinebanian and Josephsson (2002) show a strong relationship between balance in occupations and well-being. Matsuka and Christensen (2008) suggest that lifestyles with greater balance contribute to psychological well-being and overall health and that people with greater balance will be less likely to become victims of illness, chronic disease or depression. Lifestyle balance, is further identified as an antidote to stress and can lead to greater life satisfaction (Matsuka & Christensen, 2008). In contrast, Pentland and McColl (2008) suggest that the concept that truly links the configuration of occupations with well-being is not life balance, but rather is the extent to which a person designs and lives in integrity with his or her personal values, strengths, and attributed meaning. Development of eudaimonic well-being, when one's life activities are congruent with deeply held values and are fully engaged in, is contended by Hayward (2011) to be derived not simply from participation in occupations or

from occupational balance but also from the lived experience of occupational integrity. This concept takes into account more than the actual performance of an occupation, but considers the values of an individual and how occupational choices can reflect those values (Pentland & McColl, 2008). The benefits of eudaimonic well-being are an increased ability to view challenging life experiences, such as significant pain and adversity, as transformational opportunities (Bauer, McAdams, & Pals, 2006). Although occupational well-being can be achieved in a variety of ways and has a range of definitions, overall health and well-being are enhanced when people experience occupational well-being (Townsend & Polatajko, 2013). The aforementioned concepts all have similarities in showing contributions to occupational well-being.

Occupational well-being can be defined in different ways, however for this study, the definition and framework of occupational well-being as the meaning and satisfaction that individuals derive from their occupational lives (Doble & Caron Santha, 2008) will be used. Doble and Caron Santha (2008) contend that individuals are more likely to experience occupational well-being when they choose and engage in occupations and orchestrate their occupational lives in ways that enable them to consistently meet their occupational needs. However, the ways in which occupational well-being is achieved is less agreed upon in the occupational therapy and occupational science community. Having an occupational well-being framework may provide a method for clarifying the complex construct of well-being (Milbourn, McNamara, & Buchanan, 2017), and could serve as a link between health and occupational life (Nilsson, Lundgren, & Liliequist, 2012). Doble and Caron Santha (2008) proposed an occupational well-being framework out of need for a clearer identification of the relationship

between well-being and meaningful engagement in valued occupations. In their explanation, Doble and Santha (2008) identified seven occupational needs which influence occupational well-being, including accomplishment, affirmation, agency, coherence, companionship, pleasure and renewal. A framework of occupational well-being allows the clinician to move beyond a focus on typical occupational performance and respond by the exploration of the experience and meaning within different forms of engagement (Sutton et al. 2012). This study aimed to understand the link between occupational well-being and resilient ageing, among other related concepts.

Occupational well-being and resilient ageing in older adults with mental illness: The gaps in literature

Separate research in the elements of resilient ageing and occupational well-being has shown connected themes of how occupational well-being can facilitate resilient ageing, however the literature has not yet brought these two concepts together. While good physical and mental health are valued factors in maintaining wellness, older adults are aware of their lives changing and of meaningful activities becoming more difficult (Hill et al., 2007), also impacting wellness. A qualitative study of successful ageing found that while current or projected health declines were of major concern to octogenarians, it was the effect of disability on social activities that caused the most distress (van der Geest, von Faber & Sadler, 2010), pointing to occupational well-being as a component of resilient ageing and a way to combat this distress. Although Resnick (2014) identified that meaningful contributions and

participation in activities contribute to resilience in older adults, more research is required to include the individual's personal motivations and satisfaction to identify occupational well-being. The ability to maintain valued participation despite challenging life events through occupational well-being appears to be a significant component of resilient ageing.

Occupational therapists are in an ideal position to enhance resilient ageing as meaningful participation in valued activities is at the core of the profession and is an important aspect of resilient ageing. This is especially imperative given the increased life experience and challenges faced by older adults with mental illness. Furthermore, older adults with mental illness can be restricted in their participation of meaningful activities thus would benefit from higher levels of resilience and resilient ageing to improve quality of life and overall well-being. The significance of meaningful engagement in valued activities for wellness and quality of life is well known within the occupational therapy profession, however the role this has on resilient ageing is under researched. More research in this area with the unique contributions of occupational therapy would present an exciting new view on ageing and how to support and best meet the needs of the growing population of older adults. This research would contribute to the identification of possible factors of resilient ageing and if resilient ageing can be facilitated through occupational well-being, this could be an underutilized resource that fits well into recovery centered health care models set out by the Mental Health Commission of Canada.

The literature has described the need for effective strategies to increase the well-being of older adults with mental illness, throughout the lifespan, and has shown that resilient ageing

may be an important factor in promoting health. Occupational well-being has shown evidence as being a way to enhance health and wellness. Current research in resilient ageing has consistently identified the importance of meaningful engagement in valued occupations. Research to explore the relationship between occupational well-being and resilient ageing would provide valuable insights into how this relationship can enhance health, ageing well, and overall quality of life of this growing, under studied and important population. The purpose of this research is to address the following questions and sub-questions: 1. How does occupational well-being contribute to resilient ageing in older women with a mental illness? a) How do older women with a mental illness understand and describe well-being b) How do older women with a mental illness understand resilient ageing c) What past experiences contribute to resilient ageing d) What other factors impact resilient ageing?

Chapter 3: Methods

In order to understand how occupational well-being and resilient ageing may be linked from the perspectives of the people that experience it, a qualitative research methodology was used to answer the research question. Qualitative research acknowledges that there are multiple realities among individuals, and that the human experience is rich and diverse (Brown, 2017). Qualitative approaches to research – like client-centred occupational therapy – seek to study phenomena from the perspectives of the participants (Whalley Hammel, 2001). The most appropriate way to thoroughly explore these topics and answer this research question is through qualitative research as it looks for meaning in individual stories and experiences (Brown, 2017). Additionally, qualitative research provides a complex, detailed understanding of the issue that can only be established by talking directly with people and allowing them to tell their stories (Creswell & Poth, 2018).

This chapter will begin with an explanation of the methodology of research chosen and provide descriptions of how and why decisions were made as well as the process to ensure rigour for this study. This includes why a narrative approach was most appropriate, who was recruited for the study and how they were recruited, as well as how the data was collected.

Methodology – Narrative Informed Thematic Research

As this research was intended to understand the relationship between occupational well-being and resilient ageing through the exploration of an individual's life experiences, a narrative approach was used to inform our thematic analysis. A narrative approach is

appropriate for this research study as it captures detailed stories or life experiences of a single individual or the lives of a small number of individuals through interviews (Creswell & Poth, 2018) and is useful in making sense of complex, emergent phenomena (Greenhalgh, 2016). In narrative research, stories are told to the researcher and then inductively analyzed for meaning (DePoy & Gitlin, 2011). Narrative analysis encourages the participants to tell their stories so the researcher can conduct a thorough examination of and study participants' life experiences as expressed in their lived and told stories in order to elicit the meaning behind complex concepts such as resilience. The researcher can reflect on and deeply explore changes throughout an individual's life, and how those changes may have helped make them more resilient. The stories help the researcher elucidate concepts of both resilient ageing and occupational well-being by focusing on the chronological sequence of events and incorporating these understandings of the individual's experiences into the analysis. These stories of illness and well-being are a critical window to understanding their meaning; systems and values and are nestled within wider narratives of society and culture (Greenhalgh, 2016). Additionally, narrative research takes into account the individual's unique circumstances and personal stories. A narrative informed thematic analysis was then utilized to identify the themes across individuals, and to allow the researcher to see and make sense of collective or shared meaning and experiences (Cooper, 2012). This method was a way to make sense of the commonalities that developed in the stories, through (1) becoming familiar with the data provided in the interviews, (2) generating initial codes, (3) searching for themes, (4) reviewing potential themes, (5) defining and naming the themes, and (6) producing the report (Cooper, 2012). Other qualitative approaches including phenomenological or grounded theory research were

also considered, however a narrative approach layered over a thematic analysis was chosen as the most appropriate method due to an intention of the researcher to fully explore the life, stories and individual experiences of an older adult who exhibits resilience through the lifespan. This chronology of events is important to make sense of the process of resilient ageing. Through that exploration the researcher can start to make sense of and develop an understanding of the stories being described.

Stance

What brought me, personally, to have an interest in resilient ageing and occupational well-being is something that I have spent a significant time reflecting on throughout this research. I have been fortunate to be surrounded by resilient women throughout my life, and developed an interest and fascination in how some people were able to go through significant adversity, and not only get through it, but be able to find a way to integrate it into the meaning they ascribed to their life to make themselves stronger. The concept of resilient ageing often became even more clear to me when I would meet someone that seemed to crumble with even minor adversity, however the concepts of why this happens would often perplex me. Once I started working as an occupational therapist, specifically with individuals with mental health concerns, I started to recognize and fully appreciate the importance of doing what is important to you and doing what you love in life, whether that is being able to take care of yourself or participate in leisure activities such as gardening or skiing, or maintain a role in your community or employment, in keeping one engaged, healthy and resilient. These observations and an

interest to learn more about how resilient ageing can be fostered, and what role occupational well-being plays in this led me to this research. Furthermore, it led me to want to learn more about the stories and wisdom that people who have experienced resilient ageing can share.

Target Population

Older women with a mental illness have been chosen for this research for three reasons. The first rationale for choosing this population is related to the depth of life experiences and opportunities to grow and become more resilient from these experiences that can be revealed in an older population that have struggled with adversity and chronic health concerns, including a mental illness. This is important in that the study will not only elicit information, but hopefully can highlight areas that are important to consider when understanding resilient ageing in an older population, especially those that have mental illness. The second reason is that the population in Canada is aging, one in four older adults will deal with a mental illness according to the Mental Health Commission of Canada (2012), and in 2011, the Mental Health Commission of Canada (2012) indicated that the number of older adults with mental illness (ages 60 to 90+), included 1,052,055 women compared to 537,030 men. Thus, this is an important population to study, as health providers are likely to care for older individuals, especially women, with mental health issues. A better understanding of concepts such as occupational well-being and resilient ageing in this population may be useful in learning how to optimize ageing, given the challenges faced by this population. The third reason is to highlight the wisdom, despite adversity, of older women; and to learn from their stories. In order to

elicit the richest information on how resilience can occur in this population, individuals that are doing well and showed traits of resilience were selected. Selecting women also hopefully increases the likelihood of similar experiences in participants to best inform the research question. Women were also chosen as opposed to men as the clinic where the participants were recruited have a larger population of women. This may be related to life expectancy but also may be impacted by other factors such as women typically being more open and willing to accept help. These factors were important to being able to sample participants who had knowledge and experiences that would answer the research question.

Recruitment

Participants were not known to the researcher, however they were current clients of other clinicians where the researcher is employed. Participants were clients of a community-based geriatric mental health services team within a large Canadian city. This multi-disciplinary team provides mental health treatment to individuals 65 years and older with moderate to severe mental health conditions including depressive disorders, anxiety disorders, bipolar disorders, personality disorders and psychotic disorders who live in the community (either a private residence or a lodge). Permission to engage with front-line staff was permitted with the manager of the program. Purposeful sampling intentionally selected individuals that could best inform an understanding of the research question. A recruitment email was sent to community geriatric mental health services front line staff (Appendix 3) outlining the study and inviting them to nominate and provide information about the study (Appendix 4) to participants they

deem as suitable. Potential candidates were provided information on the study by their community geriatric mental health services front line staff who met the following criteria: (1) women 65 years or older (2) a current diagnosis of a mood disorder (depression, dysthymia or bipolar disorder) or anxiety disorder. (3) living in the community independently and (4) high self-perceived traits of resilience (as determined by the front-line staff). Participants with dementia (as determined by their primary therapist), or those who were acutely ill (as determined by their primary therapist) were excluded from participating, as self-reflection and recall were paramount in this type of study. Additionally, individuals who were unable to provide informed consent were excluded, as shown by an inability to understand, or confusion with, the consenting process. Those who refused to have the interview audiotaped were also excluded. Potential candidates who contacted the researcher by telephone for more information about the study were then screened over the telephone to determine suitability. This brief telephone screening interview included a description of the research, the extent of involvement/time commitment required, risks and benefits, and then were asked to complete the Brief Resiliency Scale (BRS) (Appendix 2) to ensure suitability. To ensure consistency across participants a screening script guide was followed (Appendix 5).

Measuring resilience

There are numerous scales that measure resilience. The BRS assesses self-perceived traits of resilience (Smith, 2008). It was used in the screening process to determine eligibility for the study. The Brief Resilience Scale (BRS) is focused on the core and essential property of

resilience, the capacity to bounce back from stress and adversity. The BRS is a brief, single-factor instrument with 3 positively worded items and 3 negatively worded items to minimize response bias (Smith et al., 2008). According to Windle, Bennet and Noyes (2011), the BRS is among the scales with the most satisfactory psychometric properties, out of 15 resiliency scales reviewed. Kyriazos et al. (2018) found it to be valid and reliable in measuring resilience, with a population of Greek students. Additionally, the BRS contains six items and requires less completion time than the other extensive instruments. Although there are no studies showing the efficacy of this scale to measure resilience in older adults with mental illness, given its validity and reliability with other populations, as well as its brief time to complete, it was used as a screening tool to measure resilience in this study.

Only individuals with a score >4.31 on the BRS were included in the study, as this score correlates to high resiliency traits (Smith et al., 2008). The BRS is a six item scale in which three questions are positively worded and three questions are negatively worded. Individuals are asked to rate statements by using the following scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. The total score is then divided by the number of questions. If the participants were deemed appropriate and interested in participating, a time to conduct the semi-structured interview was scheduled during the screening. During the in-person semi-structured interview, the informed consent process was explained and completed (Appendix 1) before the interview was conducted.

The researcher aimed to choose individuals who were resilient but exemplified a range of experience related to occupational well-being, and how the aging process contributed to

resilience as a way to expand understanding (DePoy & Gitlin, 2011) of the concepts of occupational well-being and resilient ageing. As the concepts and possible ideas generated using a narrative approach can be vast, in order to focus the study so findings could be synthesized into coherent themes a population sample size of between 3 to 5 individuals was used. A narrative inquiry is intended to thoroughly explore the story of an individual, or a few individuals with similar experiences, thus a small sample size was appropriate (Greenhalgh, 2016). As the individual experiences of older adults with a mental illness can be very different, the sample was restricted to women with mood or anxiety disorders to attempt to elicit similarities in their experiences. If more than 5 individuals would have been deemed appropriate for the study during the screening interview, the first 5 nominated were chosen.

Data collection methods

One in-depth semi-structured interview was conducted with individuals who displayed characteristics of resilience (as measured by the BRS screening), to further explore occupational well-being and resilient ageing. Prior to the interview, the researcher's biases were discussed with the participants, including how the researcher became interested in the concepts being studied in this research, and past and current employment experience that has influenced opinions of the researcher. During the interviews the researcher explored in detail the experiences, motives and opinions of occupational well-being and resilience. A semi structured interview guide was used as a data collection tool. As no specific instrument had been found, an interview guide was drafted, based on traits of occupational well-being and components of

resilient ageing, specifically for this research (Appendix 6). The semi-structured interview guide consisted of questions to elicit personal meaning and explore their lived experience in order to further understand how events over time related to the two primary concepts; occupational well-being and resilient ageing. The questions were also used to help identify important chronological events and epiphanies. The questions were informed by research completed by Lal et al. (2013); a combined constructivist grounded theory and narrative study that explored the meaning of occupational well-being in adolescents with psychosis. Also, the research from Hicks and Conner (2013) regarding the core attributes of coping, hardiness and self concept as well as the protective factors of life experience, activity and social support identified in their resilient ageing model has contributed to developing the questions. For the entire interview guide, please refer to Appendix 6.

The questions were open ended in nature, and prompts were used to further explore ideas presented by the participant during the interview. During the interview, the questions were asked in order to facilitate the individual's ability to tell their stories and to offer reflections on the meaning of the concepts of resilient ageing and occupational well-being. This included questions of having them describe a difficult time in their life, and then asking them to identify what helped them get through the difficult time, as well as lessons they had learned from the experience and to have them identify any other reflections. The interview questions were used as a guide to elicit their stories of resilience and factors that influenced it. Specific probing questions were added to the guide, depending on how the specific conversation progressed, however the freedom to converse naturally regarding the participant's responses

was paramount. Simple probes encouraged additional discussion, clarification, details about the topic such as, “can you provide an example” or “can you provide more details about that” were asked. Follow up questions asked them to elaborate on themes that emerged with questions such as “what do you mean by…” or specific questions such as their reactions to an event.

The researcher used responsive interviewing, which emphasizes flexibility of design and allows the interviewer to change questions in response to what he or she is learning (Rubin & Rubin, 2012). Responsive interviewing allowed the researcher to gather narratives, adapt to new information and change directions if necessary to gain greater depth of information.

The interviews were conducted face to face, with one individual at a time, at a location of their choice. The interviews were audiotaped, and later transcribed verbatim by the researcher to allow reflection and analysis following the interview. The interview was initiated by a brief explanation of the purpose of the research project. A series of set, open ended questions were then presented in a semi-structured interview format. The main questions, probes and follow up questions were used to explore the details and meaning of stories in depth, including asking the individual to explain a time in their life when they were experiencing well-being, and having them describe what was going on at the time and then asking them to define well-being for themselves, and further exploring what helps them stay well. Other questions were allowed to emerge during the dialogue between interviewer and interviewee (DiCicco-Bloom & Crabtree, 2006). Probes encouraged interviewees to keep talking about the subject, providing examples and richer details. Follow up questions allowed interviewees to elaborate on key concepts,

themes, ideas or events to explore the meaning of what happened or try to place an earlier response within a broader context (Rubin & Rubin, 2012). The interview guide is described in the data collection tool section.

The participants were given the choice to complete one interview that was estimated to take approximately 1.5 hours or to have two shorter interviews. All interviews conducted were one session, which varied in length from one to two hours. Three of the interviews were conducted at the participants' homes and one interview was conducted at the community clinic, at the request of the participant. The accuracy of researcher interpretation was verified with the participant both during and immediately following the interview process. Member checking was completed by a short follow up telephone call to all participants to aid in clarification of material obtained during the interview as well as to summarize general themes that the researcher found during the analysis of the data. The participants had an opportunity, at this time, to reflect on the findings as well as the general content of the interview they had provided. During the contact, the participants confirmed and added additional information.

Chapter 4: Analysis

Measures to ensure rigour in research are important and are demonstrated through evidence of the following:

• trustworthiness: where researchers go beyond a superficial approach to collecting data (through measures such as prolonged engagement, triangulation and seeking disconfirming cases) to provide rich detail (what anthropologists call thick description) and include a cycle of member checking by research participants;

• plausibility (verisimilitude): where researchers, in their account, are able to allow the narrative to ring true and have the audience to enter the world of the research subject(s); and

• criticality: where the researchers show a high degree of reflexivity, questioning their own findings and considering alternative interpretations for them.

(Greenhalgh, 2016)

The interviews were analyzed to identify the underlying stories and the themes that emerged from these stories, in a chronology of unfolding events, turning points or epiphanies for participants (Creswell & Poth, 2018). An epiphany is a turning point or disruption in which the story line changes dramatically (Creswell & Poth, 2018). The common elements of narrative analysis identified by Creswell and Poth (2018) are to allow participants to retell their stories based on narrative elements, then to rewrite the stories into a chronological sequence incorporating the setting of the participant's experience into the story. The first stage of analysis occurred the moment the researcher entered the interview setting as the researcher made sense of what was being observed or heard. This involved increasing trustworthiness by

confirming and summarizing the participant's insights during the interview, at the end of the interview and making additional notes immediately after the interview. The second stage involved a formal review and analysis of the information obtained.

The formal thematic analysis of the interviews was completed immediately following the interviews, including completing initial codes. Once the transcription was completed and checked to ensure accuracy, they were read several times to continue the analytical process. Through the reading process, notes were made and initial codes were formed and reviewed. As categories of information emerged, the codes were then classified into themes to organize information into meaningful categories. The coding started with concepts and themes explicitly asked about in the interview, then emerging concepts were explored (Rubin & Rubin, 2012). The emerging concepts were those elements that came out during the conversation and were highlighted in some way by the participant as an important element to the concepts being explored. These were considered "epiphanies". The analysis noted and described patterns across participants' experiences, and stories were put into a chronology, while locating epiphanies. The final phase involved a rewriting of the stories, leading to an analytic abstraction of the case that highlighted (a) processes in the individuals' lives (b) different theories that related to life experiences, and (c) the unique and general features of the interviewee's experience (Creswell & Poth, 2018). In this final phase, themes and sub-themes were identified through narrative informed thematic analysis, by identifying common threads and epiphanies across the narratives that were relevant to answering the research question.

Finally, each of the narratives were summarized and theories based on the participant's life experiences were identified by the researcher.

Trustworthiness

To establish credibility, triangulation of data is a powerful tool, and involves convergence of multiple perspectives for confirmation of data (Krefting, 1991). This study used triangulation of data sources by comparing different participant stories and experiences, triangulation of theories by layering a narrative approach over thematic analysis, and triangulation of data investigators through peer review of the stories and themes by the researcher's thesis supervisor. Member checking was employed to strengthen the credibility of the interpretation and decrease the possibility of investigator bias (DePoy & Gitlin, 2011), both during the interview and in a follow up telephone call where a summary of the researcher's interpretation of the interview was shared. Participants were asked to reflect on the accuracy of the analysis to ensure trustworthiness and plausibility and to confirm that the analysis was representative of the participant's experience. The researcher's analysis and themes were reviewed with participants by telephone, and additional findings of this telephone call were incorporated into the findings. These phone calls were conducted approximately 4 weeks after the interview, and in all telephone calls the participants confirmed resultant themes, but also provided more information that they had thought about or had forgot to include, such as having a side business/hobby that one participant forgot to discuss, or one participant highlighting that maintaining her passions was what helped her be resilient.

Although generalizability is not an expectation of qualitative research, a thick description of the population and setting contributes to transferability of findings to other contexts (Creswell & Poth, 2018). To ensure thick description, abundant, inter-connected details were gathered through the participants' descriptions of different lived experiences throughout the interview. Triangulation is also a technique to ensure rigour and trustworthiness, and was completed across a variety of sources and experiences. As an additional measure of accuracy and criticality, peer debriefing at multiple steps of the analysis was employed by having the researcher's thesis supervisor help with coding and interpretation of the findings, and to challenge the researcher's analysis. The researcher's supervisor reviewed the analysis and provided feedback at different stages of analysis, including after the interviews were conducted, and following the different phases of coding. To ensure credibility, several strategies were employed including keeping detailed field notes, accurately recording the interviews and carefully transcribing the digital files.

To also ensure criticality the researcher clarified any biases during both the interview and during the analysis, including current employment and training as an occupational therapist, and current education that could impact the interpretation and approach to the study during the process of obtaining consent. This clarification also included past experiences of the researcher providing treatment as an occupational therapist and mental health clinician with both adults and older adults who appeared resilient as well as those that did not, and from those experiences developing a keen interest in learning more about the factors that impact resilience in individuals. The possible influence of working as an occupational therapist, and

explaining what an occupational therapist does including the belief that occupation is important to well-being, was also disclosed in the consent process and prior to the interview. Additionally, in order to provide additional rigour, the researcher reflected on her own personal biases and assumptions about resilient ageing and occupational well-being throughout the different phases of the study as well as what experiences and contexts may have shaped these beliefs. These reflections included both personal experiences of resilient people, as well as employment related experiences. While narrative stories are evocative, memorable and can inspire the moral imagination, they are not true in any direct sense and are always open to multiple interpretations (Greenhalgh, 2016), which is why constant reflection of biases is of upmost importance.

Ethical considerations

This study obtained permission from both the Dalhousie University Research Ethics Board and the University of Alberta Research Ethics Board, as this is the process for research with people recruited through health care services in that province. All participants went through an informed consent process and provided their written consent to participate. Some of the major considerations in the submission are summarized below.

The obligation to treat the individuals as autonomous beings is important with any population, however the target population of this study, older adults with mental illness are particularly vulnerable. A telephone screening was conducted once the participant contacted

the researcher with interest in learning more about the study and the participants were made aware of the fact that participation is voluntary and can be withdrawn at any time, and that their choice to participate or not participate would not impact their mental health services at the clinic where they were recruited. They were also informed that their team at the clinic would not have access to any of the information they shared during the research. This was again discussed and stressed during the formal consent process. The benefits of conducting the research was to provide detailed, personal information to assist in gathering of knowledge, however this required the sharing of personal information including experiences related to coping with difficulties they have had in their lives. To mitigate the risk of discussing adversity causing distress, questions were posed in a positive way and focused on how they coped or overcame the difficulty, as opposed to simply talking about the difficult event. If the discussion difficult for the participant was given the option of ending the interview, taking a break or connecting with appropriate resources (such as their therapist, with their consent), however this did not arise during the interviews. The difficulties of a blurring role between occupational therapist and researcher was acknowledged by the interviewer.

To ensure confidentiality, information was only available to the researcher(s), and all information was kept in a secured location. Individuals who work at the mental health clinic who provided information about the study to participants did not have access to the screening or interview data, nor to information as to whether a participant did or did not contact the researcher. All participants met the study criteria. Confidentiality was protected by using pseudonyms and modifying the participant's information to remove any direct link that may

identify the participants. The issue of power relations was of principle concern (Creswell & Poth, 2018) when recruiting and involving participants. The researcher used non-coercive language and was not in a clinical relationship or knew any of the participants. All of the above concerns were discussed during the formal consent process.

Chapter 5: Findings

This chapter begins with a brief description of each of the participants to understand their unique contributions, experiences within the context of the research and findings, and theories identified by the researcher based on the story told by the participant. Next, epiphanies in the participant's accounts are identified and narratives are summarized by looking at common threads across the stories. The findings and resultant themes and sub-themes are then presented, and quotes are used to provide direct examples.

Description of participants

The participants included four females who met the inclusion and exclusion criteria. A total of six participants contacted the researcher, however one did not arrive to the scheduled interview and the researcher was unable to contact her, and the other participant contacted the researcher following the interview stage of research, when formal analysis of the interviews had already been conducted. Pseudonyms were used to protect their identity. All participants are over 65 years of age and confirmed that they met the inclusion criteria. Below are brief summaries of each participant.

Maya

During the interview with Maya, she shared struggles through her life including the challenges of being a caregiver to an ill spouse, her spouse dying and then being unable to work because of her grief. This then resulted in her becoming homeless, living in her van. She also

described challenges of being a young, unwed mother during the 1960s and was forced to give up her child, and experienced a period of deep depression in which she attempted suicide. Maya also described ways she had coped with these difficulties including asking for guidance from others, realizing her own strength and following her passions. She described how in her life trajectory which has included significant difficulty, that "I lost everything, but the one thing I didn't lose was me". She also reflected that going through struggles had changed her perspective on life that "I'm not wasting my time now". She described how she continues to have struggles in her life, but feels hopeful and that "nothing is a problem, depending on how you look at it". Based on her story, I think that Maya highlighted how maintaining her sense of who she is, her interests and passions have contributed to her resilient ageing and that hitting a very low point allowed her to bounce back and take stock of what is really important to her.

Ada

Ada described many challenges she had faced in her life. She described challenges of being an immigrant moving to Canada from Romania, giving up her career and education, supporting her family and currently supporting her husband who has Parkinson's disease and lives in an assisted living facility, who she visits every day. She described her own health concerns, including macrocytosis, as well as other health issues throughout her life. Ada also described being Jewish and living in Romania as a young girl during the Second World War, and the horrors of this experience still being with her. Her account of her life reflected the personal importance of perspective, determination and having a purpose, no matter what it was. She stated that "I try to see everything optimistic, and be an optimistic person. I may have always

been like that, probably. I kind of saw that I was always pushing and fighting...and that I go to the end of whatever, you know, I planned". Based on her story, I think that Ada highlighted how she always had an innate ability to be optimistic, determined and always make the best of her situation, no matter how hard it is.

Joan

During the interview, Joan described overcoming challenges throughout her life. These included a history of abuse from family members, including her brother and her son, and current legal action against her son regarding renewing a restraining order against him. She also reported struggles with changing health and abilities due to having a stroke as well as age related issues including impaired vision, hearing, strength and mobility. Joan discussed how even though her physical abilities have changed as she has aged, she has always found activities that she enjoys as she stated "I like to be busy" and that "purpose helps me keep going when I know I feel lost". She described activities such as art, learning computer skills, doing some yard work, and attending a seniors program as ways that keep her feeling productive. She also reported that constantly working on herself and learning, such as increasing her self esteem has been important in overcoming difficulties in life. Based on her story, I think that Joan highlighted how being productive, always having something to look forward to and being flexible in the face of changes has contributed to her resilience.

Marie

During the interview, Marie shared her life experiences that have included adversity. She described a long history of depression, growing up with a parent that was very depressed, and having a step daughter commit suicide. Marie also discussed struggling with being a caregiver for her husband following his stroke and using alcohol to cope with the stressors, which then led to a suicide attempt and her reaching out for help. She reported that "there's no way of avoiding difficulties in life, they will happen. And staying in bed, or sitting in the corner doesn't make them go away". She described that in the face of difficulty she thinks "let's do something and practically what can I do?" She described practical strategies such as getting out of bed and getting dressed to feel better. Marie also discussed the importance of having purpose and meaning, and how a common struggle that older adults face is the change in purpose, roles and productivity. Based on her story, Marie highlighted how the value of purpose, action and asking for help is important to resilient ageing.

Epiphanies

Each participant revealed a chronology of unfolding events and epiphanies in their narratives. The specific turning points were different for each participant. It appeared that a significant epiphany for Maya was when she was homeless, living in her van, and a child and his father took her in and showed her compassion. It appeared that this experience allowed her to not only regain her life, but to reflect on the kindness that was shown to her and how she

wanted to use that to show others kindness. Ada appeared to have multiple epiphanies in her story, but that they generally related to a road block being presented in her life, and her consistent dedication towards roles that she deemed important to her, including being a mother and wife, even when it meant sacrificing other things in her life. Joan revealed epiphanies related to two main themes, including the importance of being "busy" and feeling productive, and to noticing when she is being treated poorly and making steps towards a solution to protect herself and better her situation. Marie identified an epiphany where realized she was coping poorly with a challenging situation, and had become reliant on alcohol to cope, but that out of this situation came a second chance to re-evaluate, gain skills and improve her ability to cope.

Summary of the narratives

This section is a summary of the narratives. It is separate from the themes that emerged. Although all four participants were very different in their life experiences, they did have some things in common. They all had been through significant hardship; however, all saw this hardship as an opportunity to learn something – about themselves or the world around them. They also all had personalities that were optimistic, or accepting of struggle, and focused on moving forward as opposed to ruminating about the past and staying stuck in feeling jaded by adversity. All participants also had activities that they enjoyed, seemed to all be lifelong learners, and would challenge themselves in different ways, such as taking a new class or learning a new skill. An interesting similarity was that most of them said directly or indirectly

that they didn't see themselves as resilient people, but that they had just found different ways to cope. They also reported that they have felt differently about challenges at different points in their lives, and that coping with struggle is a constantly evolving process, however they all seemed to have insight, whether intentional or not, about how to bounce back after difficulties in life. Two of the participants identified getting to their lowest points when they attempted suicide, however they both saw the failed attempt as a sign to get better and work on improving themselves or their situation.

Themes

Five themes were derived from the analysis that informed the research question of: How does occupational well-being contribute to resilient ageing in older women with a mental illness? And sub-questions of a) How do older women with a mental illness understand and describe well-being b) How do older women with a mental illness understand resilient ageing c) What past experiences contribute to resilient ageing d) What other factors impact resilient ageing? The five themes that emerged were *doing and connecting, learning from adversity, self growth, personality traits and spirituality*. These themes relate to the main question and sub-questions, and will be explored in detail along with the sub-questions.

Theme 1: Doing and connecting: This theme involved participation in meaningful activities and connecting to a purpose or to others.

All four participants discussed this theme, and the importance of doing and connecting to improving their well-being and resilience as they age. The participants reflected that it was not only important to do "something", but it was important to do something that was personally worthwhile. This included productive, leisure and self care activities. Maya demonstrated the personal nature of how she defines well-being by describing "for me it's just being able to get out of my place, engage with everybody, investigate and explore my community, share myself in volunteering".

The importance of feeling productive and having a purpose was also identified by all of the participants. This included productive activities such as volunteering or the role of being a spouse and caregiver, taking classes to learn new things or selling items on-line. Ada described how when she was working she was "feeling proud about myself and feeling productive....So you cannot really retire you have to do something". With this statement, Ada highlighted that productive activities can change with age. Joan also described the psychological benefits of feeling productive stating that "[working on different projects] keeps my mind working and cope with stress. It gives me a purpose. The purpose helps me to keep going when I know I feel lost". Productive activities that included self care were also identified as important to feeling well, as Marie said "I really believe strongly in that you need to get out, brush your teeth, have a shower, put your makeup on and get going. And you will feel better, and you do". The role of wife, mother, caregiver and supporter of her family was identified by Ada as an important and meaningful productive activity. Although Ada was the only participant that directly identified the importance of her current role within the family, all participants reported the value of

having something meaningful to do and having a purpose, which included productive activities and providing care for others at some point in their lives.

All four participants also identified the importance of leisure interests. Examples included writing, singing, genealogy, knitting, colouring, swimming, yoga, going for coffee with a friend, gardening and painting. The benefits of swimming were described by Ada as "I just love being in the water. It just feels good to go get some exercise and it is relaxing". Marie described the benefits for her of gardening by stating "I love the activity, the manual labor part of it. And that I can get myself into a space where I no longer am thinking about anything else except the bugs and the plants". In all cases, leisure interests changed as the participants aged, due to different factors. However, there were also leisure interests that had been lifelong, even if they had been lost at some point as indicated by Maya of when she started to recover from depression "it's just different to take all my passions back, my passion for music, for writing. And I could start thinking about doing all the things I like".

Connecting and socializing with others was intertwined to participation in activities, often leisure interests. All four participants reported that connecting to others was either an intentional benefit or a by product of engagement in meaningful activities. Ada stated "I play canasta with some other people. It is not something which I can say that I really like, but what I do like about it is the social gathering". Maya indicated that although some things change such as physical abilities making it difficult to connect, she indentified the benefits of her new scooter in allowing her to connect "I'm physically able to get out and do whatever I want and meet people and just interact. And that's affected my mental well-being as well". By contrast,

Marie reported that connecting with others was not an intentional act, and that she doesn't like "being part of formal organized groups, I would never play bridge", but that once she chooses an activity and does meet others, the socialization is an added benefit, but not her intention of the activity. Additionally, two participants, Maya and Joan, identified the importance of not only connecting but also helping others, through volunteering for Maya or when Joan would help someone in need on the accessible transit buckle their seatbelt. Additionally, all of the participants were acutely aware of the challenges with connecting with others as older adults, including death and illness of close friends and family combined with their own health concerns. However, the participants appeared flexible in adjusting how they participate in activities due to such circumstances as Ada stated about her friend "she used to have a very active life and so on. But it's not so nowadays. I go and try to encourage her and we have our date for coffee and cinnamon bun at the bakery".

Embedded within the theme of doing and connecting was the reflection by all four participants that participation in activities changes with age. This phenomenon became a consistent sub-theme across all of the interviews. The contributing factors were identified as physical changes as described by Joan "as I aged, my muscles shrink up, I guess. And you can break something. So I had to give [hiking and skiing] up". Other physical changes such as decreased mobility, poor vision and hearing were also identified as challenges to ageing that can impact participation and well-being. Additional changes with age such as the changing health or death of a spouse also influenced activities done as a couple demonstrated by Marie's statement "my husband and I enjoy to spend time traveling to specific areas but he's had two

strokes so traveling just isn't easy anymore at all". Challenges of reduced finances, difficulty saying no, and not driving were also identified as challenges with age. Another challenge identified was the transition between working and retirement by some of the participants, as highlighted by Marie is that when she retired she had a "loss of purpose... And my job gave me a purpose, a meaning that this is what I do. And when I all, all of a sudden, I wasn't doing this I missed it terribly". However, all of the participants identified the importance of evolving interests and passions that can, and often do, change with age.

Theme 2: Learning from adversity: This theme involved learning from adversity to move forward.

This involved an internal process of reflection, perspective or their way of looking at the situation and finding some meaning in the face of adversity. All four participants identified that learning was a factor in their resilience and well-being. The learning was identified as having perspective, acceptance of struggle, gratitude for what you have and self awareness of struggles. Regarding challenges in life, Maya stated that "you either accept it or you curl up and you don't do anything and you're not going to feel very good". In reflection of going through a difficult time, Maya stated that she learned that "I thought I lost everything but one thing I didn't lose was me". Ada also described accepting that "there have been struggles, and there always have been different struggles of different types. And maybe we don't even realize probably that we are fighting". Marie also identified the acceptance of struggle and the common theme of fighting or persevering "I've had a lot of challenges, but I just assumed everybody else does too. And I was always prepared to fight and always prepared to do it, if I

had to". The power of reflection and learning from past struggles was highlighted by Maya when she said "a lot of times we have to go through those difficult situations to learn about ourselves and to really be so much stronger and so much more willing to look at people going through those experiences in a different way".

Three of the participants identified that learning from struggle was an evolving process that has taken conscious effort to reflect and improve. Regarding this process, Joan reflected that what helps her now is "listening to my intuition, whereas before I would just get angry". Although Ada identified that she had learned many things through struggle, her ability to move forward and learn was not conscious or reflective, but was just something she just did. In comparison, the other three participants appeared to have made conscious learning efforts, whether these were during, shortly after or a long period after the challenging situation.

Theme 3: Self growth: This theme involves the ongoing process of understanding and developing oneself in order to achieve one's fullest potential.

All four participants identified the importance of the process of working towards wellness through working on practical skills in order to promote well-being and cope with adversity. The specific ways they worked on personal skills included asking for help, saying no, practical action/choices, self care, self esteem, and prioritizing one's own health. Regarding practical problem solving, Ada indicated that "there is always a solution. You don't always find it right away". Maya also expressed this sentiment with "I am very analytical, so I will analyze the challenge and figure out, maybe not the easiest way to handle it but the way that it's going to work for me". Marie also stated that when facing struggle, she would "rather confront a

situation, immediately and do something". Marie further advised that "I have always been willing to seek help and be upfront with what I'm thinking".

The individual ways the participants went about integrating these skills was unique to each of them, Joan reported that she "started to put myself first. And notice what brought me enjoyment. And what I can do". She further reflected that "one of the biggest things I have learned, I learned to say, no. I had a right to say no". Maya indicated that coping with stress through relaxation was an important part of well-being, that "listening to my raindrops at night really helps. I have a little sound machine. Yeah, it has waterfalls and raindrops that sound very relaxing". Joan also stated fluid nature of self growth, by stating "the process is always evolving, I am always working on myself". Regarding the ability to work on improving self growth and personal skills, it appeared that for all participants, the process and ability had changed over time. This process seemed to depend on multiple factors including different struggles at different points in time, as well as insight into who they are and what has worked or not worked in the past.

Theme 4: Personality traits: This theme relates to participants expressing the belief that their ability to withstand challenges in life is connected to inherent personality traits which were not learnt.

This theme was discussed by three of the participants. The specific personality traits that were identified included being optimistic, having perseverance or determination, and being a "fighter". The participants postulated that these traits were not something they had worked on or were conscious of, but were perhaps genetic or related to something in their upbringing to

shape how they had coped with adversity. Ada directly stated that "resilience is very individualized and (my optimism) was not deliberate. It must have been in my own genetics". Although Ada indicated that perseverance has been important in coping with adversity, she reported that her way of doing this was more ingrained and less conscious, "I try to see everything optimistic, and be an optimistic person. I may have always been like that, probably". Regarding strategies that have helped her become resilient, Marie offered "I think it's partly family upbringing, too, is that this is your life. This is the life you were given. And this is the life you have to deal with". Maya also related that "I have an inherent strength from my father" which has been able to help her get through difficult times. Both Ada and Marie had stated that they say themselves as "fighters", meaning that they would rise to a challenge and face it head-on.

Theme 5: Spirituality: This theme involves the belief in a higher power or spiritual connection.

This theme was directly identified by two of the participants, as a way that has helped them become resilient and cope with difficult times. Both participants identified that their spirituality has become more personalized with time, and did not always mean going to religious services regularly, but finding other ways to be in touch with their spirituality. Joan identified that when she feels unsure of what to do in a challenging situation, she "asked for guidance to do the right thing", and also related that she had a "guardian angel" when she felt lost. Regarding going to the synagogue, Ada stated that "I find it helpful. It gives me peace of mind". The other two participants did not discuss spirituality, however this theme was not directly asked about during the interviews.

Well-being: Participants were asked to define well-being, as a way to explore how it is defined by them as a sub-theme. All four participants defined well-being as feeling productive in some way. Maya reported it meant getting out and exploring her community or volunteering, Ada described it as feeling productive and proud about herself, Joan reported it is when she is feeling busy and productive, and Marie reported it is when she is working or feeling productive. Maya also identified the importance of both physical and mental health, Joan reported the importance of lifestyle balance, and Marie reported that "well-being doesn't mean everything's okay and totally happy...(it) means kind of an average of everything... and that when those things come up and you can still feel okay cope with it".

How do older women with a mental illness understand resilient ageing, what past experiences or other factors contribute to resilient ageing was also asked as a sub-theme: All of the participants identified that they do not see themselves as resilient people, and that they had either developed strategies to help them cope or had inherent abilities that they had little control over, such as personality traits. However, with further exploration, all of the individuals were able to identify strategies that they had implemented that had assisted them in not only overcoming adversities, but also in becoming resilient individuals. There did appear to be other factors that influenced resilient ageing, including changing abilities with age, as well as a changed perspective with age. They also indicated that resilient ageing is a dynamic process, and that at different times in their lives they have been more or less resilient depending on various factors.

Chapter 6: Discussion

The purpose of this study was to examine the relationship between occupational well-being and resilient ageing in older women with mental illness, as an innovative way to optimize health. The current literature on this topic was lacking. A total of four interviews for this research were conducted. Although this is a small sample size, the researcher was exposed to rich narratives related to the study topic during the interviews. Analysis of the four participant's interviews revealed five key themes – doing and connecting, learning from adversity, self growth, personality traits and spirituality – that contribute to resilient ageing in this group of women. This study revealed that, in this cohort, there is a relationship between occupational well-being and resilient ageing and that meaningful engagement in activities and with people was an important aspect of the process of resilient ageing. The study also revealed the other sub-themes including the challenges faced with ageing, and that this phenomenon is complex and unique to each individual. This chapter will further explore these themes as related to other literature, as well as limitations and implications for occupational therapists.

Warner et al. (2012) identified that individuals interviewed about successful ageing had a vision that remained unchanged and included having something personally meaningful to do and getting out and connecting with others. This supports the finding exemplified in the theme of doing and connecting, which appeared to be the most prominent theme that resulted from this study. Participants in this study confirmed that engagement in meaningful occupations influences well-being as suggested by Whalley Hammell & Iwama (2012). However, the participants further revealed that resilient ageing is complex and includes doing what is

meaningful and important to the individual. Occupational well-being is defined as the meaning and satisfaction that individuals derive from their occupational lives (Doble & Caron Santha, 2008), and was confirmed by this research that occupational well-being does influence resilient ageing. The participants confirmed the element of personal motivations and satisfaction, identified in occupational well-being, as a very important factor in resilient ageing. The ability to maintain or evolve valued participation despite challenging life events through occupational well-being was correlated to be a significant component of resilient ageing in this research. This research showed that occupational well-being, as related to resilient ageing, is diverse and includes participation in activities and with people, active learning from adversity, focus on self growth as well as spiritual pursuits.

Doble and Santha (2008) contended that individuals are more likely to experience occupational well-being when they choose and engage in occupations, and orchestrate their occupational lives in ways that enable them to consistently meet their occupational needs. They further described the seven occupational needs including accomplishment, affirmation, agency, coherence, companionship, pleasure, and renewal. Regarding accomplishment, all participants reported that having something to work on or look forward to was important in their wellness. With respect to affirmation, and development of self worth through occupation, the participants in this study identified improved self worth in activities such as learning something new or giving back and being part of a community in some way. Agency was a significant aspect regarding occupational well-being with these participants. They all indicated that being in charge of their own decisions and life path was important throughout their lives,

but that becoming resilient as they became older this became especially important as roles, priorities and general abilities change. Coherence is obtained when individuals' experiences confirm who they are and what they want to become. This was especially highlighted when participant Maya stressed that having passions and doing what makes you feel excited has been a huge factor in her wellness and resilience. Companionship was also discussed as both an intentional and non-intentional benefit of engagement in enjoyed activities. Pleasure was a need identified by Doble and Santha (2008) that may be increased when individuals give themselves permission to redirect their attention away from stressors and distracters, and immerse themselves in the moment. This was especially true for Ada when she reported that engaging in swimming and feeling the water against her body was something mindful and therapeutic. Renewal also appeared to be an important factor in occupational well-being as identified by these participants, as evidenced that taking time to engage in what individual enjoys, also has a beneficial effect of rejuvenation and coping with stress, which in turn appears to enhance resiliency.

According to Ungar & Liebenberg (2009), in order for individuals to demonstrate resilience they must first be exposed to significant adversity or threat and second, they must achieve positive adaptation despite this adversity. Resilient ageing is the personal growth process an older person endures beyond adversity, in the person's quest toward quality of life (Hicks & Conner, 2014). Interesting revelations were made while exploring the relationship between how, and if, engaging in personally meaningful activities contributes to resilient ageing. All four women were vastly different in their experiences, life trajectories, and

adversities they overcame. However, they displayed commonalities regarding their lessons and insights with respect to what may have contributed to their journey of resilient ageing, as shown by commonalities in the themes. These themes were supported by the model of resilient ageing presented by Hicks and Conner (2014). In this model, life experience, activity and social support are defined as protective factors. In addition, coping, hardiness and self-concept are core attributes of resilient ageing. In this study, doing and connecting and spirituality fit with the protective factors, while learning from adversity, self growth, personality traits reflect resilient ageing core attributes within that model.

Stephens et al. (2015) contended the capability to achieve valued functioning in everyday life is the basis for resilient ageing. Although this was confirmed in this study, it appears to be a much more deeply personal experience than simply achieving valued functioning. The presence of other factors such as learning from adversity, self growth or inherent personality traits appeared to bolster participants' resilience in ageing. Valued activities appeared to change with age, either intentionally or through changing abilities, which may be considered adversity in itself. Learning, self growth and personality traits seem to enable these individuals to make sense of the changes and struggles, and continue on with or explore new personally valued activities. Two overarching, and seemingly opposing themes of successful ageing are self-acceptance and engagement/self-growth (Reichstadt et al., 2010). These themes also align with the findings in this study - that the participants accepted challenges, as opposed to resisting them, and that active engagement in valued activities contributed to their fulfillment and well-being.

The other themes that emerged naturally and were not asked directly about included learning from adversity, self growth, personality traits and spirituality. These themes correlate with other research regarding resilience. Although not explicitly related to occupational therapy, these themes may have important significance for consideration of treatment with individuals with mental illness. This may include a shift in focus to enhance resilience and well-being through learning from adversity, self growth or spirituality as a way to promote health, which is in-line with mental health recovery principles. Although personality traits may or may not be influenced by external factors, and the participants who identified having inherent traits of being a "fighter" in their resilient ageing process, it may be an important consideration in identifying who may benefit more from strategies to enhance resilient ageing, as well as to identify values regarding personality traits that someone has or would like to develop. The participants who identified spirituality as an aspect of their resilience, confirm the importance of this as a consideration for occupational therapists to assess and provide support to ensure they are able to engage in personally valued spiritual occupations, as identified by the individual. Spirituality is at the centre of occupation based models, including the Canadian model of occupational performance and engagement.

In every theme the challenges and changes faced with aging was an important and consistent factor that influenced resilient ageing and aging was also related to a chronology of events over time as the participant's aged. This was explored directly by asking "what are some challenges people can expect as they get older", but also seemed to naturally arise out of many of the other questions presented, for all of the participants. Some of the challenges identified

by participants were losing a spouse, having a spouse with ailing health, changing roles and purpose, or one's own ailing health and the resultant challenges with everyday activities or independence. Often these situations were seen as adversity that the participants overcame. Based on their experiences and reflections, the older adults interviewed offered valuable perspectives on how to overcome struggles and challenges they faced as they aged, and discussed how the emergent themes of learning from adversity and self growth contributed to becoming more resilient. Findings from this study demonstrate that participants saw struggle as an inevitable part of their lives, and instead of dwelling on it were able to both intentionally and unintentionally utilize strategies to cope and become resilient. This is an important finding, as it is inevitable to avoid struggle or challenges for anyone in society, and as we age so does the potential to experience more challenges. However, these participants demonstrated how challenges, even when very difficult and may seem insurmountable, are possible to overcome, with the necessary internal and external resources.

There is much to be learned from older people in our society. They offer many lessons of resilience, determination and strength, despite considerable challenges. The link between occupational well-being and resilient ageing was exhibited in this small, but insightful group of participants. As contended by Doble and Santha (2008) and confirmed in this study, the importance of activities to one's well-being is not simply participating in the activities, but it is crucial that individuals participate in activities they find personally meaningful. This was taken a step farther by one participant, that following her passions, even as they change, was what made her resilient through her life. She further expressed the sentiment that when she was

unable to participate in her passions, her well-being and mental health suffered. The participants displayed that personal strength and resilience had been formed not only despite adversity, but because of it. The findings from this study related to the process of resilient ageing are important not only for health care workers and the clients they work with, but also society as a whole.

Some surprising revelations were that all of the participants reported that they did not seem themselves as resilient; however, all had described experiences that displayed resilient ageing and were seen as resilient through the eyes of this researcher and their clinician that nominated them. It was also interesting that all participants had described challenging situations throughout their lives and had a variety of upbringings and experiences in early childhood, but had all developed a sort of acceptance that life is full of challenges and is simply a part of life, and although may have struggled with the challenge at some point in time, were able all able to utilize strengths to learn from the experience to move forward. Although the researcher was aware of and assumed the impact of changes as one ages prior to this study, it was much more fully appreciated during the study. The participants highlighted how so many things change with age, to the point that one seems to be constantly evolving, in order to maintain wellness. This also highlighted how one can become stuck, resistant to change, and the negative implications that may have on health. However, these participants displayed that an important part of resilient ageing is accepting the inevitability of changes throughout the ageing process and finding new meaning, purpose and abilities throughout those changes, and the benefits this can provide.

Limitations

As the participants were aware of the research question prior to the interviews, both by the recruitment handout and the screening interview, it did appear at times that the participants considered their responses and notions about the topic prior to the interview. This was shown by one participant having prepared her thoughts prior to the interview. In future research, it may be useful to provide a more generic description when introducing the study in order to have less rehearsed or prepared responses to the interview questions as it is possible that knowing the specific topics may have altered their responses. Although, this concern may be buffered by the fact that post interview check-ins were completed, which also gave the participants time post interview to identify and discuss any additional information that they wished to share.

An additional limitation was that this study was focused on individual stories. The semi-structured interview guide was designed to evoke individual stories and experiences of occupational well-being and resilient ageing. The questions did not take into account the collective or community aspects of resilient ageing, and how this may or may not have influenced their abilities to cope with adversity, as opposed to just utilizing individual strategies. Furthermore, the disciplinary background of the researcher was as a western-trained occupational therapist. This training may have made the researcher less aware of the influence of collective resilience and the impact of societal or family supports on the findings.

Considering the complex nature of resilience, many constructs should be considered in the future when collecting and analysing data. One such factor is cultural influences. If we are

to understand pathways to resilience, we will need to find methods of inquiry that open space for the perspectives of individuals from diverse backgrounds (Liebenberg & Ungar, 2009). Interviews should be able to capture the impact of occupational well-being and resilience in context of the individuals' communities and culture. To do this a larger, more diverse population would be needed to determine the impact of cultural differences. Additionally, a sample including older men and individuals with a variety of health concerns, other than mental illness, would also be beneficial to determine similarities and differences of contributing factors in resilient ageing and provide more in depth data. Reflexivity was strengthened by checking the analysis with another researcher, as well as clarifying and reflecting on biases, however reflexivity could have been improved by having additional researchers challenge the analysis.

Implications for Occupational Therapists

The findings of this research offer specific insights to occupational therapists. The vast majority of research related to resilience has been with youth, in order to study developmental pathways to well-being (Liebenber & Ungar, 2009). However, older adults offer a unique, under researched and richly experienced viewpoint to study resilience, and more specifically resilient ageing. Resilient ageing appears to be a complex and unique experience, however, the participants in this study displayed similar themes, including the importance of occupational well-being. These lessons and emergent themes can be translated to any population group as a way to promote resilient ageing throughout the lifespan, not just older adults. The importance of doing and connecting, learning from adversity, self growth, personality traits and spirituality

should be considered when working with individuals as a way to promote resilience and overall health. Occupational therapists are in a unique position to consider and facilitate occupational well-being as a way to promote resilient ageing, improving health outcomes and overall well-being and quality of life for individuals they work with. The findings in this study correlate with Doble and Santha's (2008) suggestion that identifying individual's subjective occupational experiences, beyond simply participation in an activity, should be the central focus of outcomes for occupational therapists, and that this is an important factor in resilient ageing. This provides further evidence of the importance of occupational well-being and resilient ageing as a component of health, and as an outcome, which is important for occupational therapy education as well as clinical practice.

Using a narrative approach to understanding resilient ageing and occupational well-being offers an exciting potential of exploring how to promote a holistic definition and strategy to well-being in older adults. Using the lessons learned in these narratives to guide and inform effective treatment alternatives for older adults with mental illness including ways occupational therapists can utilize an individual's strengths through resilient ageing may result in positive health outcomes. Future research with a focus on further exploration of the themes that emerged with a larger and more diverse population and with different research methodologies is recommended.

Appendix 1

DALHOUSIE UNIVERSITY

CONSENT FORM

Project title: Occupational well-being and resilient ageing in older women with mental illness

Lead researcher:
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Funding provided by: No funding was provided

Introduction

We invite you to take part in a research study being conducted by me, Angela Regino, a student at Dalhousie University as part of my master's of science (post-professional occupational therapy) degree. Choosing whether or not to take part in this research is entirely your choice. There will be no impact on the services you receive if you decide not to participate in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

You should discuss any questions you have about this study with Angela Regino. Please ask as many questions as you like. If you have questions later, please contact the lead researcher.

Purpose and Outline of the Research Study

The purpose of this study is to gather information about how participation in valued and enjoyable activities contributes to resilient ageing in older women with mental illness. Resilient ageing is defined as the process an older person endures beyond struggle, in the person's quest toward quality of life. I will be conducting in person interviews with 3 to 5 people. Your interview will be held at a time and location that is convenient for you. During the interview, you will be asked questions about your participation in activities that you value and how different aspects of your life may have contributed to healthy ageing, despite challenges you may have faced.

Who Can Take Part in the Research Study

You may participate in this study if you are a woman over the age of 65, diagnosed with a mood or anxiety disorder, live independently, and you identify traits of resilience in yourself, such as being able to bounce back after difficult times. You will be excluded from participating if you have dementia, are acutely ill, refuse to be audiotaped, or scored under 18 on the brief resilience scale. A screening activity will include completion of the Brief Resilience Scale to determine suitability to participate in the research.

What You Will Be Asked to Do

You will be asked to participate in reviewing the consent and then one to two 60 to 90 minute in person interview(s). Having one or two interviews will depend on the amount of information you choose to share with me, and to allow more time, if needed. You will be contacted by telephone or email following the interview for clarifications. You will also be contacted by telephone following the study for a summary of the research findings. Any feedback that you provide will be considered relevant and subject to the study.

Possible Benefits, Risks and Discomforts

Participating in the study might not benefit you, but we might learn things that will benefit others.

There are potential risks involved with participation in this study. Firstly, as we may be discussing difficult or emotional topics, it is possible that you may feel upset. To minimize the risk, you have the right to take a break, refuse to answer or stop the interview. If you experience emotional upset from the interview, you are encouraged to contact your mental health clinician with Community Geriatric Mental Health Services. There is a risk that you could be identified as a participant in the study if you are seen meeting with the researcher. To minimize this risk, all efforts will be made to meet in a location and time that is convenient to you. I work at Community Geriatric Mental Health Services as an occupational therapist and mental health clinician, and am a colleague of your mental health team, however your involvement in this study will not be shared with your mental health team.

Compensation / Reimbursement
Participants will not be compensated for their time. However, if a participant chooses to meet at a location that involves paid parking, the parking will be paid for by the researcher.

How your information will be protected:
Steps to ensure your privacy will be taken, including conducting private closed-door interviews where no one else can hear the participant. With your permission, the interview will be audio-taped, but all identifying information will be removed and the interview will only be accessed by the research team named on the consent form. You have the right to request that the audio recorder may be shut off at any time.

No one will know who you are. Your name will be altered by using an ID number so you will not be identifiable in any reports or publications. You will be called within 4 weeks from interview for any necessary clarification and a summary of the findings, which will take approximately 15 to 30 minutes.

Confidentiality will be ensured by storing all collected information on in an encrypted file. The information will be analysed on a password protected computer. All paper information will be stored in a locked cabinet.

We will not disclose any information about your participation in this research to anyone unless compelled to do so by law. That is, in the unlikely event that we witness abuse, or suspect it, we are required to contact authorities, such as the Elder Abuse Response Team.

Information that you provide to us will be kept private. Only the research team at Dalhousie University will have access to this information. We will describe and share our findings in written reports and presentations. We will be very careful to only talk about results so that no one will be identified. This means that ***you will not be identified in any way in our reports***. The people who work with us have an obligation to keep all research information private. Also, we

will use a participant number (not your name) in our written and computer records so that the information we have about you contains no names. All your identifying information will be securely stored. All electronic records will be kept secure in an encrypted computer in addition to password-protection. All of the data, including audio recordings, will be stored for a minimum of 5 years, and possibly longer to be used in potential future research.

If You Decide to Stop Participating

You are free to leave the study at any time. You can withdraw at any time during the interview or by contacting me by phone following the interview at 403-955-6137. There will be no impact on your services at Geriatric Mental Health if you do decide to stop participating, and your mental health team will not have access to any of the information obtained in this research. If you decide to stop participating at any point in the study, you can also decide whether you want any of the information that you have contributed up to that point to be removed or if you will allow us to use that information. You can also decide for up to 1 month if you want us to remove your data. After that time, it will become impossible for us to remove it because it will already be analyzed.

Questions

We are happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact Angela Regino at 403-955-6137, an778328@dal.ca or Cathy White, supervisor, at 902 494-2614, cathy.white@dal.ca at any time with questions, comments, or concerns about the research study (if you are calling long distance, please call collect). We will also tell you if any new information comes up that could affect your decision to participate.

If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca (and reference REB file # 2019-4725).

For questions regarding your rights as a research participant, you may also contact the University of Alberta Research Ethics Office at 780-492-2615.

Signature Page

Project Title: Occupational well-being and resilient ageing in older women with mental illness

Lead Researcher: Angela Regino, Masters of Science (post professional in occupational therapy) degree.

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in a brief screening and 1 to 2 interviews that will occur at a location acceptable to me, and that those interviews will be recorded. I understand direct quotes of things I say may be used without identifying me. I agree to take part in this study. My participation is voluntary and I understand that I am free to withdraw from the study at any time, until 1 month after my interview is completed.

_____	_____	_____
Name	Signature	Date

Appendix 2

Brief Resilience Scale (BRS)

	Please respond to each item by marking <u>one box per row</u>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 2	I have a hard time making it through stressful events.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 3	It does not take me long to recover from a stressful event.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 4	It is hard for me to snap back when something bad happens.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 5	I usually come through difficult times with little trouble.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 6	I tend to take a long time to get over set-backs in my life.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, *15*(3), 194-200.

Appendix 3

Recruitment Email

Dear fellow clinicians,

As part of my Master's of Science in occupational therapy, post-professional degree through the University of Dalhousie, I am completing research for my thesis. The purpose of this research is to explore how meaningful engagement in valued activities contributes to resilient ageing in older women with mental illness. It is hoped that information on this topic will be gained through storytelling from those who experience it.

I am inviting you to nominate a client that meets the following criteria:

(1) women 65 years or older (2) a current diagnosis of a mood disorder (depression, dysthymia or bipolar disorder) or anxiety disorder (3) living in the community independently and (4) traits of resilience (as identified by you).

The following are exclusion criteria: Participants with dementia, or those who are acutely ill, unable to provide informed consent or those who refuse to have the interview audiotaped.

Basically, I am looking to interview clients that you nominate with the above inclusion criteria that you see as resilient people, ones that have been through difficult times but have bounced back. If you have individuals that meet the inclusion criteria and may be interested, please provide them with the attached information which includes details on how they can contact me, if they are interested in participating.

The time requirement will include a telephone screening interview, and 1 to 2 interviews approximately 60 to 90 minutes in length. The interviews will be conducted at a location convenient for the participants.

Please contact me if you have any questions.

Regards,

Angela Regino

Appendix 4

Information for potential candidates

Invitation to Participate in a Research Study

As part of my Master's of Science in occupational therapy, post-professional degree through the University of Dalhousie, I am completing research for my thesis. The purpose of this research is to explore how participation in activities that you find valuable contributes to resilient ageing in older women with mental illness. It is hoped that information on this topic will be gained through storytelling from those who experience it, through interviews. You have been identified as a potential candidate, through your team at Geriatric Mental Health.

The time requirement will include a telephone screening interview to discuss the research further, answer any questions, and determine suitability to participate in the research. This will take approximately 20 to 30 minutes. Following this telephone call, 1 to 2 interviews approximately 60 to 90 minutes in length will be conducted to learn about your personal experience to inform the research. If you become upset during or after the interviews, you will be connected with your mental health therapist, if you are agreeable. The interviews will be conducted at a location convenient for you, such as your home. If we are unable to meet at your home, we can meet at the Sheldon M. Chumir Health Centre. If you choose to meet at the health centre, your parking will be paid for. Unfortunately there are no financial incentives for participating. Interviews will be audio recorded.

If you are interested in participating or have questions, please contact me at 403-955-6137.

Regards,
Angela Regino

Appendix 5

Screening Telephone Call Script

Once individuals have called the researcher with interest in participating in the study, the following script will be used to screen candidate to participate in the study.

Hello, thank you for your interest in this study. My name is Angela Regino, I am a student in the master's of science in occupational therapy program at Dalhousie University. The purpose of this research is to explore how meaningful participation in valued activities contributes to resilient ageing in older women with mental illness. The study will involve meeting with me between 1 to 2 times, approximately 60 to 90 minutes each time, to review and obtain your consent to participate in the study, and complete an interview to hear your perspectives on how participating in activities you value may have influenced resilient ageing in your own life. The number of interviews will depend on the amount of information you choose to share with me, and although the questions may be able to be answered in one meeting, two meetings may be required if we run out of time.

You can withdraw from the study at any time, you are in no way obligated to participate and your participation will not influence your treatment at Geriatric Mental Health Services. Your mental health team will not be advised of your choice to participate or not participate.

These sessions will be conducted in a location that is convenient for you, such as your home or our office at the Sheldon M. Chumir Health Centre. If you choose to meet at our office, your parking will be paid for. There are no other financial incentives available.

Do you have any questions at this time?

If you are interested in participating, I will need to ask you a few questions to ensure you meet the criteria to participate and then complete the brief resilience scale. What is your mental health diagnosis? Have you ever been diagnosed with dementia or cognitive impairment? Do you agree to have the interviews audiotaped? We will now go through the Brief Resilience Scale to determine how you see your resilience.

Thank you, I look forward to meeting with you.

Appendix 6

Semi-Structured Interview Guide

Thank you for agreeing to participate. The purpose of this research is to explore how meaningful engagement in valued activities contributes to resilient ageing in older adults with mental illness. Through this interview, it is hoped that information on this topic will be gained through the eyes of those who experience it. There are no right or wrong answers to these questions, and I am interested in learning more about you and specifically, how you have managed through difficult times.

1. Tell me about a time when you were experiencing well-being – feeling good about yourself and your abilities broadly and as defined by you. What was going on at that time?

2. What does well-being mean for you?
    a. Do you think that how you define well-being has changed at different times of your life? In what way?

3. What types of activities do you consider important for your well-being?
    a. Tell me more about how those activities contribute to your well-being
    b. How are social activities important in your wellness?
    c. Have these activities changed throughout your life?

4. How does participation in these activities impact the way you look at yourself?
    a. How do you view yourself?

5. How does participation in these activities impact your ability to withstand high levels of stress or other challenges in life?

6. What are some challenges a person can expect as they get older?

7. Please describe a very difficult situation that you were exposed to and overcame
    a. What personally made this situation difficult for you?
    b. When did this happen?

8. What helped you overcome this difficult time?
    a. What coping skills did you have at the time and how did you obtain them? Were these effective?
    b. Upon reflection, what tools did you need or what would have been helpful at the time?
    c. If you were exposed to this situation again, would you do anything different?

9. In what ways did overcoming this situation change how you view challenges in life?
    a. Did the change in your viewpoints happen quickly or was it a slower, gradual process?
    b. How have you been able to integrate learning from this situation into future experiences?

10. How does learning from life experiences, such as the one you described, impact your health or well-being?

11. Do you have anything else you would like to tell me?

Thank you for participating

References

Adams, K. B., Leibbrandt, S., & Moon, H. (2011). A critical review of the literature on social and leisure activity and wellbeing in later life. *Ageing and Society, 31*(4), 683-712. doi:10.1017/S0144686X10001091

Aldrich, R. M. (2011). A review and critique of well-being in occupational therapy and occupational science. *Scandinavian Journal of Occupational Therapy,18*(2), 93-100. doi:10.3109/11038121003615327

Bauer, J., McAdams, D., & Pals, J. (2006). Narrative identity and eudaimonic well-being. *Journal of Happiness Studies, 9*(1), 81-104.

Beckette Warner, C., Restorick Roberts, A., Bohne Jeanblanc, A., & Betts Adams, K. (2017). Coping resources, loneliness and depressive symptoms of older women with chronic illness. *Journal of Applied Gernontology, 38(3)*, 295-322.

Brown, C. (2017). *The evidence-based practitioner : Applying research to meet client needs*. Philadelphia: F.A. Davis Company.

Canadian Mental Health Association (CMHA). (2020). Positive Mental Health and Well-being. Retrieved from https://ontario.cmha.ca/documents/positive-mental-health-and-well-being/

Cooper, H. (2012) *APA Handbook of Research Methods in Psychology: Vol 2, Research Designs.* The American Psychological Association.

Creswell, J., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Los Angeles: SAGE.

Deegan, P. E. (2005). The importance of personal medicine: A qualitative study of resilience in people with psychiatric disabilities. *Scandinavian Journal of Public Health. Supplement, 66*, 29. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/16214720

DePoy, E., & Gitlin, L. (2011). *Introduction to research: Understanding and applying multiple strategies;* (4th ed.). Toronto: Elsevier-Mosby.

DiCicco-Bloom, B., & Crabtree, B. (2006). The qualitative research interview; *Medical Education, 40*, 314-321.

Doble, S. E., & Santha, J. C. (2008). Occupational well-being: Rethinking occupational therapy outcomes. *Canadian Journal of Occupational Therapy, 75*(3), 184-190. doi:10.1177/000841740807500310

Domajnko, B., & Pahor, M. (2015). Health within limitations: Qualitative study of the social aspects of resilience in old age. *Ageing International, 40*(2), 187-200. doi:10.1007/s12126-014-9201-3

Fullen, M. C., & Gorby, S. R. (2016). Reframing resilience: Pilot evaluation of a program to promote resilience in marginalized older adults. *Educational Gerontology, 42*(9), 660-671. doi:10.1080/03601277.2016.1205409

Greenlagh, T. (2016). Cultural contexts of health: the use of narrative research in the health sector. Copenhagen: *WHO Regional Office for Europe, Health Evidence Network (HEN) synthesis report 49.*

Hammell, K. W. (2001). Using qualitative research to inform the client-centred evidence-based practice of occupational therapy. *The British Journal of Occupational Therapy, 64*(5), 228-234. doi:10.1177/030802260106400504

Hammell, K. R. W. (2014). Belonging, occupation, and human well-being: An exploration. *Canadian Journal of Occupational Therapy. Revue Canadienne D'Ergotherapie, 81*(1), 39. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24783487

Hammell, K. R. W., & Iwama, M. K. (2012). Well-being and occupational rights: An imperative for critical occupational therapy. *Scandinavian Journal of Occupational Therapy, 19*(5), 385-394. doi:10.3109/11038128.2011.611821

Hammell, K. W. (2017). Opportunities for well-being: The right to occupational engagement. *Canadian Journal of Occupational Therapy, 84*(4-5), 209-222. doi:10.1177/0008417417734831

Harris, P. B. (2008). Another wrinkle in the debate about successful ageing: The undervalued concept of resilience and the lived experience of dementia. *International Journal of Ageing & Human Development, 67*(1), 43–61.

Hayman, K. J., Kerse, N., & Consedine, N. S. (2017). Resilience in context: The special case of advanced age. *Aging & Mental Health, 21*(6), 577-585. doi:10.1080/13607863.2016.1196336

Hayward, C., & Taylor, J. (2011). Eudaimonic well-being: Its importance and relevance to occupational therapy for humanity. *Occupational Therapy International, 18*(3), 133-141. doi:10.1002/oti.316

Hicks, M. M., & Conner, N. E. (2014). Resilient ageing: A concept analysis. *Journal of Advanced Nursing, 70*(4), 744-755. doi:10.1111/jan.12226

Hill, C., Gill, T., Taylor, A., Daly, A., Grande, E., & Adams, R. (2007). Psychological factors and quality of life in arthritis: A population-based study. *Clinical Rheumatology, 26*(7), 1049-1054. doi:10.1007/s10067-006-0439-3

Jeste, D. V., Savla, G. N., Thompson, W. K., Vahia, I. V., Glorioso, D. K., Martin, A. S. & Depp, C. A. (2013). Association between older age and more successful aging: Critical role of resilience and depression. *American Journal of Psychiatry, 170*(2), 188-196. doi:10.1176/appi.ajp.2012.12030386

Johansson, A., & Björklund, A. (2016). The impact of occupational therapy and lifestyle interventions on older persons' health, well-being, and occupational adaptation. *Scandinavian Journal of Occupational Therapy, 23*(3), 207-219. doi:10.3109/11038128.2015.1093544

Knopf, O. (1975). *Successful aging*. New York: Viking Press.

Krefting, L. (1991). Rigour in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy, 45(3),* 214-222.

Kyriazos, T. A., Stalikas, A., Prassa, K., Galanakis, M., Yotsidi, V., & Lakioti, A. (2018). Psychometric evidence of the brief resilience scale (BRS) and modeling distinctiveness of resilience from depression and stress. *Psychology, 9*(7), 1828-1857. doi:10.4236/psych.2018.97107

Lal, S., Ungar, M., Leggo, C., Malla, A., Frankish, J., & Suto, M. J. (2013). Well-being and engagement in valued activities: Experiences of young people with psychosis. *OTJR: Occupation, Participation and Health, 33*(4), 190-197. doi:10.3928/15394492-20130912-02

Law, M., & McColl, Mary Ann. (2010). *Interventions, effects, and outcomes in occupational therapy : Adults and older adults*. Thorofare, NJ: Slack.

Law, M., Steinwender, S., & Leclair, L. (1998). Occupation health and well-being. *Canadian Journal of Occupational Therapy, 65(2)*, 81-91.

Liebenberg, L. & Ungar, M. (2009). *Researching resilience*. Toronto, ON: University of Toronto Press.

MacCourt, P., Wilson, K., Tourigny-Rivard, M. (2011). *Guidelines for comprehensive mental health services for older adults in Canada*. Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca

Matuska, K. M., & Christiansen, C. H. (2008). A proposed model of lifestyle balance. *Journal of Occupational Science, 15*(1), 9-19. doi:10.1080/14427591.2008.9686602

Matuska, K., Giles-Heinz, A., Flinn, N., Neighbor, M., & Bass-Haugen, J. (2003). Outcomes of a pilot occupational therapy wellness program for older adults. *The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association, 57*(2), 220-224. doi:10.5014/ajot.57.2.220

McDaniel, S. A., 1946. (1986). *Canada's aging population*. Canada: Retrieved from http://catalog.hathitrust.org/Record/000596488

Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, Alberta:

Milbourn, B., McNamara, B., & Buchanan, A. (2017). A qualitative study of occupational well-being for people with severe mental illness. *Scandinavian Journal of Occupational Therapy, 24*(4), 269-280. doi:10.1080/11038128.2016.1241824

Nilsson, I., Lundgren, A. S., & Liliequist, M. (2012). Occupational well-being among the very old. *Journal of Occupational Science, 19*(2), 115-126. doi:10.1080/14427591.2011.595894

Pentland, W., & McColl, M. A. (2008). Occupational integrity: Another perspective on “Life balance”. *Canadian Journal of Occupational Therapy, 75*(3), 135-138. doi:10.1177/000841740807500304

Piskur, B., Kinebanian, A., & Josephsson, S. (2002). Occupation and well-being: A study of some Slovenian people's experiences of engagement in occupation in relation to well-being; *Scandinavian Journal of Occupational Therapy, 9*(2), 63-70.

Reichstadt, J., Sengupta, G., Depp, C., Palinkas,L., & Jeste, D. (2010). Older adults' perspectives on successful aging: Qualitative interviews. *American Journal of Geriatric Psychiatry, 18*(7), 567-575. doi:10.1097/JGP.0b013e3181e040bb

Resnick, B. (2014). Resilience in older adults. *Topics in Geriatric Rehabilitation, 30*(3), 155-163. doi:10.1097/TGR.0000000000000024

Rowe, J. W., & Kahn, R. L. (2015). Successful aging 2.0: Conceptual expansions for the 21st century. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 70*(4), 593-596. doi:10.1093/geronb/gbv025

Rubin, H.J, Rubin, I.S. (2011). *Qualitative interviewing: The art of hearing data.* Sage Publications.

Rubin, Herbert J. Rubin, Irene S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). London, UK: SAGE.

Slade, M. (2010). Mental illness and well-being: The central importance of positive psychology and recovery approaches. *BMC Health Services Research,10*(1), 26. doi:10.1186/1472-6963-10-26

Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S. & Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011 to 2041*. Toronto, ON: Risk Analytica, on behalf of the Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/MHCC_Report_Base_Case_FINAL_ENG_0_0.pdf

Smith, B., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194-200. doi:10.1080/10705500802222972

Stanley, M., & Cheek, J. (2003). Well-being and older people: A review of the literature. *Canadian Journal of Occupational Therapy, 70*(1), 51-59. doi:10.1177/000841740307000107

Statistics Canada. (2018). Statistics Canada, seniors. Retrieved from https://www150.statcan.gc.ca/n1/pub/11-402-x/2011000/chap/seniors-aines/seniors-aines-eng.htm

Stephens, C., Breheny, M., & Mansvelt, J. (2015). Healthy ageing from the perspective of older people: A capability approach to resilience. *Psychology & Health, 30*(6), 715-731. doi:10.1080/08870446.2014.904862

Sterling, E., von Esenwein, S., Tucker, S., Fricks, L., & Druss, B. (2010). Integrating wellness, recovery, and self-management for mental health consumers. *Community Mental Health Journal, 46*(2), 130-138. doi:10.1007/s10597-009-9276-6

Sutton, D. J., Hocking, C. S., & Smythe, L. A. (2012). A phenomenological study of occupational engagement in recovery from mental illness. *Canadian Journal of Occupational Therapy, 79*(3), 142-150. doi:10.2182/cjot.2012.79.3.3

Townsend, E. P., H. (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation (2nd ed.)*. Ottawa, ON: CAOT Publications ACE.

Van der Geest, S., Von Faber, M and Sadler, E. (2010). *Shifting meanings of successful ageing-anthropological reflections. In Successful ageing, spirituality and meaning.* Titus Brandsma Institute.

Van Wormer, K. S. & Besthorn, F. H. (2011). *Human behavior and the social environment, macro level: Groups, communities, and organizations;* (2nd ed.). New York: Oxford University Press.

Warner, G., Doble, S. E., & Hutchinson, S. L. (2012). Successful aging in transition: Contemplating new realities. *World Leisure Journal, 54*(3), 255-268. doi:10.1080/04419057.2012.702455

Weinblatt, N., & Avrech-Bar, M. (2001). Postmodernism and its application to the field of occupational therapy. *Canadian Journal of Occupational Therapy,68*(3), 164-170. doi:10.1177/000841740106800305

WFOT. (2010). *Statement on occupational therapy*. Retrieved from http://www.wfot.org/AboutUs/AboutOccupationalTherapy/DefinitionofOccupationalTherapy.aspx

Wilcock, A. A. (2006). * an occupational perspective of health * (2nd ed.). Thorofare, NJ: SLACK.

Wilson, D. S., Gillion, M. S. & Rees, P.J. (2007). Original paper. *International Journal of Clinical Practice, 61*(12), 2005. doi:10.1111/j.1742-1241.2007.01593.x

Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes, 9*(1), 8. doi:10.1186/1477-7525-9-8

World Health Organization. (2014). Mental health: A state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en/

World Health Organization. (2018). Promotion of mental well-being. Retrieved from http://www.searo.who.int/entity/mental_health/promotion-of-mental-well-being/en/

World Health Organization. (2020). Gender and women's health. Retrieved from https://www.who.int/mental_health/prevention/genderwomen/en/