Older women often describe themselves as well in spite of being objectively in poor health. Such a view of self as resilient can sustain women through the process of becoming older. Drawing on recent research, I discuss how a sense of resilience in later life may be informed by memories of loss and coping in the past. Through selective memories, women informants constructed a story of coping, one that provided a buffer against the challenges of ageing, including deleterious changes in health status. The concept of 'resilient ageing' is contrasted with that of 'successful ageing', with the former providing a way of understanding how an older woman can come to view herself as well in spite of illness or disability. In contrast to the reductionism of the concept of successful ageing, resilient ageing enriches the understanding of the complexity of later life and the wisdom that can accompany that understanding.
ences — or the ways women draw on those experiences — may produce 'a resilient self' in later life. Thinking and feeling about oneself as resilient may make one relatively immune from the impact of life changes, including objective and deleterious changes in health status. What, for example, buffers some older women against those losses said to be precursors of poorer mental health in later life (Reker 1997; Smyer 1995), such as the loss of significant others?

Temperley (2001: 50) argues that a repeated reconciling with loss throughout life confers an 'emotional maturity' in later life, a maturity that cannot be simply equated with 'successful ageing'. I will return to my criticism of the rhetoric of successful ageing later in this discussion. First, I describe research conducted with older women in order to elucidate how they draw on past experiences to reconcile with ageing. In this research, described in more detail elsewhere (Gattuso 2002), I put two questions to the women I interviewed, asking them to tell me about their experience of becoming an older woman and to describe how they saw their past lives as connected to that experience. In asking these questions, I was influenced by concerns about ageing and feminine subjectivity expressed by Simone de Beauvoir (1977) in her autobiography All said and done:

I am a woman, and I wished to throw light upon the woman's lot; I was on the threshold of old age, and I wished to know the bounds and the nature of the aged state.

In much gerontological research, gender appears as a statistical variable rather than in terms of a gendered analysis, ignoring the qualitative differences in women's experiences compared to those of men and the qualitative differences among women, including women of different ages. Research has begun to examine issues relevant to older women more critically, drawing on qualitative methodologies. Yet these approaches are still under-utilised in gerontological research. Recent qualitative research is evident in collections such as those edited by Poole and Feldman (1999). As important as this research is, however, the fundamental questions posed by de Beauvoir concerning what it means for a woman to be ageing and how that is related to feminine subjectivity remain fruitful for exploration.

THE RESEARCH OUTLINED

Following arguments that fifty is a turning point for women in the awareness that they are becoming old (Heilbrun 1990; Pretat 1994) I recruited eight women over the age of fifty (six were in their seventies) and eight under fifty (seven were in their forties). Since marital status and living arrangement are also significant in the lived experience of older women (O'Bryant and Nocera 1985), these were also varied. Seven of the women were married, three divorced or separated, three had never married, and three were widows. Half lived alone. Their income sources varied, with seven on pensions, five in employment, and four relying on private incomes.

In order to encourage women to participate in the research, I approached women who were known to me through my various roles as an educator. Six had been participants in a community education program for seniors that I had facilitated. Three participants had been students of mine at university. Three participants had been informants in previous research about the meaning of home (Gattuso 1996). Four participants I had met through my work as a lecturer. At the time of the interviews all the participants could be characterised as acquaintances. I knew them well enough to guess that they might be articulate on the topics to be addressed in the research. I interviewed each woman in depth in her own home, usually on more than one occasion, and personally transcribed the material. In response to my open
questions, the women constructed narrative accounts.

Following Miles and Huberman (1984), analysis involved the identification of clear, discriminating analytical elements and the description of relationships between these elements. Analytical elements are categories used as key items of analysis. Interpretation is reflexive; the validity claims of the text are seen in the light of concerns shared by the interpreter. In this way, a different account from the original narratives, though grounded in them, is articulated. Initial themes associated with each narrative were identified. Critical analysis involved developing analytical categories in order to interpret emerging themes, a process known as theoretical coding (Strauss and Corbin 1990). Finally, extracts from narratives were chosen to illustrate emerging themes and analytic categories. As in all qualitative research, there is no intention of generalising findings to populations. Instead, the findings point to a phenomenon that enhances understanding of the paradox of the assertion of wellness in the context of objectively poor health.

From the initial categorising of the narratives, through the development of thematic constructs, then to the superordinate analysis connecting analytical elements and weaving them into a coherent account, there is an increasing distancing from and a greater interpretive reading of the narratives. This raises questions about the validity of my analysis. Different texts discuss the issue of how to deal with validity in narrative analysis; Kitzinger and Wilkinson (1997), for example, discuss strategies used in feminist research. However, I could not draw on a distinct canon of practice. While I provide an audit trail, I ultimately take responsibility for the interpretation, following Riessman’s (1993: 67) view that ‘...in the final analysis, the work is ours’. Josselson (1995: 32) also makes this point, arguing that the researcher’s task is to write ‘a superordinate narrative’ that encompasses the original texts. Before going on to discuss the relation between resilience and wellness, an interpretation based on those texts, I return to my criticism of the concept of successful ageing in order to distinguish this term from the concept of resilient ageing.

SUCCESSFUL AGEING

The term ‘successful ageing’ has increasing currency in the way we view old age, which impacts on how we view healthy ageing and the provision of health services for older people. Gingold (1999: 11) sees successful ageing as aspirational, associated with an ‘elderly elite’. The successful agers are ‘robust individuals who remain physically, mentally and socially active’ and who are determined to remain independent and control their future.

While the discourse of successful ageing is an important counter to representations of ageing as decline, it puts new pressures on older people to conform to a way of ageing that denies its values and its complexity, its mix of gains and losses. There are potential changes unique to ageing as part of the life course, changes that are undervalued in successful ageing discourse and denied in the rhetoric about agelessness (Chopra 1993). With enough time, determination and resources, the message insists, agelessness can be achieved. Yet, as Tulle-Winton (1999: 297) points out, successful ageing is not about actually achieving agelessness but involves the old person shielding us from ‘the sight of his/her mental or physical decrepitude’, adding: At the present time old age becomes a difficult label to apply to oneself because it is caught up in a network of images and pronouncements which the call to age successfully forbids one to identify with.

In much discourse on successful ageing, there is little or no appreciation of becoming old as a new way of being, that ageing can confer a sense of wellness growing from a kind of wisdom that prizes endurance and acceptance, rather than being founded in objective indicators of health. As such, becoming old involves a
transformation of subjectivity, one that "requires shielding from notions of correct or "successful ageing" imposed by the (largely hos­tile) social milieu' (Biggs 1999: 81). The rhetoric of successful ageing or agelessness denies the wisdom that age may bring in spite of vulnera­bility and frailty. To misunderstand this is to have a limited and limiting view of wellness in later life.

RESILIENT AGEING

In contrast to the reductionism inherent in descriptions of successful ageing, the women participating in the research outlined above described a more complex balancing of the pains and pleasures associated with becoming older. Throughout their narratives the women stressed that, while 'bad things' happened in the past (Wanda), they faced these with courage and resourcefulness. Joy - recalling her troubled childhood, unhappy marriage and 'break­downs' - pointed out: 'The things that have happened to me in my life are the things that have made me the person I am'. Mary referred to the 'wisdom' that comes from having 'lived a life', in spite of or perhaps because it is a life in which she experienced many privations.

Connie actively engaged in a re-assessment of the past as a way of understanding becoming older:

When I look back at some of the things that have happened, maybe that's part of my soul. So when you get to a certain point in your life and can look back, you can see. There's an old hymn, *Sometime we'll understand*, and sometimes we do understand if we live long enough and look back far enough. The reason for it, that was meant to be. It's part of your growth, and if you didn't have it you'd stay the same and you can't.

There are parallels between her stoicism in facing increasing frailty as she ages and the courage she has often needed throughout her life. The past and the present are connected psychologically through her sense of herself as strong, her belief that she is 'made of steel'. One of her memories is of enduring a serious illness in her youth:

In my late adolescence, when I was engaged to be married, I contracted tuberculosis. I was admitted to Heatherton sanatorium. It was a place where girls turned their face to the wall and died when the men they had been in love with rejected them because of the illness, when fear of contagion turned people with tuberculosis into outcasts. It was pretty soul destroying. Not that it bothered me in that I didn't think I was like that, but everybody tells you you're like that. Nobody wants to sit near you. You're catching, so the first time I went home on the bus I sat right down the back of the bus away from people. I wanted to hide in the corner before people made me hide away. I put the fence around me. I wasn't going to have anyone moving away from me. I moved away.

We can read 'soul' in Connie's accounts as central to a narrative of self as enduring and eternal, one that is deconstructed through 'soul destroying' experiences of loss, such as that in the sanatorium, and reconstructed through a process of 'soul making', of recreating a self that accommodates to ageing. In linking past experiences of loss and coping to present challenges to her health such as her increasing frailty, she creates a sense of self as resilient.

Coming to terms with ageing has involved a transformation in subjectivity, a becoming wise, which Connie described as follows:

There's a mellowness that comes with ageing and a kindness, and you learn to be kinder to other people that you would have judged more harshly. Because you're looking from another perspective. And you can see the frailty that is there in everybody but that you deny when you're young, pretend it's not there.

Sonia, too, reflected on how she has learnt to be resilient. She described how, as she ages, she is experiencing a second childhood - a metaphor for renewal - ironically drawing on a pejorative description of old age and subverting it:

Sometimes I'm resentful of people who have happy childhood memories but as a very dear friend said when she was accused of having a second child-

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Yes and it beats the first one hands down. In some ways being a mature person is to make the best out of a trauma. They're going to happen somewhere and the earliest you can convert them into good experiences the better off you're going to be. Be nice if they didn't happen quite so early but it did and that's how it was.

Her accommodation to ageing is in the context of memories of a childhood of emotional privation and physical and sexual abuse:

I was regularly beaten as a child, and remember my mother's violence. You either did what you were told to do or you took the punishment for it. Physically and emotionally... [There] was this whole thing of not being good enough, never ever doing enough. My mother's proudest moments were when someone would come up to her and say, how wonderful to see a woman with six such well-behaved children, it's fantastic. There was another side to the story however, one which would have you turning in your bed at night and not feeling easy about it at all.

Sonia's narratives exemplify that cyclical process of loss and coping throughout life referred to earlier as emotional maturity, but which Sonia described as wisdom:

For me part of the process of being a wise old woman is to look back on one's life and use all those experiences as learning. I suppose in reflecting on a lot of things that have happened to me, and having been through some quite powerful and traumatic things that have happened to me, and having come through them I have this clear image of myself as a survivor.

This quality of making the best out of hardship is reflected also in Pat's narrative of the loss of her home, the house she and her husband had struggled a lifetime to own. She remembered its being destroyed by fire. She recalled how she scratched around in the ashes after the fire brigade had gone, searching for remnants, things tied to precious memories, with the tears running down her face:

I don't know what kept me going. You've just got to keep on going. Just like the fruit on a tree, the apples grow again. And the wattles. They say life wasn't meant to be easy don't they?

Poor all her life, she goes over the elements of her life story: a deserted father, a grieving mother, the drowning of two siblings, difficult births, the death of her own daughter when that daughter was in her twenties, widowhood. The image of the wattle with which Pat identifies is a potent symbol of renewal following adversity. The wattle tree regenerates following its burning in a bushfire when it casts its seeds to create new life in the ashes; left untested by fire the wattle seed becomes weakened and dies before it can pass on its legacy of renewed life.

Wanda made explicit the way that the women's memories of a past loss can serve purposes of reconciling with ageing through an affirmation of self as resilient. She is talking about her childhood but anticipating future challenges to her sense of self as coping:

I also learned to value my own company, as I was often alone. Being alone was something I learnt to accept. I can cope with just about anything that life dishes out because I had a lot dished out to me over the years.

Wanda's mother, a widowed Scottish immigrant, worked as a live-in servant at a time when childcare was severely limited. While physically located near her mother in her place of work, Wanda spent long periods by herself. She describes how her sense of self was transformed through this experience, how she became someone who accepted being alone and who can cope with whatever might come along as she ages.

Implications drawn from the findings

Repetition of the themes of loss and coping in the narratives suggest a talismanic purpose behind the telling. Butler (1963) observed that life review helped older people maintain a sense of being invulnerable. Comments such as the
following support the view that, in looking at the past through the lens of ageing, the women found strength, even a sense of invulnerability. Sue remarked that she ‘can deal with most things that are thrown at (her)’. Connie said, ‘I don’t break’. Sonia observed: ‘I’m as invulnerable as I like to think I am. There’s a spiritual dimension to that. I believe I’m a person that heals’.

What function do the women’s narratives of the past serve? In reviewing their lives from the perspective of being a woman growing older, the women spoke of experiencing deprivation and limitations, and of being physically and emotionally vulnerable. Deprivation narratives referred, for example, to experiencing poverty and self-denial, limitation narratives to compromises in desires relating to gendered social constraints, and vulnerability narratives to enduring abuse and violence. From my reading of these narratives, a reading discussed in more detail elsewhere (Gattuso 2002), I argue that these memories serve psychological processes that sustain a resilient self in later life. The women’s reminiscences of struggle and survival are not simply historical narratives but reassurances of their ability to maintain an integrity of being in the face of the changes associated with ageing, of their capacity to manage adversity. The turn to the past is a constructive process, since the past is ‘re-memoried’, a term used by Conway (1990). Life review is an active, reflexive process of deconstruction and reconstruction. Therefore, reminiscences can be interpreted as selective memories, generated in response to contemporary motivations.

The women’s reminiscences of courage and endurance provide them with an affirming story to live by as they age, one in which they blend personal experience and draw, consciously or unconsciously, on cultural stories that are seen as valid ways of representing women’s lives. Many of the narratives in this study can be read as exemplifying a triumph-over-adversity parable, in which themes of loss and coping are central. The narratives of loss, resilience and renewal form a kind of safety net for dealing with the challenge of change, by providing a thread of continuity between the there-and-then and the here-and-now.

Re-telling parables of triumph over adversity reassures the women that, even though they are experiencing or imagine experiencing in the future, adversity associated with ageing, they will find ways to deal with this that are constructive, that maintain a positive sense of self. Therefore, I interpret the narratives as partly cultural but as also serving profound psychological purposes, though of course these are not strictly speaking mutually exclusive. Such narratives facilitate that reconciliation with ageing and mortality, which Waters (1995) argues is essential to wellness in later life.

CONCLUSION

In this discussion, I have highlighted the strategic use of memories of loss and coping in the construction or reaffirmation of a resilient self. Given such a view of self, an older woman can come to refer to herself as well, in spite of illness or disability. Wellness itself is a construct, one that is differently construed at different points in the life course. In the research on which this discussion is based, sixteen women have described the different ways they understand and come to terms with the ageing transition.

For these women, drawing on experiences of loss and coping in the past affirmed a sense of self as resilient. I have described this as a process of becoming a wise old woman and drawn a distinction between the concept of resilient ageing, which values qualities such as courage in the face of frailty, and successful ageing, which seems to deny the more challenging experiences of later life. Understanding and valuing older women’s capacities, their strengths, can inform a more gender-sensitive health practice, one that does not set up objectives based on a repressive insistence on agelessness but that
acknowledges older women's resilience while supporting their vulnerabilities.

References
Byles, Julie (1999) 'Over the hill and picking up speed: older women of the Australian Longitudinal Study of Women's Health' Australian journal on ageing, 18, Supplement: 55–62.
Kitzinger, Celia and Wilkinson, Sue (1997) 'Validating women's experience: dilemmas in feminist research' Feminism and psychology 7: 566–574.