Chinese older adults' resilience to the loneliness of living alone: A qualitative study

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Abstract

Objectives: The purpose of this study was to investigate resilience factors that help Chinese older adults living alone cope with senses of loneliness.

Method: Qualitative in-depth interviews were conducted on 13 older adults living alone in the community who did not show severe loneliness. Trained research assistants conducted interviews guided by semi-structured interview guidelines. The analysis followed a five-step interpretive approach.

Results: The primary theme of resilience was found in cognitive competence, self and personality, and social relationships. The secondary theme of resilience showed a relationship orientation, emphasizing a family-focused, relationship-oriented life, which is in line with Chinese culture.

Conclusion: This study demonstrated that family-oriented and relation-focused resilience at the cognitive, self and personality, and social relations levels played significant roles in helping the Chinese older adults overcome their high risk of loneliness. Develop and maintain dynamic daily rhythms that can integrate family-oriented and relation-focused coping strategies at the cognitive and social levels are recommended.

Key words: resilience, loneliness, living alone, family-oriented, relation-focused

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Introduction

Feelings of loneliness bring down older adults' quality of life, including decreased life satisfaction, increased health service utilization, and increased risk of mental illness (Chou & Chi, 2005; Golden et al., 2009; Luanaigh & Lawlor, 2008). According to Weiss's (1973) classic definition, loneliness consists of both social and emotional dimensions, which are inevitably affected by cultural context (Beal, 2006; Gierveld, 1998; Victor, Grenade, & Boldy, 2005). Researchers have argued that recent social and economic development in China is associated with an increasing trend of loneliness in a traditional cultural context that emphasizes family relationships and social cohesion (Yang & Victor, 2008). Moreover, Chinese older adults are said to suffer from more devastating impact of loneliness (Goodwin, Cook, & Yung, 2001).

One of the key risk factors of loneliness for older adults is living alone. Weiss (1973) argued that living alone not only decreases accessibility of social connections and social integration, but also interpersonal communications and mutual support opportunities for a sense of reliable attachment. Even though Chinese older adults are less likely to live alone than their counterparts in the United States and European countries (United Nations Department of Economic and Social Affairs Population Division, 2005), recent estimates have shown an increase due to social development (Yang & Victor, 2008). Although living alone in China may reflect improvements in quality of housing and alternative living arrangement choices, it is important to examine how Chinese older adults who live alone can avoid feeling lonely amidst the change. We argue that it is important to study the loneliness of people living alone from a resilience perspective, in which protective factors of loneliness can be understood from a reverse-capacity perspective.

Living alone in Chinese culture

In Chinese tradition, the most preferred peaceful life in one's old age is to live with the family of one's children (in particular a son's family) and enjoy a multi-generational family life. With such a family-centered life, family members of different ages can achieve exchange and integration; and they can also develop a sense of belonging and attachment. Traditional Chinese culture socializes the filial responsibility of the younger generation, which conveys an expectation that children take physical and psychological care of their parents when their parents become old and frail. However, changes on values toward filial responsibility and expectations toward family were observed in the context of the changing nature of Chinese societies (Chow, 2009).

However, the current cohort of Chinese older people is still strongly attached to cultural traditions. Studies have reported that an inclination to family traditions is positively associated with life satisfaction and negatively associated with depressive symptoms among Chinese older adults (Lou, Chi, & Mjelde-Mossey, 2008; Mjelde-Mossey, Chi, & Lou, 2006). It is not culturally desired or expected for Chinese older adults to live alone. On the contrary, living alone has more of a negative stigma in Chinese communities than in Western communities (So, 2008) and a stronger association with loneliness (Chi & Chow, 1997; Chou & Chi, 2000; Yeh & Lo, 2004). Therefore, it is reasonably clear that living alone is and will be a potential risk for the current and future cohorts of Chinese older adults.

Because living alone has been an inevitable trend among Chinese due to social development and children's choices after achieving higher quality of life, it is therefore worthwhile to study the protective factors of older adults living alone. Previous studies in non-Chinese populations have found that people living alone do not necessarily feel lonely

(Andersson, 1998). Since risk factors for loneliness have cultural implications, culture should also affect protective factors. This study aimed to examine resilience in a specific culture – Chinese culture. For example, one of the most famous sociologists of Chinese society, Fei claimed that Chinese people think of themselves as being surrounded by a series of network circles produced by their own family origin, life experiences, and/or established kinship through marriage or adoption (Fei, Hamilton, & Wong, 1992). Therefore, people can obtain help in their daily life and when under threats. Under a socialization process that emphasizes establishing and maintaining series of surrounding social networks, Chinese people tend to develop interdependent self constructs that stress interdependence, collective well-being, and relationships within and beyond kinships (Singelis, 1994). An old Chinese proverb "rely on parents at home; rely on friends when away from home (*Zai Jia Kao Fumu, Chu Wai Kao Peng You*)" vividly reveals coping strategies socialized in the Chinese cultural context.

Resilience to loneliness among Chinese older adults living alone

Based on a critique of commonly used theories in loneliness studies (such as the existential, cognitive, psychodynamic, and interactionist theories), Routasalo and Pitkala (2003) concluded that the theories were not specific to old age or later life. Routasalo and Pitkala argued that, most often, these studies on loneliness among older adults were atheoretical. Subsequently, Routasalo and Pitkala expanded the interactionist approach and developed a schematic model of loneliness for older adults arguing that loneliness is a function of interactions between personal characteristics, resources, and life events. This framework took a broader interaction perspective by understanding loneliness among older adults not only from a static perspective, but also from a developmental view of personality and life events. Studies on loneliness experiences, coping

resources, and intervention evaluation supported the validity of the framework (Eloranta, Routasalo, & Arve, 2008; Pitkala, Routasalo, Kautiainen, & Tilvis, 2009; Stanley et al., 2010).

Moreover, the framework also allowed researchers to examine variables under each factor in a specific social cultural context. Therefore, the present study focused on resources, especially resilience to social and emotional loneliness among Chinese older adults living alone in the community. *Resilience* refers to the idea that individuals can develop without significant manifestation of negative outcomes, despite the existence of risk factors in their life environment (Staudinger, Marsiske, & Baltes, 1993). According to a lifespan developmental perspective on resilience in late life, resilience can be identified in three sources - cognitive, self and personality, and social relations (Staudinger, Marsiske, & Baltes, 1995). The present study was based on a framework of resilience to loneliness by integrating an expanded interaction perspective on loneliness with a lifespan developmental perspective on resilience in late life (Figure 1).

[insert Figure 1 about here]

Method

Participants

In order to achieve the objective discussed above, the present study used purposeful sampling. Living alone is considered to be a risk factor for loneliness, so for older adults to live alone but not feel lonely implies that they have reverse capacity or resilience to loneliness. Thirteen community-dwelling older adults living alone (8 females and 5 males) were successfully recruited by using the following inclusion criteria: (1) aged 60 or above; (2) living alone in the community; (3) cognitively intact as screened by Mini-Mental State Examination (MMSE; Chiu, Lee, Chung, & Kwong, 1994); (4) no record of substance abuse or of anti-psychotic or anti-depressant medication; (5) in the past two weeks not often alone for more than

9 hours or longer daily, which is an objective indicator of loneliness (Wong & Lou, 2008); and (6) not feeling severe loneliness as assessed by the De Jong Gierveld Loneliness Scale Chinese version (a score below 6) (de Jong & van Tilburg, 2006; Leung, de Jong, & Lam, 2008). In the present study, this scale had satisfactory reliability, as indicated by a Cronbach's alpha of .63.

On average, participants were aged 75.5, ranging from 62 to 88 years old. Their experience of living alone lasted from 2 to more than 20 years. Except for one woman who did not have children, the remaining 12 had children and/or grandchildren living separately. Their health conditions varied: two reported themselves as healthy; four were living with chronic diseases such as hypertension, diabetes, heart disease, and/or arthritis; three reported pain; and four suffered from fragility due to hearing impairment, visual impairment, and/or walking difficulties. Hence, the health status and family composition of the participants showed that they were not homogeneous.

The criterion of saturation was used to determine the sample size. *Saturation* refers to a circumstance when information is repeated in the data so many times that the research team finds that no extra valuable interpretation could be generated. In other words, the research team could basically anticipate the results if more groups and/or interviews were to be conducted (Marshall & Rossman, 2010). In the proposed study, saturation of data was defined as a circumstance during data collection and analysis when comparing two consecutive in-depth interviews, which revealed no new second-level themes with reference to a previous in-depth interview. Two research team members were responsible for determining saturation independently until both felt saturation was achieved. In this study, the 13 interviews satisfied the criterion of saturation. This study was approved by the Human Research Ethics Committee for Non-Clinical faculties of The University of Hong Kong.

Procedure

The interviewees were recruited from community elderly centers in Hong Kong scattered in four randomly selected municipality areas out of 18. In Hong Kong, community elderly centers provide Support Teams for the Elderly, a standardized service that targets elders associated with risk factors (most often living alone in the community) and helps them live actively in the community. Potential interviewees were initially screened by the above criteria and referred by social workers from the Support Teams at various community centers. Potential interviewees were contacted first via telephone by a trained research assistant to explain the study and make an appointment for a visit. Interviews were carried out one on one with each older adult in his/her own home. Semi-structured interviews were conducted based on an open approach. Open-ended questions were developed based on resilient coping strategies for social and emotional loneliness (Table 1). During the interview process, follow-up questions in response to participants' answers were actively applied under each topic question. Full written consent was collected before the interview. Each interview lasted 45 to 60 minutes.

[Insert Table 1 about here]

Data analysis

An interpretive (hermeneutic) approach was used to examine how Chinese older adults living alone successfully coped with risk of loneliness in their daily lives. As suggested by the interpretive approach, data analysis went through three stages, with pre-understanding, interpretation, and understanding as central elements (Alvesson & Skoldberg, 2009). The process of identification of themes was guided by the pre-understanding of resilience to loneliness in a Chinese context, which referred to family-oriented and relationship-focused coping strategies at cognitive, self and personality, and social relations levels. However, even though pre-

understanding—knowledge before meeting the interviewees—was thought to be important and helpful in the process, researchers in the present study tried to keep a balance between pre-understanding and the possibility of a new understanding from the data.

Guided by the interpretive approach, data analysis was carried out in five steps (Alvesson & Skoldberg, 2009; Willis, Willis, Jost, & Nilakanta, 2007). In the first step, the interview situation was analyzed and interpreted based on the interviewer's field notes and the interview process. In step two, audio recordings were transcribed verbatim. That was followed by an initial coding of the content. In step three, the researcher read the data to identify general themes and then read it again to identify primary themes. Under each primary theme, secondary themes were then identified in step four. In the last step, the researchers read the data again to identify basic themes that could support secondary themes. In the end, the researchers interpreted and discussed the data against theory and prior studies. Reliability verification strategies including recruiting appropriate sample according to the selection criterion, concurrently collecting and analyzing data until sample saturation, and theory driven pre-understanding of the phenomenon were adopted in the research process (Morse et al., 2002).

Findings and discussion

Primary, secondary, and basic themes of resilience coping with loneliness from the interviews are presented in Table 2.

[Insert Table 2 about here]

Cognitive resilience

Cognitive resilience was found to have cognitive pragmatics and everyday competence, as suggested by Staudinger and his colleagues (1995). But this study also found additional

features composed of family-orientation and relation-focus themes. When it came to living alone, with interviewees experiencing the opposite of normative cultural expectations, interviewees accepted that reality and transformed the experiences into perceived benefits for their families. Such transformation was cultural salient and represented the collective spirit of Chinese culture, even in the case of living alone. One interviewee revealed that living separately from a married daughter could bring "freedom" to her daughter and avoid potential conflicts with her son-in-law:

"I don't know whether my son-in-law would like to live with me or not. Maybe he likes me today; but who knows what will happen tomorrow" [Female, 77 years old, living alone for five years after her spouse passed away and children moved out after marriages, has chronic pain and cataracts].

It was very common among interviewees that their decision to live alone was for the sake of the extended family:

"I prefer to live alone regardless of the fact that there is a social expectation to live with children. I feel that I have different values and perceptions as compared to my children. Living separately could avoid conflicts" [Male, 88 years old, has lived alone for 10 years after his spouse moved to a residential facility, in a wheelchair].

Nevertheless, living with children is such a deep-rooted Chinese cultural expectation that interviewees took specific strategies to adapt to this reality of living alone. Their strategies included, but were not limited to, adjusting expectations toward family members and downward comparisons with people who were more "miserable" in their eyes. One 79-year-old man said:

"Now I have limited expectations toward my children. We had tea gatherings several times a year. I feel satisfied. They are all very busy and have their own

life" [Male, 79 years old, has lived alone for approximately 10 years since his

spouse passed away, has heart disease and asthma].

Another interviewee revealed that:

"I am happy with this [living alone]. There are a lot of older adults like me, many

of whom are more miserable than me" [Female, 72 years old, has lived alone for

three years since her spouse passed away, has hearing deficits].

Regarding everyday competence, the interviewees had to carry out daily problem-solving tasks by themselves, ranging from household chores, budgeting, cleaning, shopping, and home repairs. Compared to those living with others, the interviewees definitely practiced their problem-solving skills more frequently and intensively in daily life. Therefore, they took pride in their self-perceived competence. One 68-year-old female was proud of herself and said with a confident and joyful voice:

"I take care of myself everyday—going to market, preparing meals, doing

household chores. Sometimes, I play majiang with friends…over ten years"

[Female, 68 years old, has lived alone for more than 10 years since her spouse

passed away, has chronic pain and cataracts].

Since interviewees fully understood and accepted that they had to live on their own, they showed a very well-developed action plan for handling daily tasks and potentially relevant life events. While physical sickness was their most anticipated life crisis, they had a prioritized list of contact people in their mind for when they run into trouble. They also had developed contingency plans. One 83-year-old man said:

"I take care of my daily living by myself, including visiting doctors and taking

medications [i.e., prepare them every evening and putting them on the table]. If I

have serious health problems, I will contact social workers from the elderly

center for help" [Male, 83 years old, has lived alone for seven years since divorce,

his children live outside of Hong Kong, has diabetes, rheumatism, and eye

problems].

Self and personality resilience

While interdependence is more common among Chinese (Singelis, 1994), interviewees showed their wisdom to transform such cultural interdependence into a new perspective of, "If I take good care of myself, I will be able to trigger less trouble for my family members, so I feel better, and it is really necessary to take good care of myself." Under this general perspective, interviewees developed adaptive self-management strategies, including selecting and prioritizing life goals toward their own "family," and living for the sake of their extended family. Therefore, it was legitimate for them to set life goals that closely related to their own life instead of that of their family, children, and relatives. One 65-year-old female said:

"I can take care of myself. My children are all independent on their own (having

jobs and family). I don't bother my children with my problems; and I feel very

satisfied with this" [Female, 65 years old, has lived alone for three years after

her spouse moved to residential facility, has hearing problems].

At the same time, they learned to be very sensitive to their own emotional experience. Often they chose not to disclose any negative feelings with family members in order to maintain harmonious relationships and avoid feeling like a troublemaker. Interviewees would take immediate actions to relieve their negative mood when they were aware that they felt lonely, sad, or depressed. One 75-year-old woman said:

"When I feel lonely, I go out to have a walk. I will also schedule my daytime for social engagements. For example, visiting the elderly center to observe people, navigating on the Internet [although she doesn't know how to use computers], listening to Cantonese opera, singing Cantonese opera, and etc." [Female, 75 years old, has lived alone for two years since her spouse passed away, has chronic pain].

Another interviewee, a 62-year-old man indicated:

"When I feel lonely, I will go out to visit the flower market nearby or do some window shopping in the nearby mall. I love watching DVDs or TV series and films, which can relax myself and often bring me into laughing" [Male, 62 years old, separated from his spouse, has lived alone for more than 10 years, healthy].

All interviewees showed an open and accommodating personality. They tended to show positive evaluation on their life and affirmed themselves that their lives were much better if compared to when they were young (e.g., wars, Cultural Revolution, living in temporary housing, no government welfare, etc.). They were fully aware that life had limitations and they had to schedule their everyday life on their own and many took time to nurture their interests or find new hobbies. These activities were also found most often in the form of social interactions and communication. For example, they would play majiang, sing Cantonese opera, travel with peer groups (usually organized by elderly centers or local organizations), sing songs, do household repairs, collect old stuff (e.g., radios and clocks), and walk. By doing so, they did not only "kill" time, but they also experienced meaningful social engagement, sharing burdens and reinforcing a collective social identity (within a community).

Social networking and companionship

It is true that Chinese tend to differentiate social relationships between kin and non-kin. Even though family is a core network source, there is always a socializing process in one's life that emphasizes establishing and maintaining a social network with non-kin in the Chinese social context (Bond, 1996). In this context, interviewees regarded their life circumstances as "semi-home" and "semi-outside," which motivated them to put dual efforts into keeping harmonious relationships with family members on the one hand and maintaining relationships with people outside of their family on the other hand. Interviewees tried their very best to develop and maintain good relationships with everyone, such as family members, exercise peers, tea-gathering peers, people they met at the park, and social workers at the elderly center. Interviewees all kept frequent contacts with other people and reinforced positive experiences during social contacts. As a 75-year-old female said:

> *"I have regular morning exercise with three peers. We meet almost every day, chatting and sharing. It often brings us a lot of joy. After morning exercise, I can join the tea-gathering group if I want" [Female, 75 years old, has lived alone for two years since her spouse passed away, has chronic pain].*

Interviewees were fully aware of different boundaries of what to talk about, how to talk, and when to talk when interacting with people from different networks, which is a life-long accumulated wisdom and would be expected to be more mature during the late-life developmental stage. It is critically important to maintain a harmonious social circle and also avoid bringing shame or disgrace to one's family. A 79-year-old woman said:

> *"You know that some part of yourself cannot be shared with others, especially family matters. Even if you share, other people will not be able to understand you or rumors will spread. I fully understand this point [that some parts can be*

shared, but some parts can't]" [Female, 79 years old, separated from her spouse,
has lived alone for more than 20 years, has hearing problems and is a cancer
survivor].

This pattern of communication is not unique among Chinese older adults living alone; it could be thought of as a general observation of Chinese life. Interviewees living alone knew very well that they could not live a fully family-oriented life, so they actively (though sometimes implicitly) searched for and maintained social engagements with people from diverse backgrounds, such as neighbors, peers doing morning exercise together, and peers playing *majiang* together. However, they learned how to keep a certain distance away from fully disclosing everything to others. Though they lived alone, Chinese older adults still thought of family reputation as centrally important.

A relationship-oriented resilience model in a Chinese context

Resilience to senses of loneliness among Chinese older adults living alone exhibited itself in cognitive, self and personality, and social networking aspects that is shaped by interactions between personal factors, resilience resources, and life events – this is in-line with the pre-understanding as hypothesized by the lifespan resilience approach and expanded interactionist loneliness model (Routasalo & Pitkala, 2004; Staudinger et al., 1993). Most often, interviewees experienced life events such as death of spouses, separation with spouses, spouses moving to residential homes due to health deterioration, or children moving out, before they started living alone. Afterwards, interviewees began to use their existing resilience resources or establish new resilience resources to prevent senses of loneliness. The unique contribution of the current study was that, in addition to verifying the three aspects of resilience resources, the findings of this

study suggested a cultural specific model - relationship-oriented resilience to senses of loneliness in a Chinese context. Specifically, the findings revealed three unique cultural influences that would be elaborated below.

First, older adults who showed resilience to feeling extremely lonely under such disadvantaged circumstances (i.e., living alone) successfully linked their behaviors (e.g., taking care of themselves) with intended benefits for the family (e.g., enhancing family harmony, avoiding family conflict, and reducing family burden). By such a linkage, older adults who lived alone obtained a legitimate status in their family, even though they had to live separately. The Chinese society in Hong Kong has been experienced changes including downsized household, lowered fertility, and more open-minded to individual-oriented family values by younger generation (Chow, 2009). Under such a social context, living alone older adults who were resilience to loneliness seemed to achieve a balance between their desire to adhere to Chinese tradition and the reality change (Lou, Chi, & Mjelde-Mossey, 2008; Mjelde-Mossey, Chi, & Lou, 2006).

Second, the self-management strategies that the interviewees used were largely relationally focused; in other words, it was self-management for the sake of collective well-being, which enhanced their collective self-esteem. Among Chinese, collective self-esteem, rather than individual self-esteem, is positively related to psychological well-being and negatively related to psychological distress (Zhang, 2005). Third, mutual benefit from social networks has always been an important life concern in Chinese culture. It is reasonable to believe that Chinese older adults living alone become even more engaged in maintaining such networks, especially to avoid feeling depressed (Lin & Wang, 2011). Network relationships from different circles serve diversified functions that correspond to different life contexts, depending on the availability of

resources and influence (Fei, Hamilton, & Wang, 1992). According to normative expectations, an older adult would have a strong and close kinship network and comparatively weak and loose non-kinship networks. In the case of older adults living alone, it seems to suggest that older adults put comparatively equal importance on kinship and non-kinship networks - if not more importance on non-kinship networks.

This study showed that non-kinship social networks were particularly important to the Chinese older adults interviewed. Most of the interviewees lived alone after their spouses had passed away. Losing significant others who had lived with them for decades, in addition to violating the cultural expectation that older people live together with children, had produced tremendous distress to these elders. Thus, the interviewees built on resilience against distress and loneliness by vigorous social engagement in different activities. Maintaining an active social network was considerably important in combating loneliness and the negative experience of living alone (Andersson, 1998; Lin & Wang, 2011), enhancing life satisfaction, and keeping the elders from constantly ruminating on their departed significant others (Cappeliez, O'Rourke, & Chaudhury, 2005).   The vigorous social engagement also functioned to keep the elders physically and psychologically healthy. Through daily morning exercise groups, tea-gathering groups, or hobby groups, older adults living alone successfully engaged in diversified network circles where each member is expected to benefit from informational, social, and emotional support (Golden et al., 2009). In addition, they became more energized and psychologically fulfilled after participating in daily morning exercises (Lee & Hung, 2011; Windle, Hughes, Linck, Russell, & Woods, 2010).

Limitations

The present study has several limitations. First, there was a selection bias when the research team tried to recruit interviewees through social workers at local community centers. By and large, the most active and easiest-to-approach participants were referred to the research team. The coping strategies adapted by these active and not-so-severely lonely participants may or may not generalize to other older adults living alone due to differences in personality and social resources. However, since the focus of the study was resilience to loneliness, such a positive bias could plant a foundation for further studies. Second, the study was conducted in Hong Kong, which is a Chinese community but has a long history of colonization by the British. Future studies should focus on Chinese people from different social contexts, such as Mainland China or overseas Chinese. Last but not least, the fact that interviewees were only interviewed once could be a limitation. It would be better if a longitudinal qualitative design could be used, so that interview data could reflect changes across time and context instead of retrospective recall.

Conclusion

In this study, older adults used culturally divined resilience resources to help them achieve psychological well-being in disadvantaged life circumstances - living alone. These resilience resources can be summarized as attempts to legitimize living alone as a benefit to family well-being, closely linking self-management behavior to the benefit of other family members and proactively joining different social networks for mutual help and support. Social workers in community centers must be aware that living alone is culturally defined as unfavorable and potentially disadvantaging. To reframe living alone with a cultural pre-interpretation is important. In this study, one of the cultural pre-interpretations is that living alone could enhance family well-being, which can be shared with older adults with children living in

the same city or area. For older adults with no children living in the same city or area, further studies are needed. Also, it is important to understand motivational factors that enhance active self-management including setting life goals and priority, emotional awareness, and management. Of course sometimes management could lead to self-suppression of negative feelings and the avoidance of help-seeking from others, which was reported by previous studies of Chinese older adults suffering from mental distress (Kung, 2003). Fortunately, a previous study also found that caring about family members could transform into a help-seeking motivation among Chinese people (Abe-Kim, Takeuchi, & Hwang, 2002). It is suggested to encourage older adults living alone to develop multiple networks for development with consideration on their preferences (Andersson, 1998; Lin & Wang, 2011). If people rely heavily on one network, they may inevitably run into the negative side of social relationships (e.g., families, although beneficial, are also often sources of conflict; Stafford et al., 2011). Therefore, multiple circles of relationships might be a better choice to let people get the most benefit from relationship networks. In sum, a relation-focused approach to understanding resilience coping among Chinese older adults (such as enhancing collective self-esteem) can perhaps best characterize how coping occurs and what forms it take when people can no longer meet cultural and traditional expectations. Future studies should look into how Chinese older adults utilize their non-kin social resources to cope with loneliness.

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Table 1

Interview guideline

	Topic questions / follow-up questions
1.	Would you please share with me activities you engaged in a typical day in the past seven days? - Daily routine - Perceptions on living alone - Feelings toward living alone - Expectations on living arrangement
2.	Would you please share with me your social life? - Recent social life - Past social life (young, adulthood) - When and why choose to live alone
3.	How do you adapt to and cope with your current life condition (e.g., living alone)? - Perception - Personality and self - Social relations - Invite to illustrate by real life experiences
4.	Would you please share with me about yourself? - Family of origin - Education - Marital status and children - Health status - Values toward family - Financial status

Table 2

Primary, secondary, and basic themes

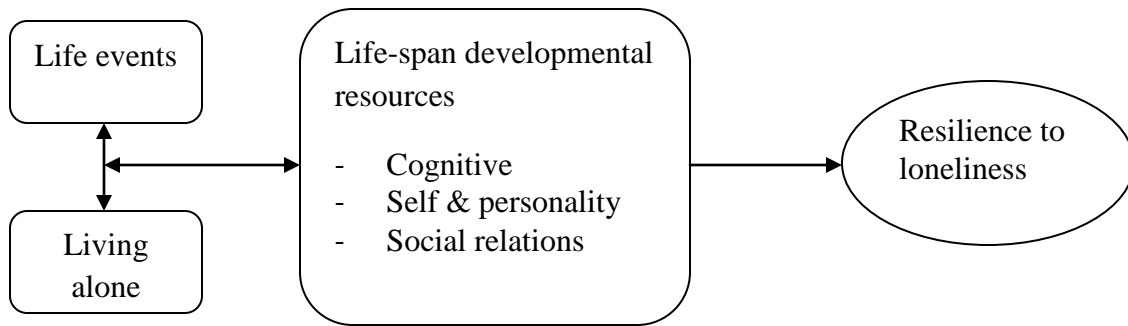| Primary themes	Secondary themes	Basic themes

Cognitive resilience	Cognitive pragmatics	• Re-framing reality
		  ■ Adjust expectations toward family
		  ■ Downward comparison
		  ■ Perceived benefits for their families

	Everyday competence	• Practice problem-solving skills frequently • Well-developed action for handling daily tasks and potentially relevant life events

Self and personality	Interdependent self	• Self-management (rely on self for the sake of the extended family)
		  ■ Select life goals and priorities
		  ■ Emotional management

	Open and accommodating	• Keep interests/hobbies (meaningful engagement) • Life time comparison

Social relations	Social affiliation	• Mutual beneficial from the relationship network
		  ■ Affiliate with community center and/or other groups
		  ■ Stable social contact
		  ■ Frequency of contact

	Social companionship	• Positive experiences in social contacts • Differentiated communication pattern with diversified groups
Life events	Childhood Adults Old age	• Widowed • Separated • Spouse moved to residential facilities • Children moved out

Figure 1 Conceptual Framework