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Facing being on shaky ground:

Exploring the concept of courage through older adults' experiences of the Canterbury earthquakes

Nicola Anne Weld

Abstract

Courage has remained an elusive concept to define despite having been in the English lexicon for hundreds of years. The Canterbury earthquake sequence that began in 2010 provided a unique context in which to undertake research that would contribute to further conceptualisation of courage. This qualitative study was undertaken in Christchurch, New Zealand, with adults over the age of 70 who experienced the Canterbury earthquakes and continued to live in the Canterbury region. The population group was chosen because it is an under researched group in post-disaster environments, and one that offers valuable insights because of members' length and breadth of life experiences, and likely reminiscent and reflective life stage. A constructivist grounded theory approach was utilised, with data collected through semi-structured focus groups and individual key informant interviews. The common adverse experience of the participants initially discussed was the earthquakes, which was followed by exploration of courage in their other lived experiences. Through an inductive process of data analysis, conceptual categories were identified, which when further analysed and integrated, contributed to a definition of courage. The definition was subsequently discussed with social work professionals who had remained working in the Canterbury region after experiencing the earthquakes. From the examples and the actions described within these, a process model was developed to support the application of courage. The model includes five steps: recognising an adverse situation, making a conscious decision to act, accessing sources of motivation, mastering emotion and taking action. Defining and utilising courage can help people to face adversity associated with everyday life and ultimately supports self-actualisation and self-development. Recommendations from the study include teaching about courage within social work education, utilising the process model within supervision, intentionally involving older adults in emergency management planning and developing specific social work tasks in hospital settings following a disaster.

Acknowledgments

With love to my father, Reg Weld, who showed courage through to the end of his life and gave me a lived experience of my research.

With love and heartfelt thanks to my mother, Iris Weld, and my partner, Susan Millington, who supported, encouraged and stood by me on this journey.

My deepest gratitude and appreciation to the older adult participants, whose wisdom gave rise to the conceptualisation of courage from this study.

My sincere thanks to the social worker participants for taking part in this study, and for their courageous service during the Canterbury earthquakes.

To my doctoral supervisors, Professor Christa Fouché and Professor Liz Beddoe, thank you so much for your advice, guidance, support and wisdom; it has been invaluable.

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Chapter 1. Introduction

Background

The concept of courage has been discussed throughout history, predominantly in the domains of psychology and philosophy. The early exploration of courage can be seen in the work of the philosopher Aristotle, where courage is identified as a virtue. A Latin translation for courage is virtus, again suggesting a virtue or a character trait. In terms of being a virtue, courage is described as a quality to aspire to, and to some degree an attribute that ultimately supports individual and collective good. Asarian (1981), in his seminal dissertation on the psychology of courage, notes that courage is 'the facing of common uncertainties and pressures with uncommon dignity and resolve' (p. 212). This could be likened to addressing life challenges rather than avoiding them and doing so in a committed manner that supports self-worth and respect.

Traditionally, two dimensions of courage tend to be defined – moral and physical (Lopez, O'Byrne, & Petersen, 2003; Tillich, 1952/1966), and Putnam (1997) adds psychological courage. Much has been written about examples of moral courage, in which individuals or groups defy public opinion or belief to take up a position based on a strong moral compulsion. Mackenzie (1962) provides a number of examples of moral courage, which emphasise integrity and a motivation to stand against popular opinion.

Examples of physical courage, when people have risked their lives to help others or to fulfil a goal of some kind, are also highlighted throughout the literature. Physical acts of courage tend to contain a degree of bodily risk and overcoming fear to help another. Examples provided are often from the military and armed services, when a person has risked his or her life for an individual or group. Goud (2005) notes that 'physical courage may deteriorate over time while moral courage tends to strengthen' (p. 110), perhaps recognising ageing as a stage when physical capacity can become reduced over time while core values and morals become clearer.

It has been more recently recognised that developing further knowledge about courage can potentially assist people to face adverse life events and to make sense of how one responds or reacts to these. Howard and Alipour (2014) comment that 'despite the limited research,

the concept of courage is important in understanding human behaviour in general, and it also has important implications for understanding behavioural treatments for anxiety disorders' (p. 213). Adverse events can occur at individual and also group and community levels, with the latter most often associated with a disaster of some kind (either natural or generated by humans such as technological disasters or terrorist attacks) that causes widespread disruption and destruction.

In Aotearoa, New Zealand, on 4 September 2010 at 4.30am, a 7.1 magnitude earthquake struck Darfield, a small town in Canterbury, 40 km west of Christchurch, New Zealand's second most populated city. No lives were lost; however, basic services such as roads and power and water were disrupted, and buildings were damaged. Some people experienced minor to moderate injuries. On 22 February 2011, a 6.3 magnitude earthquake of shallower depth struck at the centre of Christchurch at 12.51pm. In this earthquake, 185 people lost their lives, and many others were injured, and the city sustained severe damage to buildings, houses and infrastructure. Over the following three years, over 13,000 aftershocks would occur in the Canterbury region, creating ongoing stress and difficulty for those who remained in the city. These events known as the Canterbury earthquake sequence (or the Canterbury earthquakes) had far-reaching effects for the region and wider New Zealand. The earthquakes prompted one of the 'largest movements of population since the Second World War' (Ministry of Health [MOH], 2016, p. 18), due to many people choosing to leave the Canterbury region. Many people relocated to other parts of New Zealand, and businesses that could no longer operate in the central city relocated or were closed.

As with similar disasters, many people in the Canterbury region experienced acute trauma: the reaction to an often sudden, time-limited, potentially traumatic event that significantly affects daily functioning and results in distress. A defining aspect of traumatic experiences is the sense of normal coping mechanisms being 'overwhelmed' and difficulty processing what has happened (Tumarkin, 2005, p. 11). These types of events can result in post-traumatic stress disorder symptoms, including intrusive memories, heightened arousal responses, avoidance of possible triggers and changes in mood (American Psychiatric Association, 2013). Galea, Nandi, and Vlahov (2005) note that post-traumatic stress

disorder is the 'most commonly studied and probably the most frequent and debilitating psychological disorder that occurs after traumatic events and disasters' (p. 78).

Acute traumatic events can disrupt people's sense of place, and their known experiences of the world can be 'effectively shattered' (Tumarkin, 2005, p. 11). The overwhelming nature of trauma can lead to serious consequences for well-being – spiritually, physically, emotionally and mentally. People may require additional assistance to process the overload of sensory information that accompanies the traumatic event. In Canterbury, these impacts of trauma were ongoing, and people expressed significant disruption to their lives, continuing threat and future uncertainty. Despite these trauma impacts, people remained in the region, some through choice and others because they could not easily relocate.

While a disaster such as an earthquake provides an obvious large-scale event that affects many people, facing other life challenges such as a serious health diagnosis can also make the foundation on which people build their lives metaphorically shaky or less stable. Tumarkin (2007) comments, 'We do not need extreme situations for the connection between care and courage to assert itself and to flourish' (p. 91), and suggests that there can be 'unheroic and unspectacular courage', which is less about visible actions directed towards another (p. 5). Asarian (1981) supports this idea, noting that 'the subjects were ordinary people in ordinary situations who became extraordinary through their willingness to take up the challenge before them' and that 'courage is not a phenomenon reserved for the gods and super heroes' (pp. 212–213). The Canterbury earthquakes were a series of devastating events that caused adversity and disruption; however, unexpected individual life events can result in similar experiences.

Motivations for the study

Definition and practice application

Within philosophy and psychology, courage is recognised as lacking an agreed definition. In response to the question 'What is courage?', Rate (2010) notes that 'from the Ancient Greeks and Chinese sages to present day philosophers and psychologists, scholars have wrestled with this question … there is no consensus definition of courage' (p. 55). The absence of an agreed definition is also commented on by Pury and Lopez (2010) in their statement 'Although courage is a universal virtue, it lacks a universally agreed upon

definition' (p. 229); they also suggest that 'the crucial work of developing a consensus definition continues' (p. 234). Being able to define a concept enables it to be observed, measured, and enacted. A definition provides clarity as to what something means and how it is distinct from other phenomena. Contributing to further defining and conceptualising of courage, therefore, became the overall focus of this study.

Another motivating reason to contribute to the definition and conceptualisation of courage was the expressed lack of attention to it within psychology and other social sciences as a counter to negative responses to life events. This is reflected in in Silke's (2004) comment that 'psychological research on courage is patchy. This is perhaps strange since the discipline's research on the closely related areas of fear and anxiety are quite intensive' (p. 183). The lack of attention to courage as a counter to anxiety is also observed by Pury and Lopez (2010), who comment, 'It is understood why people succumb to fear, yet little is known about how people rise to the occasion and defend what they believe in or why they fight for the rights of others' (p. 232). Contributing to defining and conceptualising of courage offered another enquiry into responding to distress and disturbance in life.

The importance of moving beyond simply defining courage to being able to apply it in practice was a further key factor in the motivation for the study. Rate, Clarke, Lindsay, and Sternberg (2007) comment that courage is a 'complex, multi-dimensional construct' on which further research should support intervention applications of the findings (pp. 95–96). They suggest that greater knowledge of courage could help individuals and professionals such as the military, firefighters and law enforcement officers, who are often required to behave courageously in their daily work (Rate et al., 2007). Developing understanding of the concept of courage is noted by Asarian (1981), who comments that 'courage as a concrete everyday reality invites further study and explication' (p. 213). Contributing to the conceptualisation of courage aimed to provide greater awareness of its application in carrying out required work duties and facing personal life challenges.

Older adults' views

Adults aged over 70 years were chosen as the population group for this study because of a number of factors highlighted in the existing literature and from personal observation. These factors include the limited amount of research on older adults living in a post-disaster environment, as observed by Annear (2013), who comments on the lack of

literature, both in New Zealand and internationally, about the impacts of earthquakes on the 'activity and lifestyles of older adults' (p. 64). There is also a tendency to refer to problems older adults may experience after a natural disaster, and to state that older adults are more likely to be at increased risk for adverse effects following such an event (Ehrenreich, 2001). The risk for older adults encompasses such factors as accumulated loss through the ageing process and already vulnerable health being further compromised following a disaster. Henderson, Roberto, and Kamo (2010) suggest that older adults face different risks in disasters from those experienced by the general adult population, including greater likelihood of being challenged by 'multiple health and mobility problems, inadequate financial resources, lack of personal transportation and smaller social networks' (p. 49). These risks are certainly very real and do need to be recognised and responded to.

The tendency to focus on the vulnerability factors linked to older adults in disaster situations in order to help and protect them can, problematically, lead to a lack of focus on their capabilities and strengths. Fawcett (2009) comments that a focus on the vulnerability and risks faced by older populations in order to generate services and support can in fact emphasise weaknesses rather than strengths, and affect autonomy and self-determination. She suggests that to secure services and support, older adults may have to 'accentuate their vulnerability and pay attention to what they cannot do, rather than what they can do' (Fawcett, 2009, p. 474). A scarcity of economic resources and the need to procure services may inadvertently disempower older adults by categorising them in terms of deficits and needs.

In studies carried out in hurricane areas, older adults were observed to have coped and survived because of prior experiences of hurricanes and floods. For example, in her studies on the aftermath of Hurricane Katrina and other disasters, Dass-Brailsford (2010) suggests:

> Older people may have rich histories of coping with prior crises that lessen the impact of an immediate disaster, … much could be said about older people as they may serve essential roles in responding to disasters in terms of experience and support. (pp. 125–126)

In their research on older adults' responses to Hurricane Katrina, Henderson et al. (2010) comment that 'although there is a large volume of literature on disasters, few scholars have focused on older persons at any stage of a disaster-preparedness, response and recovery'

(p. 49). They suggest that older adults need to be included in evacuation planning and that policymakers and organisers of community programmes should be 'informed of the types of strategies frequently used by older adults, including those from diverse racial and ethnic backgrounds' (Henderson et al., 2010, p. 66). Related to this point, Norris and Murrell (1988), in their research about older adults living in flood-prone areas of South-eastern Kentucky, comment:

> Through sharing their experiences and coping strategies, many older adults living in disaster prone communities might constitute a useful resource in preparing or conducting pre-event interventions and in helping others to cope during the aftermath of natural disasters. … there is much we could learn from 'experienced' victims about how to cope successfully with stressful situations, presumably this knowledge can be applied in developing crisis interventions for other less experienced victims … more in-depth studies of such persons are clearly warranted. (p. 681)

Bringing forward the voice of older adults and intentionally moving away from the vulnerability focus became another motivation for this study. Seeing older adults as a possible resource rather than simply people at risk offered a potential way of helping others through the involvement of older adults in emergency management.

Personal position

Alongside the gaps in defining and applying courage, and the under researched skills and resources of older adults in disasters, there was a personal motivation for undertaking the study. Maso (2003) comments that 'researchers bring with them their own emotions, intuitions, experiences, meanings, values, commitments, presuppositions, prejudices and personal agendas' (p. 40). The design of the research question and study was, therefore, also influenced by my own personal connection and commitment to Christchurch and the wider Canterbury region.

Canterbury is the region where my ancestors settled; Christchurch is the city of my birth and I lived there until I was 19. When the earthquakes occurred, most of my family were in Christchurch, including my parents who were 79 years old. In the immediate weeks following the 22 February 2011 earthquake, I spent time in Christchurch with my family. I saw the devastation to the city and listened to people share their experiences of what had happened. While I was there, and on subsequent visits, I experienced several the

aftershocks, and these provided me with some insight into how terrifying the large earthquakes would have been. I found myself personally needing ways to face the disturbing nature of these frequent frightening events.

I was also interested in how the skills and resources of older adults in Canterbury were utilised or not in the days following the 22 February 2011 earthquake. I heard how my father, wanting to help in clearing building rubble, had biked down to the centre of the city offering to shovel debris. He was turned back by the military cordon that was in place. In the documentary on the Canterbury earthquakes called *When a City Falls*, directed by Swadel, Smyth, and Shannon (2011), a rest home manager shares the story of how she and personnel moved the residents down to the basement and set up mattresses between them so they could comfort any of the residents who were distressed. However, instead of comforting the residents, she said, 'They comforted and supported us throughout the night.' I wondered whether in events such as disasters, the resources, capacities, experiences and skills of older adults are overlooked. This also contributed to the decision to undertake research with older adults who had experienced the Canterbury earthquakes and to focus on their skills and capacities in facing adversity.

Purpose of the study

Given that both the courage and strengths and the resources of older adults in post-disaster situations were relatively under researched, and given my personal motivation through connection to the Canterbury region to explore this further, the research question **'How do older adults living in a post-disaster environment describe the concept of courage?'** was designed. Exploration of this question was intended to contribute to the wider body of knowledge on courage, through further defining courage and exploring how it occurs. Social researchers have a responsibility, not only to contribute greater understanding of their world, but also to ensure the applicability and usefulness of what is discovered (Charmaz, 2014; Strauss & Corbin, 1994.

Further conceptualisation of courage provides a way for people to recognise it, and to be able to utilise it. This includes professionals who both personally face complex situations and help others to best manage these. It was evident in the Canterbury earthquakes that professionals working in these environments were themselves experiencing the impacts

and disruptions of these significant events on a personal level. Professionals being able to articulate what courage is and how it might occur could provide a way for them not only to help others face adversity but also to help themselves.

Giving a voice to the ideas and views of older adults in the Canterbury region was a significant goal that would be achieved by ensuring their knowledge and wisdom informed the conceptualisation of courage. The focus on courage as the key point of discussion moved from exploring experiences of the earthquakes into a wider examination of how they had utilised courage in other aspects in their lives. The definition and ways to utilise and apply courage would therefore be developed from how they viewed courage and how they had applied it over their lifetimes, including now in later life. Giving voice to the views of older adults was also intended to shift the focus, in relation to emergency management, from their vulnerabilities to their strengths and capabilities.

Overview of the methodology

The study was developed from a constructivist position because it sought to explore individual experiences, perceptions of that experience and perspectives of the concept of courage as constructed by participants within their social reality. Qualitative methods were chosen utilising a constructivist grounded theory (Charmaz, 2014) approach. This included an iterative and inductive multistage process utilising semi-structured focus group interviews and individual key informant interviews with older adults living in the Canterbury area. Data from the focus group interviews were analysed using initial and focused coding, memo-making and identification of themes. The themes were then further explored in an iterative process undertaken with key informant interviews. Once saturation was reached from the key informant interviews with no new codes being identified, further analysis of conceptual categories and key themes within these was conducted. Further interpretation of the conceptual categories and themes informed the development of a definition of courage. The definition was discussed in a focus group of four social work professionals, and this contributed to a five-step process model to apply courage.

The first three focus groups and seven key informant interviews comprised older adults in the age group of 70 years and older. This ensured participants were likely to have been no younger than 60 years at the time of the Canterbury earthquakes. There does not appear to

be a universally agreed definition of older adults: the age range can begin at 50 or even 75 years and older (Annear, 2013). It is often eligibility for state-provided pensions and benefits that signal old age within a society (Annear, 2013). However, significant differences can exist between a 65-year-old and a 95-year-old, with Davey and Neale noting there are 'young old' and 'old old' (Davey & Neale, 2013, p. 7). The oldest participants in this study were 94 years, although people were not required to state their age, but only to identify as being 70 years or older.

The selection of older adults living in a post-disaster environment as the participant group for the study offered an opportunity to explore not only their earthquake experiences but also their other lived experiences in facing adversity. The impact and influence of life events along with factors such as family structure, health, wealth, education, accumulated impacts of colonisation, and social barriers to opportunity, are noted within life course theory (Dannefar, Kelley-Moon, Huang, 2015). Life course theory considers the impact of social forces and social processes to account for individual level phenomena (Dannefar et al. 2015).

In addition to life course theory, human development theory suggests that people engage with a range of developmental tasks at different stages of their life. In relation to older adults, Goetting (1986) comments that reminiscence occurs throughout the life cycle but is most evident in later years as individuals undergo the life review process to support 'perceptual validation' (p. 710). As an older group, this population was likely to have a range of life experiences within various social contexts, and more probably considering these reflectively and retrospectively (Butler, 1963/2016), both factors offering a potential richness to the data collected.

While the earthquakes offered a commonality of experience, care was taken not to focus solely on the negative impacts of these, which may have turned the conversation to one of trauma rather than courage. Engaging older adults in a discussion about courage also served to provide an opportunity for reinforcement and validation of the positive life strategies they have utilised and for this knowledge and experience to become a future resource for others. It was also hoped that encouraging participants to reflect on their positive thinking and ways of facing the earthquakes or other adverse events would reinforce these attributes for future challenging situations.

A key ethical issue that required attention in this study was protecting against possible retraumatisation. This was addressed by careful consideration of the research design and participant selection. There was also the issue of researcher bias pertaining to personal experience of the earthquake and the impact on family and friends. This was managed through doctoral and professional supervision. Ethics approval for this study was granted on 21 February 2014 (see Appendix 1 for the University of Auckland Human Participants Ethics Committee approval letters). A detailed description of the methodology, including managing the ethical considerations and acknowledgment of the limitations of the study, can be found in Chapter 3.

Thesis structure

The current chapter highlights the background, motivation, purpose and goals of the thesis and presents a summary of the methodology applied. It is followed by a discussion in Chapter 2 of the literature that was reviewed to support the design and focus of the study. This includes how courage is defined in the existing literature, alongside concepts of coping and resiliency, and post-traumatic growth. Research on older adults within the context of disasters was also consulted at this stage of the process and is reported in Chapter 2.

The methodology is presented in Chapter 3, beginning with the ontological and epistemological positions, followed by a description of the constructivist grounded theory approach used for the study. A diagram (Figure 1) is provided in this chapter to show an overview of the project stages and processes that contributed to the development of a definition and process model of courage. A detailed discussion of the population group is also provided in this chapter, including how recruitment occurred. This is followed by an explanation of the data collection methods. Fuller description of the ethical considerations is provided, including how regard for the personal well-being of the participants was attended to, along with recognition of researcher bias and how this was managed. The limitations of the study are also discussed in this chapter.

The findings from the first and second stages of data collection (the three older adult focus group interviews and six key informant interviews) are presented in Chapter 4. A brief summary of the context of each interview is provided from researcher reflection notes, and the process of data collection from the focus groups to key informant interviews is

explained. A summary table of codes is provided for each interview. These tables show how saturation was reached, with no new codes emerging from the final key informant interview. Interpretation of the findings, including three conceptual categories containing key themes and supported by quotations from the participants, is provided.

The second-to-last question asked in all of the interviews ('If you had the chance to help people who had just experienced a disaster or were having to face something very difficult like that, what would you suggest they could do to help them face this?') was designed to affirm the participants' own coping strategies and wisdom in facing adversity. Although it was not asked in relation to the conceptualisation of courage, it did yield interesting data that were compiled separately in the form of strategies people might use, which are also presented in Chapter 4.

In Chapter 5, the literature reviewed to inform the findings are presented, including how courage is constructed, types of courage, sources of courage and related concepts such as heroism, bravery, and fear and fearlessness. Literature associated with emergency management in disasters was also reviewed after the findings were analysed, to support the recommendations and implications from the study. The categories and themes from Stages 1 and 2 of the data collection were further interpreted and integrated to contribute to a definition of courage, which is presented in Chapter 6. Key components of the definition are discussed along with consideration of the literature. The definition was then taken to a fourth focus group of social worker participants for them to discuss. The findings and analysis from this third stage of data collection are presented in Chapter 7, including how they contributed to the development of a process model of courage (Figure 2).

The process model is further discussed in Chapter 8, specifically, through its possible applications. The thesis ends with the conclusion chapter (Chapter 9), which contains the implications and recommendations from the study along with a summary of the research. Lastly, the references and the appendices are provided after the conclusion chapter.

Chapter summary

As the world experiences ongoing challenges through environmental change and disasters, people are frequently facing events requiring them to process distressing and complex information. The views of older adults in disaster environments has been less observed in

research, and the focus has often been on the vulnerabilities they experience rather than the potential resources they could offer. During a large community event such as a disaster, people require courage to face everyday challenges that can cause both physical and emotional risk, such as being alongside a loved one who is dying. Courage can be a way of facing these challenges but is a concept that lacks a consensus on its definition. The aim of this study was to provide further conceptualisation of courage developed from the ideas of older adults, and in doing so, contribute knowledge that could help people, including professionals, in a range of adverse situations.

Chapter 2. Literature reviewed in designing the study

Introduction

In applying a grounded theory approach, the literature reviewed at the beginning of the study helps to construct and shape the research question, focus and design (Suddaby, 2006). The literature is then returned to after the data collection process to support the generation of the initial theory. Strauss and Corbin (1994) suggest that while knowledge of the subject is required, researchers utilising a grounded theory approach should not be immersed in the literature to the point that it overly directs the study. To this effect, the early review of literature provided scoping and direction to the study without leading to a foregone conclusion in relation to the conceptualisation of courage. Charmaz (2006) comments, 'The intended purpose of delaying the literature review is to avoid importing preconceived ideas and imposing them on your work' (p. 165). This helps ensure the theory emerges from the data rather than being overly influenced and shaped by pre-existing thinking. In this study, additional literature was not returned to until after the data collection and analysis process was completed, the findings were interpreted, and the conceptual categories were identified. The first literature review is reported in this chapter, with the second review being provided in chapter 5.

The literature reviewed at the beginning to shape the study explored how courage is defined, the concepts of coping and resiliency as distinguished from courage, and existing research on older adults in post-disaster environments. Reviewing what has already been written on the concept of courage was helpful for understanding the existing knowledge gaps. Coping and resilience are often referred to in relation to disasters, and it was important to distinguish between these concepts and the concept of courage to keep the study's focus clear. The ideas from the field of post-traumatic growth (Calhoun & Tedeschi, 2004) also offered clarity on which stage of managing adversity was to be explored. Reviewing existing research about older adults in post-disaster environments helped provide guidance on how to design the study and what focus to take with this population group. This included determining how older adults were portrayed in post-disaster environments and how best to access their wisdom as a source of knowledge in generating theory.

Defining courage

As noted in Chapter 1, authors from both psychology and philosophy comment on the difficulty in defining courage and the paucity of literature on courage as a concept. In older foundational writing, Rachman (1978) observes that there is considerable literature on fear and what he describes as a 'mere handful' of studies about courage within psychological research (p. 2). He also quotes Socrates' discussion with two generals, Laches and Nikias, which begins with 'Then Laches, suppose we set about determining the nature of courage, and in the second place proceed to enquire how the young men may attain this quality by the help of study and pursuits. Tell me, if you can, what is courage?' Rachman (1978) notes that they fail to answer the question; however, it does contribute to 'an expansion of the soldiers' understanding and conception of courage' (p. 233). Tillich (1966) also comments on this dialogue, noting that Socrates concludes that 'we have failed to discover what courage really is' and suggests that 'an understanding of courage presupposes an understanding of man [sic] and his world [sic], its structures and values' (p. 14).

Rate, Clarke, Lindsay, and Sternberg (2007) provide a concise summary of implicit theories of courage. From this summary, key descriptions that relate to courage include that of the *American Heritage Dictionary* (1985): 'the state or quality of mind or spirit that enables one to face danger with self-possession, confidence and resolution; bravery'. Drawing from the work of Lopez et al. (2003), Rate et al. (2007) also cite Aquinas's definition of fortitude as 'firmness in mind in enduring or repulsing whatever makes steadfastness outstandingly difficult, that is, particularly serious dangers, primarily sustaining action to overcome fears of bodily harm and death and secondarily persevering in attacking'; Putman's 'facing the fears associated with the loss of psychological stability'; and Hemingway's 'grace under pressure' (Rate et al. 2007, p. 82). Rate et al. (2007) also refer to Rachman's definition of 'willing and able to approach a fearful situation despite the presence of subjective fear and psychophysiological disturbances' (Rate et al., 2007, p. 82) and Goud's thinking that courage is revealed in three dimensions: (1) fear, (2) appropriate action and (3) a higher purpose. They conclude by defining courage as '(a) a wilful, intentional act, (b) executed after mindful deliberation, (c) involving objective substantial risk to the actor, (d) primarily motivated to bring about a noble good or worthy end, (c) despite, perhaps, the emotion of fear' (Rate et.al. 2007, p. 95).

Providing a philosophical investigation into courage, Walton (1986) takes the view that courage is about 'keeping one's head and doing a creditable job of deliberately acting sensibly and appropriately despite dangerous, painful or very adverse situations' (p. 100). Walton also suggests that courage is a valuable quality because it can 'tilt a dangerous or unstable situation away from catastrophe and toward good' (p. 24). Drawing on several military examples, he suggests that courage is a practical virtue that involves practical and thoughtful reasoning. He comments that a major determinant of fear is the behaviour of others, and that both fear and calmness are 'contagious' (p. 32). This description helps move courage away from being solely a grand or heroic act as is evident in descriptions of moral and physical courage. Instead, it can be seen as a skilful and deliberate response to a desperate emergency or to dangerous or difficult circumstances. Walton sums this up in stating 'courage is a matter of practical reason, making a sound judgement on a dangerous situation, and not giving into excessive or irrational emotion' (p. 63).

In exploring some of the values that have been linked to courage, Pury and Kowalski (2007) examine general and personal courage. They refer to the Values in Action system (Peterson & Seligman, 2004), which proposes that courage is made up of four character strengths: bravery, persistence, integrity and vitality. Other linked values are faith, kindness and social responsibility. In their research, they found that the consistently rated strengths linked to courage were persistence and hope. Adamson, Beddoe, and Davys (2014), in a study of resilient social work practitioners, also highlight the notion of hope as something participants described as supporting them to manage adversity or challenge in their work. Haase's (1987) study of courage in chronically ill adolescents notes the use of humour as a feature of courage, which likely also supports ongoing coping and adaptation.

Related to values, character strengths that support courage are also highlighted in Rate et al.'s (2007) work, where courage is described as a 'self-focused response to affect and external circumstances' (p. 86). This response includes factors such as endurance, perseverance, not giving into fear, rising above pressure and remaining composed in dangerous situations. They note the subjective nature of determining whether someone has acted bravely, since people tend to determine this based on how they would have responded themselves. Rate et al. reflect on the work of Plato, who suggested that courage is a 'rational understanding of fear' (p. 95) rather than just simply feeling fear. They suggest

that future studies of courage should take care to separate fear and risk to help ensure that accurate understanding of these concepts is present.

Also considering the notion of fear, Miller (as cited in Goud, 2005) questions whether courage should be 'granted to everyone who succeeds at a task that it took some marshalling of will to do' and believes that there must be danger and hardship to overcome that is 'publicly discernible and properly appreciated' (p. 104). Hannah, Sweeney, and Lester (2007) also suggest that courage is 'predicated on perception of risk, eliciting a psychological and/or physiological fear response, and despite this response a person performs in the face of fear to achieve a designated purpose' (p. 130). They highlight how a 'courageous mind-set' can become a personal resource to reduce fear and instead promote courageous action (p. 131).

Hannah et al. (2007) also identify a number of positive traits linked to having a courageous mind-set, including openness to experience, conscientiousness, core self-evaluation traits, and positive states such as belief in resource and means, and having hope and resilience are also further highlighted. They discuss the interaction between values, beliefs, inner conviction and social forces or expectations that influence people's choices of coping strategies and behaviour. Recognising and continuing to build on these states and traits can contribute to knowledge that can be accessed in future situations.

In her studies of older adults living with chronic illness, Finfgeld (1995) develops a grounded theory of courage as a process of problem solving and transforming struggle into challenge, which includes behaviours such as quiet acceptance and self-care (p. 4). She suggests that courage results in a sense of mastery, competence, accomplishment, self-respect, self-worth and dignity, and comments that further study to understand more about the process of courage could help professionals to be able to install and promote the process of courage in clients (pp. 2, 10).

In response to being an inherent quality, Tumarkin (2007) suggests that courage is not an innate virtue or attribute, and instead needs to be applied regularly in response to a range of life situations and events. Walton (1986) notes the lack of analysis on what courage comprises and how to teach others to attain it. In contributing to how courage can be

applied, Finfgeld (1995) comments that previous studies by Asarian (1981) and Haase (1985) suggest that courage involves an 'identifiable process' (p. 2).

In exploring this process, Finfgeld (1999) notes that 'being courageous involves complex interdependent components that interact simultaneously and in a circular manner' (p. 807). She suggests that 'courage is learned and developed in situations that involve a perceived threat including uncertainty, personal limitations, helplessness, lack of control, pain and embarrassment' (p. 807). She identifies that people, in response to these conditions, fully accepting reality, being able to problem solve, using strategies to manage everyday life through taking responsibility and committing to facing the adversity, and remaining connected to humility all support the concept of being courageous. She notes that over time these factors contribute to personal integrity and self-development, and are further supported by the intrapersonal factors of hope and self-confidence, and interpersonal factors such as role models, gestures of support and encouragement.

The exploration of existing literature on defining courage identified a range of definitions, confirming the lack of consensus, from early philosophers through to current thinking in both philosophy and psychology, on what courage is. What is agreed is the importance of understanding courage to learn more about human behaviour and how people respond to adversity, risk and fear. The idea that courage is a process that has identifiable states, traits, and character strengths also indicates it can be learned or taught. In terms of defining the focus of this study, the literature confirmed the need for greater understanding and conceptualisation of courage, with the possibility of creating a definable process that could be applied.

Coping and resiliency

While there has been much research on resiliency and resilient traits, meaning making and adaptation after an adverse event, there appears to have been less work on the actual detail of how people face the event at the time. The closest writing on this comes through the literature on coping and resilience. It was useful, therefore, to reflect on literature related to these fields in order to shape this study's research question and design.

Older literature about survival and coping in extremely difficult situations includes Frankl's (1946/2006) book *Man's Search for Meaning* and Levi's (1958/1996) book *Survival in*

Auschwitz, works developed from experiences of the Holocaust. Both Frankl and Levi highlight having a presence of meaning and hope, and using this to transcend or face fear and help them to survive. Having meaning is also perceived by these authors as preventing people from resorting to the types of inhuman acts that were inflicted on them. Essentially, people utilise a sense of morality and dignity in the face of hardship, maintaining their personal ethics to the highest degree possible.

The notion of choosing one's attitude in response to adversity is expressed by Frankl, and the importance of meaning (seen further in his work on logotherapy) can be evidenced in a number of ways, including with people facing terminal illness. It is perhaps the journey of all people to face mortality, and situations such as the experiences of those in concentration camps and those who survive a disaster are likely to bring people into closer reflection on this. Making meaning of these experiences or finding meaning in them prompts a complicated cognitive, emotional and spiritual response that may highlight or result in a type of courage or accessing of it. Linked to this, Finfgeld (1995) and Haase (1987) have written about courage within population groups of chronically ill older adults and adolescents and note that courage when facing chronic illness is through lived experience that involves being and becoming courageous.

Further definitions of coping include 'the "maintenance of homeostasis" and cognitive and behavioural "efforts" in light of appraised stress' (Spurrell & McFarlane, 1993, p. 198). Utilising the Folkman and Lazarus (1988) stress appraisal and coping framework, Spurrell and McFarlane (1993) address coping as accessing problem-focused strategies and emotion-focused strategies. The strategies they identified included focusing on positive factors, detaching from the issue, asking for support from people in their lives, reducing factors that increased tension, and withdrawing from social contact with others (Spurrell & McFarlane, 1993).

Adamson et al. (2014) comment that, when faced with an adverse event that is not easily changeable, such as a natural disaster or serious health diagnosis, 'coping that focused on primarily managing feelings or emotional distress may be more useful in the context of supporting resilience than coping that emphasises problem solving which focuses on the source of the stress' (p. 527). They refer to Tobin's (1984/2001) Coping Strategies Inventory of eight specific coping strategies and include viewing a stressor differently and bringing a

new perspective to it, along with seeking support from others, and having ways to express difficult emotions. (Adamson et al., 2014).

In describing coping as a process concerned with what people do to manage stressful demands, Murphy's (1986) research on the impact of the Mount St Helen volcanic eruption in 1980 emphasises external factors that contribute to the stress of an event. These factors include the nature of the impact, the threat of recurrence, the geographic proximity of those affected and people's beliefs about preventability and non-preventability. She too draws from the Folkman and Lazarus (1984) stress appraisal and coping framework that examines stress, coping and adaptation. This involves an initial appraisal of the situation, posing the questions 'What is at stake?' and 'What options do I have?' (Folkman & Lazarus, 1988; Murphy, 1986, p. 65). Murphy's research involved two population groups: those who had lost a loved one and those who had lost property.

Similarly to the Canterbury earthquake experiences, the people who lost property or continued to live in damaged property expressed feelings of lack of fairness, fear and feeling trapped in an ongoing stressful situation. When looking at factors that were perceived as moderating this stressful experience, interestingly, it appeared that people did not transfer a similar loss experience to help manage the current one (Murphy, 1986). It is often suggested that people call on previous experiences to help manage a current situation; however, Horowitz (1976, as cited in Norris & Murrell, 1988) suggests that 'the very essence of a traumatic event is that it is outside the realm of an individual's experience' (p. 666). Prior experiences suggest a possible better level of tolerance, which again an older population may or may not have greater access to, depending on their life experiences to that point.

Also drawing on the work of Lazarus and Folkman is Mounty's (2006) doctoral dissertation exploring factors associated with problem-focused and emotion-focused coping among business studies students six months after the World Trade Center disaster. Here, too, problem-focused coping is described as a way of managing or modifying the stressor, whereas emotion-focused coping is about regulating, reducing or eliminating the emotional distress associated with a given situation. Emotion-focused coping is seen as more internal to the individual and linked to regulation of emotions, whereas problem-focused coping is about manipulation of the environment to solve the problem. This distinction immediately

raises the issue of natural disasters being out of people's control so that they require emotion-focused coping to regulate their emotional states and response. Ultimately, Mounty (2006) concludes that both styles of coping are about alleviating stress and helping the individual 'minimise, avoid, tolerate or accept the situation' (p. 5).

Mounty (2006) discusses how both forms of coping require a cognitive appraisal of the situation and a determination of what the best response might be. This links to the notion of choosing one's attitude (Frankl, 1946/2006), as well as possibly ascribing some type of meaning to the situation. The appraisal process contains a primary appraisal (how does the significance of the situation relate to my own beliefs, goals, self?), and if a threat is perceived, then a secondary appraisal occurs – an evaluation of what can be done to manage the threat or stressful situation. This illustrates how stress be a product of both perception and environment, and also how prior learning and experiences can be drawn upon to help provide information and strategies. If a situation is perceived as being controllable, ways to problem solve are often utilised, and if uncontrollable, emotion-focused coping is applied instead (Mounty, 2006). Overall, a system of appraisal, developing a response and acting on that response appears evident in the process that an individual undertakes when experiencing a stressful event.

Mounty also highlights in her research the need to be clear about what people perceived to be the stress of the event to better understand the coping strategies they used. Mounty comments on Kaul and Welzant's (2005) stages of recovery from a disaster (the impact, the warning or threat, heroic or rescue, the honeymoon, disillusionment, and reconstruction or recovery). Seeking emotional and social support, positive reinterpretation, acceptance, denial, use of religion, remaining optimistic and community spirit are ways in which people have coped positively, as cited by Mounty (2006) from Liverant, Hoffman, and Litz's (2004) work. Individuals exposed to prior trauma who utilised problem-focused coping techniques after the bombing of the World Trade Center had lower levels of distress (Mounty, 2006). In exploring the role of control in stressful life events, Frazier et al. (2011) discuss perceived past, suggesting that most stressful events are not objectively controllable in the sense that they are not 'desired or intended' (p. 750). The degree of perceived control that individuals have over past, present or future events is seen as linked to increased or decreased well-being.

Much of the literature also suggests that for courage to be present, fear must be a factor, and that 'a key to fear management is controllability' (Goud, 2005, p. 114). Frazier et al. (2011) also differentiate between managing a stressful event and managing one's emotional reaction to the event. They discuss a process of adaptive coping that requires adjustment and acceptance, and make the point that the degree to which an event is stressful is often due to perception, so variance in this regard will exist. Hence, it cannot be assumed that what is stressful for one person will be stressful for another. Being able to focus attention on the controllable aspects present in a stressful situation helps people maintain or regain a sense of overall control, especially when they are faced with events they could not control in the past or will not be able to control in the future. Frazier et al. also make the point that trying to control events into the future can often be distressing and lead to hypervigilance and anxiety.

In her work studying women's experiences of living in Guatemala, Green (1995) raises the idea of accommodating fear and terror as a way to cope with daily life. She notes that with repetitiveness and familiarity, people can learn to accommodate themselves to terror and fear. However, she comments that 'low intensity panic remains in the shadow of waking consciousness. One cannot live in a constant state of alertness, and so the chaos one feels becomes infused throughout the body. It surfaces frequently in dreams and chronic illness' (Green, 1995, p. 109). Although this discussion is based on research conducted within a war-torn country, it links to how people manage the repeated impact of an event (Canterbury experienced over 13,000 aftershock earthquakes since the 2010 and 2011 earthquakes). Finally, Hannah et al. (2007) comment that while courageousness may be a form of constructive coping, it is the need to 'directly address the cause of one's fear and achieve a designated purpose that differentiates courage from general coping models' (p. 129).

Traditionally describing resilience as series of traits, the literature on resiliency has broadened to describe resiliency as more of an adaptive process following an event rather than when facing an event. Bonanno (2012) states that resilience should be categorised as a 'stable pattern of healthy adjustment following the event' (p. 753). The ability to positively adjust and adapt to adversity is also noted by Luthar, Cicchetti, and Becker (2000), who suggest that research on resilience 'must accelerate from a focus on

description to a focus on elucidating developmental processes' (p. 555), giving details on how resiliency is developed and applied.

Over the past decade, the concept of resilience has been applied more broadly. Flynn (2008) describes a form of community resilience theory in relation to a post-disaster situation (the bombing of the World Trade Center in New York in 2001). He identifies four external factors that support this and that help communities cope after a disaster. These are 'ensuring there is robustness in buildings and infrastructure, resourcefulness, so skilfully managing a disaster once it unfolds, rapid recovery so the capacity to get things back to normal as soon as possible, and absorbing the new lessons to be drawn from a catastrophe' (Flynn, 2008, p. 6). He also raises the importance for communities to see and hear positive media stories of people doing well despite what has happened and not just being repeatedly shown footage of devastation and destruction. Flynn's research emphasises the external factors that particularly support communities and people in post-disaster circumstances.

Of particular relevance to this study is the emerging field of resilience within gerontology. Wild, Wiles, and Allen (2011), in exploring the value of resilience within gerontology, first acknowledge the move from resilience as a set of traits to one of a process of adaptation to a negative life event or situation. They suggest that the ageing process offers a number of challenges, especially in relation to the different types of loss that can occur. They also acknowledge the interdependence of different types of resilience, moving from looking only at the resilience of an individual, to examining the resilience around the older person, such as the resiliency of family, community and wider society. They also caution against the use (or not) of resilience to inadvertently blame or shift responsibility if someone is perceived to be not resilient. People may not always be resilient when faced with a different challenge or adverse event.

The importance of addressing inadvertently labelling someone as 'resilient' and thus creating an expectation that they will always be so is further discussed by other authors. Bonanno (2012), for example, reinforces this point, commenting that 'resilience is not always a personality trait or the absence of pathology' (p. 753). Therefore, resilience, like courage, is something that people may have access to, but it is not what they are.

Describing a person as resilient would be akin to describing someone as courageous, suggesting they are always a certain way.

In a similar vein, Adamson et al. (2014) caution against generalisations linked to resilience, suggesting that what constitutes adaptation and adversity differs based on personal coping skills and individual determination of adversity. Their article on building resilient social work practitioners suggests that, as a profession, social work cares for the most vulnerable members of society and so demands a 'high level of emotional and cognitive labour' (Adamson et al., 2014, p. 525). Their research noted the importance of self-awareness among their research participants, and that the opportunity to reflect upon their understanding of what had made them resilient was a 'welcome affirmation of their strengths' (Adamson et al., 2014, p. 538).

Also exploring resiliency in the older adult population affected by the Canterbury earthquakes, Alpass, Keeling, Stevenson, Allen, and Stephens (2016) discuss the importance of social ties in supporting older people through the challenges of housing and impacts on well-being. They also note that links of family, friends and communities, both regionally and nationally, help mitigate impacts, and recommend that future disaster preparedness consider all levels from local to regional to national to 'maximise effectiveness' (Alpass et al., 2016, p. 123).

In summary, the literature reviewed in relation to coping and resiliency offers insight into how people manage and adapt to stressful life events. Along with making meaning and responding with morality and dignity, coping is typically categorised into problem-focused strategies and emotion-focused strategies. This is dependent on how individuals appraise the stress of a situation and then assess what is within their control and what is perhaps not. Problem-focused coping identifies ways to manage or modify the stressor that a person is experiencing. Emotion-focused coping, including addressing fear, managing emotional distress and choosing how to respond, identifies ways to emotionally cope with a situation that is not easily changeable. Resiliency is observed as an adaptive process that includes adjustment to a difficult event, with care taken to realise that resiliency is not a fixed personal attribute, but rather something people have access to. The literature on coping and resilience helped clarify the focus of this study to how people immediately face adversity rather than the subsequent adaptation processes of coping and resiliency.

Post-traumatic growth

Linked to the ideas of coping and resiliency, post-traumatic growth (PTG) is an emerging area of study in post-disaster contexts (Calhoun & Tedeschi, 2004). The theory of PTG identifies growth in five key areas following a traumatic experience such as a disaster. Calhoun & Tedeschi (2004) name these as: 'a sense of new opportunities, changed or enhanced relationships with others, increased sense of own personal strength, a greater appreciation for life in general and deepening or changes to spiritual or personal belief systems' (p. 95). While PTG may not happen for all people following a traumatic event, it can be identified through asking about any benefit or positive meaning that may have been gained from the event, enabling a process of reflection, as can be seen in Tedeschi, Blevins, and Cara's (2015) comment: 'Mindful attention to the cognitive, emotional, and interceptive aftermath of traumatic experiences allows one the opportunity, even just for a moment, to step back and decentre from the experience, thus providing space for perspective taking and potential reappraisal processes' (p. 374). An observation from direct social work practice is that in exploring possible PTG, care needs to be taken that the difficulty of the experiences is first validated so that it is not inadvertently discounted through talk about benefit and meaning.

In their study of PTG following the 2009 Victoria 'Black Saturday' bushfires, Harms et al. (2018) note that studies of PTG have originated, particularly from the United States and in relation to earthquakes, hurricanes and tsunamis. In their study, they note that coping strategies such as self-distraction, planning, religious coping and positive reframing are features of PTG. They found that, rather than feeling a sense of new opportunities, people had a sense of reinforced competency about their existing skills. The importance of social connection and new or enhanced relationships was also a feature of PTG linked to community engagement. Overall, Harms et al (2018) reinforced the importance of developing an understanding of how people make good psychosocial recovery following a disaster and how this in turn can inform resilience theory.

Strengthened social relationships, including greater compassion for others, and an enhanced sense of community connection are also evident in Smith et al. (2017) study of PTG following the Canterbury earthquakes. They observed that existing research on PTG tended to occur in relation to people with a diagnosis of posttraumatic stress disorder or

other ongoing psychological distress. Their population group was deliberately chosen to be people who didn't have pre-existing psychiatric conditions or had sought help with distress related to the earthquakes but had experienced distressing exposure to these, along with everyday difficulties. Their research confirmed that PTG did occur in a psychologically healthy population, with people also reporting spiritual development, and a sense of being stronger. The link between the growth of communities and the growth of the individual highlights the social nature of human beings and the role that groups can play in supporting personal development. Overall, the review of PTG for this study confirms it is often a later stage of adaptation to adversity, sometimes years on from the experience. This reinforced the focus of this study being on the beginning point of facing an adverse experience.

Older adults in disasters and managing adversity

Within New Zealand, several studies have explored the impacts of the Canterbury earthquakes on older adults. Annear, Wilkinson, and Keeling (2013) researched the immediate psychological challenges of the Canterbury earthquakes with 97 respondents aged over 65 years. They note that 55% of older adults did not experience any major psychosocial challenges following the earthquakes, and the rest of the respondents identified varying degrees of psychological problems such as insomnia, depression, anxiety, irritability, loss of motivation and problems adapting to challenges. They advocated 'pro-active follow-up after a disaster or extreme event for those with an identified vulnerability such as social isolation or with a pre-existing mental health condition, and to stay aware of how over the longer-term health impacts could appear' (Annear et al., 2013, p. 510).

The New Zealand MOH (2016) Framework for Psychosocial Support in Emergencies notes that older adults are part of population groups that are more vulnerable after a disaster, especially with regard to physical and mental health difficulties but suggests that 'focus on older adults needs to be carefully nuanced' as it could be more a problem of accessing health care than exposure to the traumatic event (p. 19). In the framework, it is recognised that those in the 40–60-year age group can experience the most difficulties because of the 'peaking' of individual, family, whanau (wider family) and financial responsibilities in middle age (p. 19).

In his research exploring urban pathways for positive ageing, set within the context of the aftermath of the Canterbury earthquakes, Annear (2013) notes that in the literature exploring the impacts of disasters on older adults, it has been found that they are often more psychologically prepared, resilient and adaptable than younger people, likely because of prior life experiences. However, he also notes that they may be at 'greater risk for physical injury or death, impacted by loss of lifestyle activities, and less able to recover financially' (Annear, 2013, p. 52). He concludes that within the older adult population there are likely to be 'both examples of significant resilience and vulnerability following a natural disaster' (Annear, 2013, p. 52). It is therefore advisable to consider both possibilities for older adults in order to provide adequate support while also recognising their resources and capabilities.

The literature shows that there are a number of factors more likely to pose challenges for older adults following a disaster, including reduced mobility; chronic health conditions that prompt the need for adequate heating, cooling, hydration and medications; cognitive issues with memory, sight, hearing and other sensory abilities; social isolation; and greater dependence on public transport and services (Davey & Neale, 2013). These can all contribute to the risk of depression, anxiety, and other mental and physical health impacts following a disaster. Within the Canterbury People in Disasters Conference Learning Report, Hedlund (2016) comments on older people either displaced from their home or living in earthquake-damaged houses, and struggling with insurance claims and a decline in their economic situation, who coped initially but came to lose a sense of control over their lives, resulting in 'late onset mental health issues such as depression, anxiety and Post Traumatic Stress Disorder' (p. 11).

In exploring the impacts of a flood in New Zealand on older adults, along with individual factors, Tuohy and Stephens (2011) note the social conditions in which people live that also reduce their ability to cope with and recover from disasters. These conditions may include neighbourhoods that lacked strong infrastructure prior to the disaster event, which is an issue that was seen in New Orleans following Hurricane Katrina in 2005 (Fussell, Sastry, & VanLandingham, 2010). The importance of environmental and social conditions is also noted by Annear (2013), who comments that 'age is not the sole predictor of resilience or

vulnerability', and that a number of personal and 'circumstantial factors' also contribute to how older adults are affected by a natural disaster (p. 65).

In examining the possible long-term effects from the Canterbury earthquakes, Keeling and Stevenson (2015) found that some impacts persisted for up to three years after the earthquakes. In particular, emotional and economic issues such as financial hardship and housing difficulties remained stressful and difficult. Emotional loneliness was found to be reduced in the short term following the Canterbury earthquakes, suggesting the benefits of increased social support, especially for older adults living on their own in the community.

When talking with older adults in New Zealand about their preparedness for a disaster, Tuohy and Stephens (2016) found the discussion went beyond disaster preparation to ongoing preparation around ageing. The adults in their 2016 study discussed being prepared for everyday situations such as trying to mitigate the risk of falling and adapting to issues such as reduced mobility. The motivations of holding on to autonomy, independence and being self-reliant lead their respondents to frequently adapt to the challenges ageing presented. Concerns about creating pressures for others motivated thinking through how to manage situations that posed a challenge or risk (Tuohy & Stephens, 2016). This ongoing reflective and adaptive process is possibly a less recognised skill set that older adults are more likely to utilise.

The importance of recognising diversity within the older adult population is captured by Davey and Neale's (2013) observation of the 'young old helping the old old' (p. 7), a situation in which younger older adults had a key role in assisting those older than themselves through a range of social supports. Drawing on Annear's (2013) work, they reflect that 'older adults are as diverse in their earthquake response as any age group, reminding everyone to look beyond the headlines and stereotypes' (p. 39). This helps to avoid the risk of assuming all older adults will need extra support, while responding to those who may. Tuohy and Stephens (2011) also comment on how the positive ageing movements of promoting independence and self-reliance could lead to people not feeling able to access help and a reduction in more traditional forms of support. It is important in a bid to uphold independence that support is not inadvertently withdrawn.

Themes of the benefits of prior experiences and practical behavioural and cognitive methods of coping are evident in a brief review of the international literature about adults in disasters. In studying older adults' responses to Hurricane Katrina, Henderson et al. (2010) identified a number of techniques older adults used to help manage what had occurred, including 'modifying their thinking, staying busy, spirituality, and adopting positive attitudes' (p. 61). In their study in the South-eastern Kentucky area exposed to flooding, Norris and Murrell (1988) considered how prior experience was a moderator of disaster impact in relation to anxiety in older adults. Along with commenting that older adults could provide a useful resource in helping others prepare for a natural disaster and manage afterward, they observed that prior experience may generally provide inoculation against recurring stressors, but may not protect them from 'exhaustion and breakdown after extended or constant stress' (Norris & Murrell, 1988, p. 681).

In Finfgeld's (1995) grounded theory study of courage in the chronically ill elderly, she shares an exchange between the interviewer and a participant:

> 'You don't expect somebody else to make you feel better?' to which the respondent says, 'Not at all.' The interviewer then says, 'You rely on yourself to do that?' to which the respondent says 'Exactly. I don't want somebody else to take the pleasure out of being brave.' (p. 8)

This exchange highlights that treating all older adults as victims or as needing to be taken care of can deny them this very opportunity – the opportunity to apply courage and to be brave – as well as deny the opportunity to discover what can be learned about how they do this. Davey and Neale (2013) comment that 'stereotyping older people as vulnerable leads to under-valuing their potential contribution and missing a valuable opportunity' (p. 8). The skills of older adults as a potential resource in disaster recovery also need to be emphasised.

Literature on older adults living in a post-disaster environment tends to describe the vulnerability and problems they may experience after a natural disaster. While there needs to be an emphasis on identifying psychosocial impacts on older adults following a disaster, there should also be ways to examine their resilience (Davey & Neale, 2013). The domination of the vulnerabilities of older adults in post-disaster environments provided an intentionally different focus for this study. The aim of talking with older adults about

courage was to highlight their existing strengths and skills, especially in adverse circumstances. The study was therefore designed to recognise the resilience, life experiences, skills, capacities and resources of older adults.

Chapter summary

The literature reviewed to help shape the design of the study as reported in this chapter, highlighted that no consensus exists on the definition of courage, although it is agreed that courage is multidimensional and multifaceted. The potential benefits of being able to conceptualise it further are noted by a number of authors, especially in terms of addressing situations that engender physical threat or risk to psychological stability. Authors such as Finfgeld suggest that the enactment of courage indicates a process, and the traits and character strengths observed in those who enact courage include persistence, endurance and hope to achieve a specific purpose. A review of the literature about coping and resiliency identified two forms of coping: problem-focused strategies and emotion-focused strategies, the latter being more suited for less easily changed circumstances. Linked to this, resiliency then becomes definable through a process of positive adjustment and adaptation to the new conditions, as expressed in the theory of PTG. A review of the literature on coping, resilience and PTG showed these to be more adaptive processes, whereas courage may be an earlier step in facing adversity. The literature on older adults living in post-disaster contexts emphasised the range of vulnerabilities and potential challenges they may experience due to the impacts of older age on overall health. More recent research indicates that they also may have greater resilience, with more established forms of coping and adaptation developed from a greater duration of life experiences. Overall, the literature reviewed in this stage of the development of the study confirmed the need for and shaped the focus of contributing to a conceptualisation of courage with older adults as the chosen population group.

Chapter 3. Methodology

Introduction

In developing a study, the ontological and epistemological positions first need to be determined to provide the foundation in terms of how the knowledge will be constructed. These two positions also provide the rationale for the methodological approach that guides the design of the study. In this chapter, the research methodology is initially presented in diagrammatic form (see Figure 1), summarising each stage of the research process. In collecting the required data, the population group, recruitment methods and method of data collection need to be decided upon, and consideration needs to be given to how the collection process will be conducted ethically. Once the data have been collected, the data analysis process can take place, which in this study began with comparing data from the focus group discussions and applying the results to inform the key informant interviews. Each key informant interview informed the next, following an iterative process. Researcher influences and bias were also reflected on to ensure attention to subjective views and interpretations were made explicit and became a source of information rather than a barrier in the study. The limitations of the study are also presented.

Ontological position

The research was undertaken from a constructivist ontological position of seeking to understand how social phenomena are known to exist. Grix (2002) comments that a constructivist ontological position 'asserts that social phenomena and their meanings are continually being accomplished by social actors' (p. 177). The meaning of something is therefore constructed by people through how they interact with events and the interpretation they give to these (O'Leary, 2004). Therefore, to develop knowledge and theory about something, research is undertaken to determine how different population groups engage with, perceive and describe it.

Although people may experience a particular event that is common to all such as a natural disaster, how they perceive that event and the meaning they construct from it may be influenced by a wide range of factors such as age, life experience, culture, beliefs, values and even gender. Meaning given to social phenomena or events is therefore subjective since it is developed through individual mental constructs and influenced by the individual

lens through which a person sees the world. Even something that happens quite independently of a person, such as an earthquake, will be described and perceived through how the person has constructed meaning of what has happened. Understanding of an event or concept is therefore potentially always evolving and is fluid rather than fixed. A constructivist ontological position therefore invites exploration and revisiting of what something is, because it recognises that different constructs of this will offer potential new understanding.

Epistemological position

An epistemological position explores possible ways new theory and knowledge can be developed to understand a particular event or concept. In this study, an interpretivist position was taken to gather new understanding about the knowledge and reasons people have developed to explain their responses and reactions to certain events (Davidson & Tolich, 1999). Rather than seeking to create predictive theory, an interpretivist position intends to build understanding of how people interpret the world around them. Charmaz (2014) comments that 'any theoretical rendering offers an interpretive portrayal of the studied world, not an exact picture of it' (p. 17). An interpretivist position also recognises that while shared meaning may occur, differences can also exist, and observation and exploration of these contribute to explanation and understanding. What is essential is that the explanation or theory generated aligns back to the views of the population group selected for the study (Davidson & Tolich 1999).

An interpretivist position also acknowledges that researchers play an active role in the construction of this new knowledge and understanding through their own subjectivity and interpretation of what is shared. Even the selection of the topic for research shows researcher bias, and the researcher must be clear about what is already contributing to or influencing their thinking. It is impossible to conduct research without subjective thinking or bias, and an interpretivist position recognises the influence of the researcher in the construction of meaning around social phenomena.

Methodological approach

A qualitative research approach was chosen for this study because qualitative methods seek to explore the perspectives of participants and use a range of interpretive methods to

help bring more understanding to the topic being studied. This is primarily done through the researcher endeavouring to understand the meaning that people give to particular phenomena (Flick, 2007). Qualitative analysis involves first developing a description of what is being explored, and then deconstructing this and connecting the components to new concepts, resulting in a new description (Gray, 2004). Gray (2004) also comments that qualitative research is conducted through intense contact within a 'field' or real-life setting, with the aim being to gain an integrated overview of the topic under study that includes the perceptions of the participants (p. 320).

Qualitative research helps generate description of a particular social issue, event or concept from an identified population. The data gathered come from the population group's ideas, observations, perspectives and experiences. The researcher then analyses the data for ideas and themes, and intentionally uses the language of the participants to construct and convey these. Understanding of an event or concept is therefore developed through the researcher exploring how people interpret and make sense of the world around them. To do this, the researcher must remain aware of the position and experiences they too bring to the research, which requires an ongoing process of self-reflection and reflexivity. A qualitative methodological approach also informs how the study is designed to generate quality data about the subject being explored from the perspectives of the identified population group. The overall aim of the research should be to contribute ideas, theory and meaning to the wider body of knowledge on the identified topic, beginning with the construction of the research question to be explored and answered.

Research design

The study used a grounded theory design, which is essentially an 'inductive strategy for generating and confirming theory that emerges from close involvement and direct contact with the empirical world' (Patton, 2002, pp. 215–216). An inductive approach builds a theory or description from participant experiences rather than imposing a theory to be tested for validity. Instead of engaging a deductive approach that would seek to confirm or refute a hypothesis, using an inductive approach establishes 'patterns, consistencies and meaning' within the data (Gray, 2004, p. 6). By exploring and studying data through a structured coding process, grounded theory seeks 'to build theory rather than test it' (Patton, 2002, p. 126). The researcher does not arrive with a prepared hypothesis on the

subject at hand, but instead seeks to remain open and objective within the research process. Rather than becoming fixed or inflexible, Charmaz (2006) reminds researchers that grounded theory should be viewed as a 'set of principles and practices not as prescriptions or packages' (p. 9).

Applying a grounded theory design means that initial theory is developed in the first stage of the process of analysis and then further examined to develop a formalised theory. The formalised theory may be more general in nature, with the intention of having wider applicability. This requires the researcher to be actively involved with the data and to see the emergence of the formalised theory as a deliberate staged process requiring careful consideration and analysis. Formalised theory requires the researcher to have 'continuing conversation with the data' (Strauss & Corbin, 1994, p. 280), and to be considering, reflecting, comparing and identifying patterns and themes from a range of perspectives, including existing theory from available literature.

In recent years, the earlier thinking of the pioneers of grounded theory methodology such as Glaser and Strauss (1968) and later Strauss and Corbin (1990) has been expanded on to recognise interpretivism (Allen, 2011). In particular, Kathy Charmaz's work on constructivist grounded theory seeks to recognise the interpretive view of the researcher and the mutual creation of knowledge by researcher and research participant. Charmaz (2006) suggests that grounded theory from a constructivist lens offers an interpretation of the subject being studied rather than an exact depiction of it. Charmaz and Bryant (2011) comment that constructivist grounded theorists view data as 'constructed, not simply out there in the world waiting to be discovered and gathered' (p. 293). This links to both constructivist and interpretivist positions, which recognise that all knowledge and meaning is inherently subjective because it is understood through how people construct meaning and the existing influences on how they do this.

Constructivist grounded theory also recognises the influence of the researcher, who even through the initial selection of the research question has already brought a subjective bias to the study. Charmaz and Bryant (2011) suggest that constructivist grounded theory 'acknowledges the influence of the researcher on the research process, accepts the notion of multiple realities, emphasises reflexivity, and rejects assumptions that researchers should and could set aside their prior knowledge to develop new theories' (p. 293). They

comment that early formulations of grounded theory suggested that researchers discovered truth rather than created it through making meaning of the data. Their argument is that researchers cannot simply turn off prior knowledge or thinking, and are not passive bystanders in the process. Maso (2003) also emphasises that a degree of subjectivity is inevitable in qualitative research, and this supports the argument that the traditional grounded theory approach seeking to provide truth does not recognise the impact of the researcher's own self on what is being researched.

Another challenge to the traditional grounded theory method is the perception that grounded theory is 'merely a veneer for largely descriptive, impressionistic work that had at best simply laid the groundwork for "real" research, preferably expressed in statistical terms' (Charmaz & Bryant, 2011, p. 297). Charmaz and Bryant (2011) address this challenge by asserting that grounded theory methods must ensure the gathering of credible data, and show analytic and theoretical credibility. This requires a considered design that shows rigour and robustness, and an interpretive and comparative process made evident in the use of coding. Coding is required to identify memos (observations and reflections that are noted for further exploration) and to develop initial codes then focused or axial coding that lead to emergent categories and theoretical sampling to acquire further data (Charmaz, 2006). From here, further analysis results in the identification of conceptual categories that are then explored through existing literature to generate new theory. Grounded theory utilises a constant comparative approach through analysing and coding to inform the next iteration of data collection until categories are generated that provide theoretical understanding of the phenomenon being studied.

In designing this research study, careful consideration was given to the different stages and points of analysis to be undertaken to evidence a comparative, interpretive and iterative approach. Figure 1 summarises the stages and processes undertaken to support the conceptualisation of courage from this study:

Figure 1. Project stages and processes

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┌─────────────────────────────────────────────────────────────────────┐
│   REVIEW OF LITERATURE TO SHAPE THE PURPOSE AND GOALS OF THE STUDY   │
└─────────────────────────────────────────────────────────────────────┘
                                  ↓
                     ┌──────────────────────────┐
                     │      PROJECT DESIGN       │
                     └──────────────────────────┘
                                  ↓
                     ┌──────────────────────────┐
                     │ DATA COLLECTION (Stage 1) │
                     └──────────────────────────┘

   ┌──────────────┐      ┌──────────────┐      ┌──────────────┐
   │ Focus group 1│      │ Focus group 2│      │ Focus group 3│
   │  interview   │      │  interview   │      │  interview   │
   └──────────────┘      └──────────────┘      └──────────────┘

 PROCESS OF DATA ANALYSIS FOR INTIAL CODES, FOCUSED CODES AND EMERGENT THEMES
                                  ↓
                     ┌──────────────────────────┐
                     │ DATA COLLECTION (Stage 2) │
                     └──────────────────────────┘

  ┌──────┐ ┌──────┐ ┌──────┐ ┌──────┐ ┌──────┐ ┌──────┐
  │ Key  │ │ Key  │ │ Key  │ │ Key  │ │ Key  │ │ Key  │
  │infor.│ │infor.│ │infor.│ │infor.│ │infor.│ │infor.│
  │inter.│ │inter.│ │inter.│ │inter.│ │inter.│ │inter.│
  └──────┘ └──────┘ └──────┘ └──────┘ └──────┘ └──────┘
      →       →        →        →        →     SATURATION

 PROCESS OF DATA ANALYSIS AND CODING FOR KEY CONCEPTUAL CATEGORIES AND THEMES
                                  ↓
                     ┌──────────────────────────┐
                     │ DEVELOPMENT OF DEFINITION │
                     └──────────────────────────┘

 ┌──────────────────────────────────────────────────────────┐
 │   REVIEW OF LITERATURE TO SUPPORT CONCEPTUALISATION        │
 └──────────────────────────────────────────────────────────┘
                                  ↓
                     ┌──────────────────────────┐
                     │ DATA COLLECTION (Stage 3) │
                     └──────────────────────────┘

                     ┌──────────────────────────┐
                     │      Focus group 4        │
                     │       interview           │
                     │    (social workers)       │
                     └──────────────────────────┘

 PROCESS OF DATA ANALYSIS AND CODING FOR KEY CONCEPTUAL CATEGORIES AND THEMES
                                  ↓
                     ┌──────────────────────────┐
                     │ DEVELOPMENT OF PROCESS MODEL │
                     └──────────────────────────┘
                                  ↓
                ┌────────────────────────────────────┐
                │ RESEARCH APPLICATIONS AND IMPLICATIONS │
                └────────────────────────────────────┘
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Data collection method

A constructivist grounded theory design supports the exploration of existing and new phenomena and helps define the properties of these. To explore phenomena, researchers need to build explicit 'what' and 'how' questions into the data collection (Charmaz & Bryant, 2011, p. 301), often through the process of interviewing. Interview questions are designed not to quantify facts but rather to expand and understand meaning given to the social issue being studied. In developing grounded theory, researchers often utilise 'intensive interviewing', which Charmaz (2014) comments 'typically means a gently guided one-sided conversation that explores research participants' perspective on their personal experiences with the research topic' (p. 56). The researcher conducts the interview in a way that helps elicit and explore the participants' interpretation of what they experienced and their views of this. The researcher remains responsive and alert to new ideas, thoughts and views that help with the development of understanding and meaning of the research topic (Charmaz, 2014). Interviews formed the central method of data collection for this research, as can be seen in Figure 1.

The initial focus group interviews began by exploring the shared experience of the Christchurch earthquakes as a common experience of adversity to gather participants' construction and perceptions of the concept of courage. The sharing of stories of the earthquake contributed to the more specific conversation centred on the concept of courage. Sandelowski (1991) comments that humans are 'immersed in narratives', using these as a way to order and make sense of experiences, and to recognise the stories of others in the stories of our own (p. 162). The use of the term 'story' differs from that of 'narrative', which is a specific form of research method in its own right. Sharing of story tends to relate to 'oral discourses that include some kind of rupture or disturbance in the normal course of events … an action that provokes a reaction and/or adjustment' (De Fina, as cited in Kohler-Riessman, 2011, p. 313).

Interviewing that involves the sharing of stories (be this in a group or individually) recognises that the telling of story is a retrospective activity because a life event is 'not explainable while it is happening, only when it is over, as it then becomes the subject of narrative' (Sandelowski, 1991, p. 164). This therefore relies on recall and memory, which immediately creates a subjective retelling affected by time and other events. By telling the

story of what occurred, participants may share the meaning they have constructed from the experience, which the researcher can explore to better understand the phenomena being studied. The use of interviewing for collecting data can also help people gain greater clarity and perspective on life events. Arkesey and Knight (1999, as cited in Gray 2004) comment that 'interviewing is a powerful way of helping people to make explicit things that have hitherto been implicit – to articulate their tacit perceptions, feelings and understanding' (p. 214). In this way, participating in research can be of benefit for both the participant and the researcher.

There is also a recognised need to focus on the non-verbal interactions that occur, which also provide information because these influence what is shared and what is not. A constructivist approach recognises that people closely monitor other people's responses and adjust or alter what they share in relation to this. Interviewing requires an exchange between two or more people, and both are constantly consciously and unconsciously responding to the social cues that are occurring throughout the interview process. Charmaz (2014) comments that constructivist interviewing attends to 'the construction of the research participant's story and silences' as well as the relationship between the researcher and the participant (p. 91). Researchers must remain aware of how their verbal and non-verbal responses can contribute to an opening of further discussion or how they might inadvertently close this down. Charmaz and Bryant (2011) also suggest that constructivist grounded theory attends to gathering detailed data and acknowledges 'social, temporal, spatial, and situational conditions' (p. 298). Being sensitive to environmental conditions that allow for comfort and security can help people feel more able to share their experiences and their views on these.

For researchers engaging people in a storytelling process, it is critical to listen and interpret what is shared accurately and to be able to, as Sommer (1988, as cited in Casey, 1996) suggests, 'come to terms with your own unrepresentativeness' (p. 221). Looking into another's experience offers a temptation to find oneself in that story, which could affect accurate listening and interpreting, so being clear of personal motivation for undertaking the research is essential. Researchers also need to engage in a continuous reflexive process to support understanding of both their early motivation and their ongoing perception of the topic. Understanding one's own subjectivity in relation to the topic can also reduce the

risk of interpreting to fit with one's own meaning. Casey (1996) suggests that 'interviewers need to respect the authenticity and integrity of the narrator's stories, to see them as subjects of their own history rather than objects of research' (p. 231).

When gathering data from a constructivist and interpretivist position, it is important that people can tell their story without too many questions. The questions used should follow a logical process of initially being quite open to exploring experience, then shaped to link to the concept or subject under analysis. Unstructured and semi-structured interviews provide a general guide or list of questions and issues to be covered but allow flexibility about the order in which the questions are asked and whether all the questions are asked each time, and for new questions to be introduced (Gray, 2004). Specifically, a semi-structured interview offers a broad outline that provides a structure for the interviewer, including a standard introduction and conclusion, while providing the possibility of responding to and extending or exploring a new issue or perception. Charmaz (2014) reminds researchers not to 'force the data in interviews' and that the aim should be to 'explore not intimidate' (pp. 58, 65). A semi-structured interview is more likely to create space for exploration and to allow the participants' perspectives to remain central in the conversation.

In this study, a semi-structured interview format was utilised in both the focus group and the key informant interviews. The use of six standard questions in the focus groups provided flexibility and responsiveness to what was shared by participants while ensuring the purpose and intention of the research was maintained. In the key informant interviews, 10 guide questions were used and expanded on iteratively from each interview to the next (see Appendix 4 to view the interview questions used in the focus groups and key informant interviews). The semi-structured format offered flexibility by supporting the sharing of narratives and helped move between sharing experience of the earthquakes to exploring the concept of courage. Given that sharing of stories is a key way for people to make meaning, research that involves the sharing of personal narratives also affirms, contrasts and provokes further discussion and thought. Charmaz (2006) comments:

> Thus, the interviewer's questions ask the participant to describe and reflect upon his or her experiences in such a way that seldom occurs in everyday life. The interviewer is there to listen, to observe with sensitivity, and to encourage the person to respond. Hence in this conversation, the participant does most of the talking. (p. 26)

The interview process should achieve generation of data that comes from the participant, with the interviewer as the facilitator of the process to enable the participant's story and views to be shared. The researcher needs to be responsive to what is occurring in the interview and be prepared to lean into directions that may not have been anticipated, since these too are likely to contain information that can be later analysed for meaning. The ability to elicit reflection and facilitate discussion also supports the collecting of quality data. Skills of facilitating discussion and reflection were utilised in this study by using the questions as a guide but following new directions the participants offered and asking open questions about these.

When interviewing, the researcher must also be mindful of the environment and needs of the participants to ensure comfort and care is present. This is especially important for group or focus interviews where there may be increased feelings of vulnerability in sharing stories and views. The notion of care and comfort should also be considered when the topic being discussed is sensitive in some way and may have a strong emotional component. The participant group may also have vulnerabilities that a researcher has responsibility to consider. With the population group chosen for this study, being flexible and adaptable to people who needed a shorter interview because of fatigue from frail health, hearing disability or cognitive impairment was essential. Taking a position that everyone had something to offer despite disability also supported a respectful and positive process in which all ideas were valued and appreciated.

Focus group interviews

As can be seen in Figure 1, the first stage of data collection involved three focus groups. Focus group interviews were chosen to begin the data collection process because they offer the opportunity to bring together people who share a commonality of experience. Focus groups can also enable examination of differing opinions that can be reflected on and explored through interaction and questioning with other members of the group (Waldegrave, 1999). One of the difficulties and certainly a key ethical issue of this research was ensuring participants were supported in their sharing and exploring of what was a challenging and potentially traumatising event. It was decided to invite a group of people, already known to each other, with the deliberate intention of utilising already existing support both through and after the interview, and this worked well.

Cautions around the use of focus groups include the risk of the discussion becoming dominated by one person's view or others conceding to a person based on perceived position or status, or just a 'strong personality' (Guthrie, 2010, p. 121), hence affecting validity through others not having a chance to speak. Facilitation skills in terms of managing groups are therefore essential, and in this study, the researcher's background in teaching and leading groups in learning situations helped with moderating and ensuring everyone had the opportunity to share their view. Another risk is people not feeling comfortable sharing personal feelings within a group context, and as O'Leary (2004) comments, in interviews 'people want to be liked, want to maintain a sense of dignity, want to protect some level of privacy' (p. 162). In this study, the provision of a clear exploration of what would occur within the discussion allowed people to opt in or out of the focus interviews. Using a mixture of questions that explored both personal experience and wider discussion of the concept of courage was intended to connect to people's own strengths and allow them to share when and where they felt comfortable.

Encouraging participants to become actively involved in a discussion about courage supported the conceptualisation of it and invited them to also be critical reflectors within this process. Critical reflection involves in-depth examination of an experience and integration of the learning from this examination into a person's world view (Fook, 2011). Fook (2011) suggests that a challenge to qualitative research can be the dominance of either the researcher's or the participant's perspective, along with reliance on a static 'give and take of information that does not examine meanings, language and deeper probing for other perspectives resulting in a simplistic, one-sided or even inaccurate view of a whole situation' (p. 60). To counter this, constructivist grounded theory recognises situational, social, gender, class, age and ethnic differences that may be present (Charmaz, 2006). Focus group interviews allow for this type of reflective exchange, prompting different thoughts and conversations that contribute to the development of the description of the topic being researched.

In the first stage of the data collection, it was decided to hold three focus groups to ensure a variety of views that having only one or two groups may not have achieved. The focus group interviews were established with four to five people, allowing for people possibly not being able to attend and to ensure there would still be at least two people to interview.

Having smaller groups was intended to provide a sample of viewpoints on courage, and allow for mutual support of members. In larger focus groups, people may not all have a chance to speak because of limited time, and also some people can talk more than others. The smaller size of the groups also allowed for easier identification of participants in the transcribing process and for more in-depth conversation. The focus groups were no longer than 1–1.5 hours to ensure people were not unduly tired by the experience, and were held in a convenient place for the participants with access to light refreshments.

Six guide questions were used in the older adult focus groups to explore the concept of courage linked to the Canterbury earthquakes along with general enquiry about managing other highly stressful and adverse events and strategies to do this. Two participants had hearing difficulties and so a copy of the questions was provided so people could read the questions and not miss out on what was being asked. The interview concluded with presenting participants with a small gift of chocolates to thank them for their time and participation. The recording of the interview was sent to a University of Auckland approved transcriber with each participant assigned an identifying letter and number so the transcription would contain this. By keeping to the same semi-structured format of questions, data from the focus group interviews could be compared and analysed using coding that provided themes and memos that were explored in the key informant stage of interviewing.

Key informant interviews

The number of key informant interviews in the second stage of data collection was not decided at the beginning of the process; instead, it was determined by reaching saturation. Drawing on the work of Bowen (2008), Allen (2011) comments that the point of theoretical saturation comes when 'no new codes emerge from the data, and theoretical analysis of the data can be prepared' (p. 35). In this study, saturation was reached by the end of the sixth interview. The interviews took place at people's homes (this was their preference) to minimise having to travel to a different location because some participants were not able to drive or had mobility issues.

The interview questions with the key informants included the focus group questions and also questions that incorporated themes and memos from the coding process undertaken with the focus group data. Additional questions were verbally added to the next key

informant interview if a new idea or theme was generated from the previous interview. Participants were asked for their views and perspectives on these themes along with their own reflections on the concept of courage. It was intended that their reflections on both the material from the group interviews, the preceding key informant interview and their own life experience would bring an increased depth to the conceptualisation of courage. A total of four men and three women were interviewed. The previous external transcription process occurred with the same transcriber, which provided consistency in how the interviews were written up.

While the focus groups offered an immediate natural means of support around a potentially distressing topic (due to people knowing each other), the key informant interviews did not have this. To help with this, key informant interviews were conducted with people who brought recognised expertise in facing adversity through their occupation or general life experience, assuming it would be more likely they held existing coping methods. Being prepared with the knowledge of existing groups and supports in the Christchurch area was also an important part of the preparation required for all of the interviews, and a list of support services was compiled for this purpose. This material was never needed because participants identified their own supports and that their own coping mechanisms stood them in good stead. No participants presented as distressed after the key informant interviews; rather, they gave the impression of being in positive frames of mind, perhaps helped by the valuing and acknowledgment of their wisdom and time through the interview process. The key informant interviews also concluded with presenting participants with a small gift of chocolates and a card to thank them for their time and participation.

Population

The population group chosen for the first and second stages of data collection was adults aged over 70 who lived in Christchurch and who had experienced both the 4 September 2010 and 22 February 2011 earthquakes and identified as having coped relatively well with these experiences. Identifying people who felt they had coped relatively well reduced the likelihood of re-traumatisation and also invited the question of how they had done this. The primary reason for selecting this population group was that the disaster literature noted that they are not a widely researched group. It was also perceived that their knowledge, if

given more voice, would likely be of value given their greater length and therefore experience of life. As an older population group, they were also more likely to be in the reflective phase of human development, when thinking about and reminiscing on the past may occur naturally. The population group for the key informant interviews was initially intended to be people retired from or working in professions perceived to require courage such as military or rescue services.

To explore the theory that had been developed, the population chosen for the third stage of data collection was social workers based in the Canterbury region who were working during the Canterbury earthquakes. Social workers were selected because of the discipline in which the doctoral study was being undertaken (social work). It was thought that a group of social workers would be able to discuss the definition that had been generated about courage in relation to their own experiences and also those of the people they were working with. The objective of the fourth focus group was not to contest the definition but to explore its value and applicability.

Sampling strategy and recruitment

The sampling strategy for both the older adult focus group and key informant participants intended to be through formal and informal means, such as advertising and 'snowball' (building a sample through referrals – O'Leary, 2004) recruitment whereby one participant recommended another. The sample for the first stage of data collection (focus groups) were people aged over the age of 70 who were connected through community or social groups. The intention was to interview people who knew each other socially since this would provide a means of natural support during the discussion and afterwards if people found it hard revisiting the topic of the earthquakes.

An advertisement and letters of introduction were sent to a number of community and social groups in Christchurch. There was initial difficulty in reaching groups through this approach due to the disruption caused by the earthquakes. Some groups no longer existed due to people moving away or loss of physical meeting spaces. Existing social service directories were therefore no longer accurate and some communication that was sent did not appear to reach anyone. The advertisements and letters of introductions were then also sent to existing social connections in Christchurch who were a part of, or knew, local

community and social groups. This proved more successful in recruiting older adult participants to take part, possibly also because a trusted source had approached them.

When a group expressed interest in participating, a copy of the advertisement, letter of introduction and participant information sheets were posted or emailed to an identified contact person within the group that had offered to take part. These outlined the purpose of the study and expectations of participants. Participants were also asked if they would be comfortable with direct quotes being used in the research under a pseudonym. On receiving this information, a phone call was then made to the contact person to establish a date, time and place for the interview.

A total of 11 women and two men took part in the focus groups; the oldest participants were 94 years of age and the youngest were 70 years of age. The focus groups included women from a local widows' support group, members of a choir and friends who had all met through volunteering in local libraries. The interviews took place in people's houses, where there was an existing level of comfort and people had meet before. For one of the focus groups, a connection who had asked if the group would be interested in participating volunteered her house for the focus group to meet in. A consent form was completed before the interviews took place, and any additional explanations about the process and use of data were provided before the interviews began. The consent form also included the information that they would be able to request a copy of the findings. Expectations about confidentiality were explained in the participant information sheet and the letter of introduction, and clarified if needed before the interviews began.

For the key informant interviews, initially the intended sample was people retired from (or possibly still engaged in) a job or role such as the military, rescue services, social work or nursing, where facing adversity is a key component. While the intention was to interview people who had worked in professions perceived as having to utilise courage, this carried an assumption that was challenged in one of the focus group interviews – that such people would have to access courage more than others. Instead, it was felt that those people may in fact not have to utilise courage as much because they were trained to do that type of work and were therefore prepared for it. This perspective brought the realisation that I may have acted on a possible stereotype or assumption, which caused me to re-evaluate the key informant group sampling strategy. Based on the focus group discussions, the

sample for the key informant groups was expanded to include people who had life experiences that could be perceived as challenging rather than people who had worked in a profession that was seen to utilise courage, and this was added to the information sheets and advertisement.

The initial recruitment strategy for the key informants had been to approach professional organisations for retired professionals in fields such as the military and rescue services; however, when this was challenged by the focus groups, a more informal 'snowball' approach was undertaken instead. This was also influenced by the difficulty experienced in the focus group recruitment in reaching people through formal means. Social and professional connections in both Christchurch and Wellington shared information about the research study with people they knew who then volunteered to take part, sharing their contact information that was passed onto me. Recruitment became a more of 'word of mouth' process whereby people were suggested to me, and others, on hearing of the study, volunteered. All were sent a letter of introduction so they could consider taking part.

Phone calls were made to each person to confirm if they would like to take part in the study, and if so, when and where to meet, with a central city venue offered or the researcher stating willingness to meet at their home if that would be more suitable. Interviews all took place at the participants' homes, included with people in two aged care facilities. Seven participants took part in the key informant interviews. The first interview initially intended to be with one person, involved two participants: a kaumātua (Maori elder), who was also a retired army officer, and his wife, a retired social worker. The remaining key informant interviews were conducted with a retired nun and nurse, a retired farmer, a church minister, a retired cancer support volunteer and dental receptionist, and a retired social work manager.

In total, 20 older adults from a variety of backgrounds were interviewed in the first two stages of data collection, 13 took part in the focus group interviews and seven took part in the key informant interviews.

In the third stage of data collection to explore the definition that had been developed, the intended sample was social workers who had experienced the Canterbury earthquakes and remained working in the region. An advertisement was sent through connections to

professional networks in the area, six people expressed interest and a letter of introduction and participant information sheets were sent out to those people. Email communication enabled a suitable date and time to be found. A health service meeting room was found in central Christchurch for the focus group to take place, kindly organised by one of the participants. On the day, four social workers attended, two from the local district health board, one in a rural position with a national non-government organisation and one person working a in a private capacity. The definition of courage along with three questions (see Appendix 4) was provided prior to the focus group meeting so people could reflect on the definition.

In summary, interviewing was the data collection method used in this study to contribute to the conceptualisation of courage. Utilising focus group interviews and key informant interviews in the first two stages of data collection enabled a collective sharing of experiences from the sample of the identified population group. The intention of interviews was that they be affirming and validating of experiences of coping with the earthquakes. The interviews also invited participants to step back from their experiences and share their thoughts on the concept of courage and what it meant. It was also intended that the questions used through both personal exploration of the individual's experience, and wider possible integrations and interpretations of courage would help strengthen and affirm their world view and personal efficacy. The aim of the older adult participant interviews was also to communicate a valuing and respecting of the views, strengths and competencies of older adults.

Data analysis

In constructivist grounded theory design, coding forms an essential part of data analysis. Charmaz (2014) comments that coding 'shapes an analytic frame from which you build the analysis' (p. 113). Coding helps define the data, first through line-by-line identification of a number of codes and then by more focused coding to identify the most significant themes and categories, thus reducing the number of codes from the initial coding phase. The process of identifying initial and focused codes is supported by the use of memos, and these can contribute to identifying emergent themes and categories. Memos provide an opportunity for the researcher to note ideas, alternative perspectives, questions and connections that may warrant further exploration.

Charmaz and Bryant (2011) comment that grounded theory coding differs from other types of coding because 'it codes for actions, invokes comparative methods, and discerns meanings through studying actions and events' (p. 303). They suggest that for the grounded theory method to hold more analytic credibility, it needs to 'capitalise on its strategies for analysing data' (p. 302). They comment that grounded theory coding tends to be sequential: initial coding to help define what is observed to be happening with the data and focused coding that uses the most frequent and significant codes. The use of gerunds such as 'defining' and 'experiencing' also help move the analysis forward, and 'help the researcher to define what is happening in the data, identify the theoretical direction implicit or explicit in the code, and discern lines of a merging story in the data' (p. 303). The intention of a grounded theory design is to produce well-evidenced ideas and concepts. The researcher needs to regard coding as an interactive and emergent process, and Charmaz (2006) invites the researcher to 'remain open, stay close to the data, keep codes simple and precise, construct short codes, preserve actions, compare data with data, and move quickly through the data' (p. 49).

Line-by-line coding and the development of memos may also reveal the constructivist and interpretivist nature of the process since it is the researcher who constructs and assigns these codes and develops the memos. Charmaz and Bryant (2011) comment that theoretical credibility of material generated by a grounded theory method can be strengthened by the use of theoretical sampling, whereby the researcher takes tentative categories and theories, and further tests these with the same or new participants. This helps with the precision and detail of the categories and supports the iterative process of the grounded theory method.

The final stage of processing the data is recontextualising it, when the emerging theory is compared with existing theory in order for it to become applicable to other settings (Allen, 2011). Applying a constructivist perspective to this ensures awareness and critical reflection of the researcher's interpretations that are leading to the generation of theory (Charmaz, 2006). In this context, 'theory' is defined as emphasising understanding rather than providing an exact explanation or prediction about a phenomenon (Charmaz, 2006). Generating theory requires building on connections both within the material gathered and with wider existing material (Charmaz, 2006). In this study, the application of existing

literature helped explore and build on the data to develop a definition and a process model of courage.

Focus group data analysis

The data analysis of the focus group material involved careful line-by-line initial coding of the focus group transcripts through the observation of key themes, language, concepts and ideas. Charmaz (2014) suggests that initial coding involves 'naming each word, line, or segment of data' (p. 113) to help the theory begin to emerge. When the electronic documents were received from the transcriber, these were read through alongside playing of the audio recording to ensure the transcription was accurate. This helped immersion in the content of the data and to make some minor corrections to the transcript where the occasional word may have been misinterpreted. The transcripts were then printed into paper form and line-by-line coding of the data was undertaken by hand, including writing on the transcript the initial ideas and concepts from each line of narrative, with these becoming initial codes. This process was repeated on each of the three older adult focus group transcripts, and the initial codes were recorded in a table for each interview in a Microsoft Word document.

Several questions had surfaced from the first stage of the data collection as well as the reflection notes recorded after the interviews, and these were recorded as memos. Memo writing helps identify variation, comparisons, ideas and connections, and shape further direction for questions (Charmaz, 2014). In this study, memos were used to explore the initial codes and to look for contrasts or perspectives that conflicted or challenged other ideas and to reconsider a direction or idea. Links and connections were also looked for, and on occasion, the memos were applied to revise the direction being taken (as indicated in the re-evaluation of the criteria for the key informant interviews). Field notes taken during the interviews recorded interesting or connecting ideas that emerged, and these were explored both at the time and in later analysis. The initial coding process and memos helped in the development of focused codes and emergent categories.

The process of focused coding included developing nodes to group the initial codes. Charmaz (2014) comments that focused coding takes the 'most significant or frequent initial codes to sort, synthesise, integrate and organise large amounts of data' (p. 113). In the process of focused coding, some of the initial codes were regrouped under one code

that carried a similar overarching idea or concept, which became parent nodes with child nodes linked to them. The parent nodes began to present as initial themes, and the child nodes provided further detail and description of these. Memos were recorded separately to also help guide areas for further exploration. A summary of the 22 emergent themes and memos that were further explored in the key informant interviews is presented in Chapter 4. As mentioned, a separate recording was undertaken of responses to the interview question regarding strategies that people identified as helping people face adversity because value was identified in extrapolating these as a resource in their own right.

Line-by-line coding was again undertaken with the fourth focus group in the third stage of data collection and a list of initial themes developed pertaining to older adults and social work (see Chapter7). The themes identified confirmed the key ideas in the definition of courage and also showed how the definition was applicable in a professional context. The identification of how courage was applied in turn supported the development of a process model of courage, which is presented in Chapter 8.

Key informant interview data analysis

In testing the theoretical credibility of material generated by a grounded theory method, the researcher takes the emergent categories from focused coding and further tests these with the same or new participants. In grounded theory, this is described as a constant comparative method whereby data are taken forward and compared with new data that are gathered. Theoretical sampling helps the researcher construct 'full and robust categories and aids in clarifying relationships between categories' (Charmaz, 2014, p. 200) and supports conceptual and theoretical development. The theoretical sampling undertaken in this study was done through the seven key informant interviews whereby data were applied from the focused coding process and memos to help redevelop the interview questions. Some questions were the same so data could be compared from the focus group interviews.

The data from the key informant interviews were applied in an iterative way, in that participants were asked questions about ideas shared by the participant before them. This required analysis and line-by-line coding of the data from each key informant interview to be completed before moving to the next one. On two occasions, time and travel commitments meant two interviews were conducted over a two-day period so field notes

and memos were used to inform the second interview. The participants in the key informant interviews were also assigned a letter for coding purposes. A table was developed for each of the key informant interviews that confirmed the emergent themes from the first stage of data analysis and any with new codes or themes that had been identified. The findings from each of the key informant interviews can be found in the next chapter.

Saturation occurred on the final two key informant interviews with the repetition of existing themes and codes (Suddaby, 2006) and finally no new codes or memos emerging. Charmaz (2014) comments that 'categories are "saturated" when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of these core theoretical categories' (p. 213). On the conclusion of the key informant interviews and following the transcription process, the data were entered into the qualitative data analysis software QSR International (2012) NVivo version 10 and further analysis was undertaken. This analysis involved comparing and identifying which existing emergent themes had been confirmed along with the new key informant codes and themes, and how these linked or were affirmed. From here, conceptual categories were developed with a number of themes in each, and the key ideas from these were integrated to inform a definition of courage. The ideas within the definition were further explored through the application of wider literature and discussed with the social work professionals.

Ethical considerations

All research should be challenged to determine what benefit it will offer so it does not become solely an exercise of self-interest. An intention of this study was that while the opportunity to speak with older adults would build knowledge and develop meaning, the experience would also be a validating and affirming one for participants. Inviting them to share their experiences of living in a post-disaster environment and also in the wider discussion of courage was not intended to 'do' research to them but to ensure they were equal participants in a process of developing a conceptualisation of courage. The message conveyed was 'I'm not studying you, but studying your experiences and ideas of courage with you', and semi-structured interviews provided for a more conversational and open dialogue.

As part of undertaking research ethically and with integrity, Strauss and Corbin (1994) comment that 'we have obligations to the actors we have studied; obligations to "tell their stories" to them and to others, to "give them voice" – albeit in the context of our own inevitable interpretation' (p .281). In undertaking this research, I felt very conscious of the privilege and value of the views and stories that were shared with me. This was heightened by the fact that several the participants were in their nineties and possibly closer to the end of life. The importance of ensuring people and their information are treated with care and participants have a positive experience also helps research to be viewed positively and to encourage people to participate in the future studies (Ryen, 2011). I ensured all of the participants experienced respect and valuing of what they shared, and that their information was treated with care through safe storage and accurate portrayal.

Researchers also need to remain mindful of the impacts of their intrusion into people's lives and to reconsider interviewing people if they do not have anything to offer them (Russell, 1999). The key ethical consideration for this study was to ensure possible retraumatisation or emotional upset was not experienced by participants in this research. It was essential that prior to the interviews there was care in ensuring possible participants were well informed that in exploring the topic there would be a brief revisiting of their experience of the earthquakes, and that the main focus of the conversation was on the concept of courage. The advertisement, letters of introduction and participant information sheets all clearly articulated that this was the focus.

Talking or writing about a traumatic or highly stressful event has been shown to help people organise and understand these experiences, and can have beneficial physical and psychological effects, including increased immune function and improvements in emotional functioning (Pennebaker, Colder, & Sharp, 1990). Pennebaker et al. (1990) also suggest that not talking through a traumatic experience can create a cumulative stress on the body, and talking aids the 'natural cognitive assimilation process' (p. 530). While it was not the intention of this study to attempt to provide a therapeutic experience for participants, it was intended that the process used be one that acknowledged the benefits of continuing to understand a stressful or traumatic event. Making meaning through the sharing of story and the reinforcing of positive coping strategies and existing personal resources can also help the ongoing processing of adverse events.

The study's topic, purpose and intended use of results were made explicit and clear to all possible participants. Ensuring participation was voluntary and people could withdraw at any time was also essential. A written consent and a clear participant information sheet about what would occur helped ensure participants were fully informed at the beginning of the process. Kumar (2005) comments that informed consent implies that:

> Subjects are made adequately aware of the type of information you want from them, why the information is being sought, what purpose it will be put to, how they are expected to participate in the study, and how it will directly or indirectly affect them. (p. 212)

The consent forms and the opportunity to review transcripts and receive a copy of the findings was provided to all of the participants.

Part of the criteria to take part in the study was participants considering whether they had coped with the earthquakes so people who were more deeply traumatised would not be in the position of reliving this experience unduly. Ensuring the focus group interviews were made up of participants who already knew each other and were part of social groups that already provided social connection helped with providing a safer environment because of existing trust and rapport, and possible support after the interview. This worked extremely well; all of the focus groups ended positively, and people seemed relaxed and comfortable. In the fourth focus group of social work professionals, some people knew each while others did not; however, the connection of all being social workers with a commonality of experience appeared to bridge this gap, and again, the discussion concluded with people stating they felt positive and had enjoyed the process.

Having people in the older adult focus groups who already knew each other did mean that after the interviews people would continue to know each other and may have shared not previously known personal views and experiences. This certainly occurred in all of the focus group discussions and care was taken to ensure that each person felt heard and validated. At no stage did anyone express discomfort or regret about what had been shared. People appeared to enjoy having an opportunity to talk about their experiences, and the existing comfort within the groups supported this. People were advised that they could email or contact the researcher if they had questions or wanted further information, and this was also an opportunity for people to make contact if they were worried about anything. The

chance for the key informant interview participants to review and edit their transcripts also allowed for this. However, the only communication received afterwards was from people who had comments they wanted to pass on about the concept of courage.

The consideration and discussion with the individuals in the key informant interviews of existing supports and coping mechanisms both prior to the interview and afterwards were essential to manage the possibility of retraumatisation. Another consideration for all of the interviews was the possibility of other traumatic events or experiences being shared (for example, partner abuse), which may have been past or present, and again how any possible safety issues would be addressed. Through being a registered social worker, the researcher possessed a set of skills in both how to manage a disclosure along with awareness through prior research as to what local services were available and the ability to make consensual referrals to these if required. This was not needed; however, skill was required to manage disclosure of very personal information in a supportive and validating way. At the end of all of the interviews, people appeared positive and some stated they felt 'uplifted', so this appeared to have been done well.

The focus on the interviews being less about the actual experience of the earthquakes or other adverse events and more about the concept of courage was also designed to help mitigate retraumatisation. The design of the interview question on the broader discussion of the concept of courage was done deliberately, as was positioning of the last question about strategies participants would suggest to help people face adversity. The interview structure was designed this way so people would be less likely to be left with thoughts and feelings specific to their earthquake experiences, and instead be reminded of their own ways of coping. This technique of beginning with individual experience and then moving this out into a wider discussion tends to build a sense of unity and rapport around the topic, and it is commonly used through the Kolb (1984) learning cycle process (Morrison, 1993). It helps people move from exploring what happened and reflecting on this, to a new learning or place of going forward. Years of supervising, facilitating and doing individual social work helped the researcher ensure this was both a respectful and a safe process that would end on a positive note or in a thoughtful place.

Other responsibilities towards participants included reassurance of anonymity and confidentiality through the use of pseudonyms and ensuring accuracy of information

through clarifying and checking any interpretations of what they shared. Making transcripts available for the key informant participants also helped with this. The other key area of responsibility was being mindful of the likelihood of possible health factors in an older population group that might lead to increased fatigue, discomfort with sitting for long periods or other health factors. This was managed by participants selecting a time that worked for them, and keeping to the time allocated. A simple check at the beginning of the process around how to best manage any health needs was done in a way that did not assume an age bias or patronise the individual or group. The main issue that arose was hearing difficulties, which were addressed by changing seating proximity and increasing voice volume politely. When it was an issue for several people in one focus group, a copy of the questions was provided so people could follow along.

Protection and care of the data was another key consideration. An approved university transcriber was used to transcribe all of the interviews to keep the data with one person and also support consistency in the transcribing process. The researcher's own immediate thoughts and observations were also recorded after each interview in handwritten field notes, which often informed the construction of memos. Backup of data collected occurred using two memory sticks and two different computers.

An unexpected emotional consequence and subsequent ethical dilemma from this study was hearing of the death of the older adult participants during the study. Since some of the participants were aged in their nineties, it was probable this would occur; however, there was sadness for me, having met them, usually in their home, and enjoyed the conversations I had with them. The sadness was also linked to not being able to share the findings from the study with them. This made me consider whether I should have asked on the consent form, if they were not able to receive the findings, whether they would like these passed onto someone else.

The ethical dilemma of having these stories (and literal voices) that the participants' families might benefit from hearing was explored in supervision and it was agreed that the interviews could not be released because permission had not been given for this. However, if the participants had requested a copy of the findings, I could enquire whether their families would like to see these. There was one participant who was in failing health whose daughter was interested in hearing his interview. He was able to give written permission for

this. My own feelings and reactions to the death of participants were managed in supervision both at a doctoral level and through my own professional supervision. Hearing of the participants' deaths provided further care and respect in valuing their stories, ideas and thoughts.

In summary, the key ethical issue managed in this study was protecting against possible retraumatisation. Transparent recruitment information and a clear consent process at the beginning so that people were aware of the topic to be explored helped with this. Other considerations, such as people knowing each other in the focus groups, or people with existing strong coping mechanisms through their previous work or role, were designed to help people after the process. Information about resources and supports in the area were made available if people required these at the end of the interview. The researcher's skills from social work and counselling were helpful in supporting people during the interview process. The need to attend to possible health and social needs due to the age of the participants was another key factor. Ethics approval for this study was granted on 21 February 2014 (see Appendix 1 for the University of Auckland Human Participants Ethics Committee approval letter). To undertake the social work focus group, a new ethics application was submitted to the University of Auckland Human Ethics Committee and this was granted on 19 March 2018 (reference number 020709) to the expiration of the previous permission (Appendix 1).

Researcher influence and bias

In the development of grounded theory, it is essential that researchers continue to examine, question and address any of their own bias that may skew or lead the study. The regular use of doctoral supervision to check for bias was an essential component of this study, and provided for the open exploration of the researcher's subjectivity. Because I had supported distressed family members following both earthquakes in Christchurch and had grown up in Christchurch, I could not be fully objective. Keeping transparency and openness about this through supervision enabled these experiences to support reflexivity rather than creating a bias factor. While I was undertaking the research, my own city experienced two significant earthquakes but thankfully not with the damage Christchurch experienced. These experiences also gave me a unique opportunity to reflect on my own

ways of coping with natural disasters (and of courage) and made me feel more of a partner in the study than simply an observer.

Disclosure of the researcher's own connection to Christchurch was helpful to reduce the degree of outsider suspicion and worked well. Arvay (2003) comments that 'self-disclosure concerning the personal experiences of the researcher often initiates authentic dialogue and opens up an opportunity for the researcher to re-examine her or his interpretations or beliefs' (p. 166). Managing this disclosure well was key to avoiding focus inadvertently shifting onto the researcher and away from the participants, so it was kept brief and the interview started quickly. A degree of subjectivity when developing theory will always be present because the researcher is part of a wider context, influenced in numerous ways, and the best that can be hoped for is that insight and reflexivity can be brought to these layers of subjectivity and possible filters of analysis. Bias already existed in the selection of this population group through the researcher's links and connection to Christchurch. Therefore, how the theory was constructed needed careful reflection and examination to ensure this bias did not unduly influence what was made of the findings and each stage of the process.

It is in the data analysis that the need for researcher reflexivity is key, requiring self-awareness and analysis of the researcher's own social experiences and self-constructs that are shaping and influencing the data. Patton (2002) comments that developing a grounded theory requires structured and disciplined ways to identify and address researcher bias and influence. Differences between the researcher and the participants in relation to age, gender and ethnicity also need to be considered and explored as part of the reflexivity process. The strength and value of qualitative research is to convey and share the experiences of those who contribute to the study, so ensuring the description of the data is accurate will support this while acknowledging the interpretive process brought to it. Conscious and direct use of the participants' language in the coding of the data ensured the theory generated would be representative of them. Researcher bias pertaining to personal experience of the earthquakes and the impact on family and friends was managed through doctoral and professional supervision that enabled and supported reflection and reflexivity.

Supervision was accessed to critically scrutinise the conceptualising of courage being overly influenced by researcher views and bias (Arvay, 2003). Allen (2011) comments that 'despite

a personal commitment to reflexivity, collaboration, and equality there is still a power imbalance in the researcher/participant relationship' (p. 38), and a research challenge is to continue to minimise this where possible so it does not impact negatively. A dominance of researcher perspective occurred in this study in the development of the initial key conceptual categories due to having an overarching framework that the data were made to fit into. This is seen as 'forcing data into pre-conceived categories', which ignores the notion of 'letting theory emerge, instead just proving conceptual descriptions rather than grounded theory' (Charmaz, 2014, p. 11). Once the realisation was made through discussion in doctoral supervision, the framework was discarded, and the conceptual categories developed directly from interpretation of the data.

Limitations of the research

There are a number of limitations of this study that need to be acknowledged:

1. The small number of participants

This was a small qualitative study with a total of 24 participants who took part. To test the validity of the definition and process model that were developed, a greater number of people would be required.

2. Applications of the model of courage are hypothetical

The possible applications of the model of courage discussed in Chapter 7 remain largely hypothetical. The process model requires further examination of its applicability in the areas of reflective practice, supporting self-actualisation, teaching courage and social work. Undertaking this type of testing for applicability would help determine its use and value.

3. Cultural bias

The majority of the participants were New Zealand European, with only one Māori participant. Cultural factors pertaining to courage, ageing, and disaster responsiveness therefore warrant greater consideration then was achieved in this study. The study also took part in one country and within one geographical area, meaning there is likely cultural bias. The research participants acknowledged the unique historical and present-day cultural influences in Aotearoa New Zealand that may not be universally applicable. Therefore, the

definition and process model would require further testing for applicability and meaning both inside and outside of Aotearoa New Zealand.

4. Limited population group

The contribution of this research to the conceptualisation of courage is acknowledged as pertaining to a particular population group in a certain time and place, and subjective to the interpretation of the data by the researcher. Strauss and Corbin (1994) comment that research is always limited and open for reinterpretation, noting that 'researchers are theorists, they are not gods, but men and women living in certain eras, immersed in certain societies, subject to current ideas and ideologies and so forth' (p. 279). The main body of the research was undertaken with a specific population group, and it was noted by one of the social work participants that the language in the definition sounds like language older adults might use. Although the components within the definition and process model are supported by the wider literature, it would be useful to undertake a similar exploration with a different age demographic, for example, people in their twenties or thirties.

Chapter summary

This chapter has outlined the ontological and epistemological positioning of the study as constructivist and interpretivist, leading into a description of the qualitative methodological approach and the grounded theory design selected for this study. Figure 1 provides a summary of the different stages and processes undertaken through the study to develop a definition of and a process model of courage. The population group chosen for the first two stages of data collection was adults over the age of 70 years who had experienced the Canterbury earthquakes. The method of data collection was semi-structured interviewing, beginning with three focus groups, and then seven key informant interviews were conducted.

The first stage of the data analysis process began with line-by-line coding that led to the formation of initial codes. The next step was focused coding that resulted in 22 emergent themes along with three memos. These helped shape the questions that were asked of the key informant participants. Each key informant interview participant was also asked questions based on memos or codes that had been identified in the preceding interview, enabling an iterative process of data collection to occur. The second stage of data analysis

occurred again with line-by-line coding that compared and allocated data to the existing focused codes and emergent themes and identified new codes and themes. The final stage of the data analysis process resulted in three conceptual categories containing a number of key themes. The findings from the interviews in the first stage of the data collection process are presented in the following chapter and inform subsequent chapters.

Further on in the development of theory, a fourth focus group interview was undertaken with social work professionals to discuss the definition of courage that had been generated. The findings from the third stage of data collection are presented in Chapter 7 and informed the development of a process model of courage. Key ethical considerations were primarily about the prevention of retraumatisation through discussion of the subject matter, and the management of researcher bias through supervision that supported reflection and reflexivity. This also helped address limitations and assumptions based on researcher subjectivity.

Chapter 4. Findings (Stage 1 and Stage 2) – analysis and interpretation

Introduction

The findings and analysis from Stage 1 and Stage 2 of the data collection process are presented in this chapter, first in the form of a table summary of the initial codes from each of the focus groups along with memos that were noted. The focused codes and emergent categories from comparing the data of all three focus groups are then shown. This is followed by the findings from each of the key informant interviews, again in a summary table. The findings from the key informant interviews show the connections to the focused codes and emergent categories from the focus groups, as well as any new codes and themes that were identified. In addition, a summary is provided on areas that were explored from each interview to the next following an iterative and comparative process. Three conceptual categories were developed after the second phase of data analysis from the key informant interviews, and these categories, along with the key themes within them, are more fully described with supporting narrative from the participants. A summary of the strategies participants suggested to help others face adversity is also provided.

Stage 1 – Data collection findings

Focus group 1

The first focus group comprised five participants ranging in age from 80 to 94 years. The common link between the participants was that they were part of a social group of women who had been widowed. They met weekly for lunch, and the existing trust and rapport among them helped the flow of the discussion in the focus group interview. I provided a brief recap of the discussion and how courage is not an overly researched topic and thanked people for taking time to come along. One participant commented that it was nice that someone was interested in their views and said, 'When you get older, people don't seem to think you have anything to offer.' I responded to her comment by saying that along with courage being under-researched, so were older adults, which was a shame given the length of life and experiences people had. The participants completed the consent forms and I explained anything that was unclear. I also explained the voice recorder and we began.

The interview took just over an hour. I had been quite nervous approaching the first focus group, and I felt relieved the questions had worked well and everyone participated. People already knowing each other helped the conversation flow and rebound, with people open and able to be naturally affirming, supportive and gently questioning of each other.

Table 1 shows the initial codes pertaining to the discussion of the concept of courage that were identified through the line-by-line coding process. The table is followed by a summary of the strategies the group identified in terms of facing adversity, and the memos identified during the interview and through subsequent analysis. The initial codes relating to the discussion of courage are drawn directly from the participants' words.

Table 1. Focus group 1 – Line-by-line initial codes

Not being frightened	Working something out	Kept keeping on
Ability to cope	Requires something to overcome	Disasters bring out kindness, empathy and good in others
Doing something not prepared for	Face something and be active with it	Isolation doesn't help people – hard to face things on your own
Working your way through something even when apprehensive or feel inadequate	Good health supports courage	Positivity helps people do well
Dealing with challenge	Being prepared and ready	Coping despite being scared
The ability to carry on with a situation that is hard	Conscious and unconscious courage – not aware of requiring it, use it more than we realise	How you are made, your make-up, how you were brought up, heritage, inherited – values and beliefs
Can be learned	Grin and bear it	Not being selfish
Is noticeable in others	Courage needed to face the ongoing earthquakes (not knowing what was coming)	Hold yourself together, don't complain, get on with it, pull yourself together
Stepping forward into something	Not giving up	Taught not to feel sorry for yourself, to get on with it
Talking yourself into something	Carrying on	A strong façade/presentation
Don't give in	Bravery	Hold your breath, enduring something
Something you find and access	Overcoming a barrier	No other option or choice so find a way to manage
Fighting, battling something	Doing what one has to do	Finding a way to manage teaches you something
Adapting when things change, can lose confidence and have self-doubt	Stay focused	Manage emotion, have confidence
Take a grip of yourself, steady, self-talk, get on with it	Pray, faith	Asking for help takes courage (not used to doing this)
You have to keep doing	Showing a brave face and courage	Noticing things are hard to do and

something to keep up your confidence about it	for the sake of other people – to protect other people	adapting to this – realising and accepting limits takes courage
Find different ways to do something	We can tie ourselves in knots – our imagination can make things worse	Courage is required by everyone
Letting people stand on their own helps them develop courage	Putting trust in someone or something	When you are showing courage, you are on a journey you haven't accomplished yet, showing courage is taking part in that journey

Strategies to face adversity

When asked the final question pertaining to ways to face adversity, the group noted that 'remaining socially connected, reassuring someone that it's OK to have fear and be frightened, asking for help and offering help, talking and sharing a problem, to not panic and realising your imagination can make things worse, and befriending people' all helped people face adversity.

Memos

The two memos that arose from the first focus group included the question of whether people could be taught courage and whether courage was a conscious or unconscious process. The first focus group confirmed that the process chosen of bringing together people who knew each other had worked well in enabling rapport and discussion. The interview questions had generated a rich discussion and the timing had been confined to an hour. The positive experience of the first focus group provided the researcher with further confidence to undertake the next two focus groups.

Focus group 2

The second focus groups consisted of four participants aged between 70 and 80. They had a social connection from being in a community choir together. This group had the youngest participants in it, and there was good humour among the group. Everyone completed the consent forms, and the discussion immediately began. I found that this group took more of a spiritual lens to describe courage, with emphasis on courage being inner strength. What people shared was extremely open and honest, and I found myself using simple social work strategies of support and affirming strengths when people shared revealing personal material. The one-hour interview was very enjoyable, and the energy remained high and positive throughout the discussion, again, in part, because people knew each other so there

was an ease of rapport and high engagement. Table 2 shows the initial codes pertaining to the discussion of the concept of courage that were identified through the line-by-line coding process. The table is followed by a summary of the strategies the group identified in terms of facing adversity, and the memos identified during the interview and through subsequent analysis.

Table 2. Focus group 2 – Line-by-line initial codes

A self-decision – encourage your inner being to investigate, see and feel, go into something	Keeping someone else calm keeps you calm	Some people have more courage than others
Encourages others, can impart courage to others	The motivation to think about others helps you stay calm and logical	Helps you carry on
A conscious decision to move forward rather than stay stuck or stay where it is safe and known	There needs to be some fear in order for courage to be present, not having understanding or knowing increases fear	Clear-headedness
Do something not in and beyond your comfort zone	Gathering yourself together	Gives you strength to do things
Do something that is a challenge or is adverse, something you may not like or are afraid to do	Protecting others reduces fear because you have a purpose and a focus	Comes from somewhere to get on top of nerves and remain matter of fact
A force that you feel	Inner strength	Free of panic
Get over a barrier and go down the other side	Links to survival mode and physical strength	Gets you through an event, shock comes later
It is going forward and a movement up	Trauma leaves an ongoing awareness/fear	Helps you do what needs to be done
Do something you wouldn't normally do	Helps you keep going	Emotion is overridden, it comes later once you have done what needs to be done, emotions can be blocked or shut down in order to manage
Faith supports courage	Ignoring something helps overcome fear	Loyalty and love supports courage
Requires logic and being logical	It is learned in that you learn not to give in and instead move on	Helps you manage complexity and stay focused
Source of strength to deal with something	Faith helps sustain people through difficulty and supports inner strength for courage	Automatic, you don't think about it
Not conscious thought, if you think too much you'll talk yourself out of it by letting emotions in	Do normal things together and engage with other people	Calmness that comes from within, this may not be conscious
Role of personality, so people go to emotion first and don't cope	Physiological, endorphins, survival mode	We all need courage at some point in our lives
You can't choose to be courageous but you can choose to be calm	Life experience gives you things to draw on to help with difficulty	The way you are brought up – learning order and how to be methodical
Moral courage requires strong	Courage has an element of love –	We don't consciously think about

| thoughts and convictions | love for others and for yourself, a love of life | courage |

Strategies

When asked about suggestions on how to face adversity, this group stated, 'thinking things through, speak slowly to someone who is anxious, be calm and deliberate, the use of reassuring touch and taking a deep breath'.

Memos

Two memos emerged from the conversation: What is the role of internal and external locus of control in courage? and Does fear need to exist for courage to exist? The second focus group also confirmed the benefits of people knowing each and allowed for some very personal experiences that people had not known about each other. Because of the level of trust and connection in the room, these disclosures were supported and managed well, and people stated how positive they felt at the end of the discussion.

Focus group 3

The third focus group interview had four participants: two married couples aged between 80 and 94 years of age. The connection the group had was through working as volunteers in a community library and consequently becoming friends. They had been living in the eastern suburbs in Christchurch and all had had to move because their houses and retirement village were red stickered after the February 22nd earthquake. They had experienced the most disruption and damage from the earthquakes out of all of the three focus groups. Unfortunately, they did not receive the participant information sheets so we took time to read these over and then do the consent sheets. Because two people were hard of hearing, the interview questions were provided in written form so people could follow what was being asked.

The group made frequent use of humour, presenting as being 'stoic' and 'downplaying events' in a humorous, joking way. I noted that several distinct gendered themes emerged in this discussion among the participants; for example, the men in particular saw courage very much through the lens of heroism. The women spoke more of 'quiet courage' that helped people on a day-to-day basis to face adversity. At the end, one participant commented, 'Well, I wasn't too sure if I would come along today. I wasn't sure I'd be

interested in it, but I have to say it has been a marvellous conversation and I thoroughly enjoyed it' (Tom).

There was debate in this group as to whether people could be taught or trained to have courage, and whether if you were taught or trained in a particular way or role, you still utilised courage. Group members stated that people in roles such as in the army or surf lifesaving were trained to act in certain ways and therefore this did not necessarily require the utilisation of courage in the same way as other people require it. This was captured in a memo that was further explored in the key informant interviews. Table 3 shows the initial codes pertaining to the discussion of the concept of courage that were identified through the line-by-line coding process. The table is followed by a summary of the strategies the group identified in terms of facing adversity, and the memos identified during the interview and through subsequent analysis. The initial codes relating to the discussion of courage are again drawn directly from the participants' words.

Table 3. Focus group 3 – Line-by-line initial codes

Being brave in the face of adversity	Facing facts and coping	Sticking to what you believe is right, keeping on going and it getting it done
Not being afraid to help other people when things are hard	In your nature, your DNA, an intrinsic trait	Helping your self-preservation type of courage
Instinct, and automatic reaction linked to a situation and survival	Saving people, heroic acts	Helping other people is a finer type of courage
Requires adverse, extraordinary or unexpected conditions that are outside of normal experiences	Quiet courage – facing personal adversity, enduring and getting on with it	Staying and facing a situation
Often is unconscious	Rising to the occasion	Having to figure things out
Sometimes it is a conscious choice or decision to try something	When people cope and this was unexpected	Taking action, getting to others and checking they are OK
Not falling apart	Way you are brought up – from pioneering stock so just get on with it	The moment when you choose to act
Being stoic, not complaining	Keep going, don't give in	Keeping others calm by giving them practical task to keep them occupied and not think about things too much
Push past social norms to get something done	Making complex and big decisions	Doing something that scares you that you don't want to do
Assertiveness, pushing back, standing your ground	Fighting for something you believe in	Being calm and not panicking
Learned from the way you are	Doing something in the face of	Putting your life on the line,

brought up	adversity that might harm you	protecting saving others
Being outside of your comfort zone	Not lying down and feeling sorry for yourself	Grit your teeth and get on with it

Strategies

With regard to strategies they would suggest to others facing adversity, the third focus named staying in the moment and living in the moment, and to keep and use a sense of humour.

Memos

As indicated, and linking to an earlier memo from the first focus group, this group debated whether if you are trained in a particular job or field that works with adversity you still require courage; the men felt that you did not. The third focus group reiterated a number of the ideas from the two other focus groups, and this confirmed that enough data had been gathered to begin the focused coding process.

Focused coding

Each of the focus groups provided rich discussion and data pertaining to the concept of courage. After the development of initial codes from all three focus groups, focused coding was undertaken by comparing and observing common themes across the three focus groups. These were grouped together under a number of parent and child nodes using NVivo data analysis software. The name of each node was directly linked to the language the participants had used, and identifying connecting ideas and perspectives helped group the data within the corresponding parent node or the child node beneath this. This resulted in 22 emergent themes along with three memos. These were explored in the second stage of the data collection, undertaken through the key informant interview process. The emergent themes also supported the process of data analysis from the key informant interviews by providing an existing way of collating and coding the new data as well as testing it further. The 22 emergent themes from the focus groups can be seen in Table 4.

Table 4. Emergent themes

1. Ability to face facts and cope		2. Energy or force that helps you go forward into something and learning something
3. Being brave in the face of adversity and fear		4. Facing a difficulty and obstacle

5. Calmness and presence of mind	6. Helping others, putting yourself second or in danger
7. Confidence	8. Inner strength
9. A self-decision, something you consciously decide	10. Keeping on going, not giving up or giving in
11. Doing something outside of your comfort zone (uncertain or a challenge)	12. Conscious – logic and clear-headedness – overriding emotion
13. Doing something you are not prepared for and seeing it through	14. Managing being frightened
15. Perseverance and fighting for something (personal resolve)	16. Recognising limits
17. Self-preservation	18. The way you are made, intrinsic values
19. Learned	20. Unconscious, instinct, reaction, physical survival
21. Faith	22. Love

The memos that came from the focus group discussions contributed additional areas of questioning for the key informant interviews. These included: If you are trained in a particular job or field that works with adversity, do you still require courage? Can people be taught courage? and Is courage conscious or unconscious? The questionnaire for the key informants was extended to include the following questions based on the focus group memos:

- The focus group participants suggested courage involved being calm and logical, and often involved an overriding of emotion. What are your thoughts on that?
- In the focus group interviews people suggested courage can be conscious, in terms of a personal resolve, choice or act to see something difficult or unexpected through; what do you think of this?
- Can courage also be unconscious, so an instinct perhaps more related to situations of bravery often where you put your safety second through an act of caring or love?
- If someone is trained to do a particular job like you were, do you think they still need courage to do this?
- Related to this, do you think courage can be learned or taught?

In summary, the three focus groups in the initial stage of the data collection process brought varied and rich information. Each group had its own unique composition and contribution, and the decision to bring together people who knew each other led to an easy rapport and trust. This rapport and trust enabled sharing of more personal stories that

moved past the Canterbury earthquakes and into other adverse experiences. The emergent themes from the three focus groups were also shared at the People in Disaster Conference held in Christchurch from 24 to 26 February 2016 in a presentation (Weld, 2016).

Stage 2 – Data collection findings

Key informant interview 1 (Jim and Sue)

The first key informant interview took place with a retired army officer and local kaumātua, Jim, and his wife, Sue, who was a semi-retired social worker who also wanted to participate. It was a lively conversation in which both participants felt able to agree and challenge the other's views. At one point, we were joined by their cat, who it turned out was an earthquake cat, that is, a cat that had sought shelter with them after the earthquake, and they shared the story of her with me as well. Interestingly enough, the very first part of the conversation linked to the point raised in the third focus group about whether people who were trained in a certain area or skill still required courage. Jim and Sue disagreed about whether courage was needed if you were trained to do something, and this became an additional memo to be explored, particularly as it had been touched on in the third focus group. Here is part of the conversation that explored this:

> I think it can be trained. (Sue)
>
> Can you? I don't know. For me courage is doing something knowing that you could be killed and be scared and still going to do it like a lot of the workers in the earthquake. (Jim)
>
> But that is what soldiers are trained to do, they are trained to know that. (Sue)
>
> Yes, but we are not trained to be courageous. We are trained just as if we are going out. I don't think you can train people to be courageous. It is just an instinct. (Jim)

They also highlighted the idea of the country you were born into influencing courage, and New Zealand has a culture of people having to get on and do things themselves because it is geographically isolated. This had been suggested in the focus groups, but it was linked more to the family culture and socialisation from this that people experienced. A summary of the confirmed codes and new codes is shown in Table 5. Confirmed emergent themes (named 'existing codes') are marked with an x. The emergent themes are identified by the number assigned to them in the emergent themes (see Table 4). The question about strategies that one would suggest to help someone facing adversity was also asked in the

key informant interviews, and these data are also provided. Any memos that the interview generated are also provided.

Table 5. Codes key informant 1

Existing codes		New codes – Key informant interview 1
1 x	2 x	Taught or trained to do something – it is an automatic reaction (not courage)
3 x	4 x	It is a belief you will be OK, 'Complete and absolute faith that it will be all right'
5 x	6 x	Letting someone you love go into an uncertain situation (like war)
7	8 x	Getting on with something – 'You just get on with it', 'Life doesn't owe you a living'
9 x	10 x	Duty and responsibility – leadership
11 x	12 x	Bravery includes being able to ask for help
13	14 x	Fear needs to be present for courage to be present
15 x	16 x	Bravery and heroism is putting yourself second to help/protect someone else
17 x	18 x	Difference between physical courage and emotional courage
19	20 x	Having a purpose (override emotion, replace it with a task)
21 x	22 x	New Zealanders – geographically isolated, having to get on and do things for yourself, also colonisation, fighting for your identity (national psyche)
		Excitement overcomes fear

The strategies to manage adversity suggested by this couple included 'keeping things normal, keep talking with them, to stop, sleep on it and pray, to be alongside and stay with someone, to remind people that they don't need to try and solve the difficulty, and to care for them.'

With regard to new memos, this couple raised the issue of whether gender differences needed to be considered in relation to courage, and added to an existing memo that if people had been trained in a particular profession or area of expertise (such as the army) then they did not elicit courage as they were more likely to respond automatically. This was more explicitly explored in the next interview.

Key informant interview 2 (Jenny)

The second key informant interview took place with a retired nun, Jenny, who had also been a nurse. She had chronic fatigue and some hearing loss, and so we agreed to keep the interview short. Jenny identified faith in particular as a foundation in her life that helped her get through difficult times. This participant also focused strongly on the idea of encouragement to help others to have courage. This was fascinating in terms of the word

'encouragement' containing the word courage. I asked her directly about the notion of being trained to do something and whether this still required courage. She commented:

> He wouldn't know what unexpected incidence would be happening and what dangers they would encounter. I don't agree with that really, but I see his point of being well prepared, like I was not well prepared to what came into my life and that was a big negative. (Jenny)

This linked to the idea of courage often being in relation to the unexpected, so something you had not encountered or were less prepared for. This participant also felt that leadership skills contributed to courage. Table 6 summarises the confirmed existing themes and the new codes from this interview.

Table 6. Codes key informant 2

Existing codes		New codes – key informant interview 2
1	2	Cheerfulness
3 x	4 x	Encouragement – encouraging one another builds courage
5	6	Endurance
7	8 x	Adjusting
9 x	10 x	Acceptance – necessary, part of a calling
11 x	12 x	Fortitude
13 x	14	Different areas of courage for different situations
15 x	16	Sharing stories of courage and overcoming adversity help build courage
17	18	Courage is present in all of us, it may need a bit of nurturing, a bit of help a bit of hope
19	20 x	
21 x	22 x	

The strategies Jenny identified to help someone face adversity were faith, prayer and social support through friendship and community. No new memos were identified in this interview; however, ideas of preparedness, encouragement, endurance and adjusting to difficulty were clearly present. These came from her sharing her own personal experience of having to work in a Pacific Island setting and how she had completed it despite how hard it had been. This provided insight into how courage can be about having fear but seeing something through, rather than courage being about fearlessness, which validated a number of comments from the focus group interviews.

Key informant interview 3 (Felix)

The fourth interview was with a retired farmer, Felix, whose wife had died from cancer and who was also suffering from cancer himself. I explored the ideas of encouragement from the previous interview, which he linked to the notion of a support circle or network. He also expressed the idea of excitement overcoming fear, which had been touched on in the first key informant interview. We discussed the idea of determination based on him talking about his wife not giving up despite three reoccurrences of cancer. This was perhaps the central theme of this interview and how this provided courage, as he describes in this comment: 'Thinking about someone who is near you that was strong and it just gives you a drive' (Felix). Table 7 summarises the findings from this interview.

Table 7. Codes key informant 3

Existing codes		New codes – Key informant interview 3
1 x	2 x	Courage is something you build up and develop, it builds and builds
3 x	4 x	Sees you through hard times, pushes you on
5	6	Getting stuck into something gives you drive
7 x	8 x	Helps you push ahead rather than get down about something
9 x	10 x	Not letting things get you down
11	12 x	Draw strength and courage from others who are strong and near you by reflecting on how they would manage or handle it
13	14 x	If you have something against something nothing suits you
15 x	16	Determination
17	18 x	
19 x	20	
21	22 x	

Felix did not identify any specific strategies to help someone face adversity; however, the interview did produce a new memo that was further explored in following interviews. This was whether drawing strength and courage from others who are strong and close to us by reflecting on how they would manage something could contribute to how we learn to have courage. This suggested the notion that courage can be motivated by external sources.

Key informant interview 4 (Matthew)

The fourth key informant interview was with a church minister, Matthew, who had just returned from conducting a funeral. The interview was wide ranging in the topics discussed

and initially fully led by him. It was a fascinating conversation and he saw courage as a by-product, as he explains in this comment:

> I suppose I have alternative words. I would say it's strength of character. I think courage is a by-product, not the primary thing, and you become courageous when you are able to view things a bit more dispassionately – see things from the edge. (Matthew)

He shared some of his hymns with me and used these to emphasise some of the points he made, such as an anthropocentric or human-centred view of reality and the ability to let go and the importance of acceptance. In relation to the notion of courage being a by-product, I explored the themes of overriding emotion that had come up in the focus groups in relation to his ideas on stilling the mind, bravery, the idea that if you were trained to do something it was not courage, courage connected to love, and personal resolve and strength, as explored in the third key informant interview. The confirmed codes and new codes are summarised in Table 8.

Table 8. Codes key informant 4

Existing codes		New codes – Key informant interview 4
1 x	2	Acceptance (especially that things change and having security in knowing this)
3 x	4 x	Being with not knowing – helps us cope
5 x	6 x	Letting go (especially of worrying about what is going to happen to us) and trusting that things will be OK
7	8 x	Courage is a by-product
9	10	Be open to other sources of energy and share your own positive energy
11	12 x	Have a positive attitude and utilising positive thinking
13	14 x	Creativity and imagination also support compassion, empathy and hence bravery in regard to helping/saving others
15	16	
17	18	
19 x	20 x	
21 x	22 x	

Because of time constraints, we did not explicitly explore the second-to-last questions about supporting someone facing adversity; however, the wider discussion comprised ideas such as letting go and sharing positive energy and having the 'ability to believe that in the end all will be well' (Matthew). A new memo was generated from the interview, which was

whether courage was a by-product or the end result of other things/components, and this was carried into the next interview.

Key informant interview 5 (Velda)

The fifth key informant interview was with a woman who had experienced the loss of her parents and husband, as well as a son who had died of a degenerative disease in his fifties. Velda had also worked for the Cancer Society as a volunteer driver. In this interview, the theme of confidence and leadership emerged strongly in how to support people to cope with adverse events such as the earthquakes. This confirmed ideas expressed about confidence by the second focus group, and the idea of leadership in the third focus group and the first and second key informant interviews. I explored a number of themes from the previous interviews and also asked her for her views on the idea expressed in the previous interview that courage was a by-product or end result, to which she commented, 'Yes, I agree wholeheartedly with that' (Velda). I also asked her about the idea of being trained to do something and she said, 'Well, they are using a skill they've been taught, haven't they? But I think they still need courage to do it' (Velda). I also asked her if she saw positivity as being a part of confidence and coping (as was expressed in previous interviews) and she agreed. The findings from this interview can be seen in Table 9.

Table 9. Codes key informant 5

Existing codes		New codes – Key informant interview 5
1 x	2	You either have courage or you don't – linked to confidence
3 x	4 x	Courage is automatic if you are a leader and naturally lean into supporting others
5	6 x	You need 'day-to-day courage' to get things done – the ability to act
7 x	8 x	Adjusting and adapting
9 x	10 x	See it in other people before we see it in ourselves
11	12 x	
13	14 x	
15	16	
17	18 x	
19	20 x	
21	22	

Velda had several strategies to help others face adversity, including 'suggesting they ask for help, go with a person, so support them by offering your company and presence, reassure them, and take care of practical details to soften the anxiety' (Velda). No new memos emerged from this interview, but as noted, ideas about confidence and self-belief, and

courage still being required by people even if they are trained to respond in a certain way were clearly articulated.

Key informant interview 6 (David)

The final key informant interview was with a retired social worker and manager, David. This participant felt that positive thinking was a key part of courage and the interview centred on this and the notion of confidence in supporting courage. He commented that 'if you think you can do a thing you are going to be right, but if you are doubtful about doing it, you'll also be right!' (David). He felt that this also included not having doubt, which linked to a personal resolve and conscious decision. I asked him about the idea of adjusting and adapting, as expressed in the previous interview and he commented, 'Yes, that's right, we are going to adjust here and we came from a home in … and we don't have any garden or anything here. You get used to it' (David). I also explored the idea of acceptance, and whether courage was a by-product, and he said he thought that was right. He felt people were naturally courageous (the comments made in the previous interview also suggested this) but also felt if people could build confidence through experiences and learning skills, they could build courage. He felt that without courage 'you won't go far' and that 'courage is a necessary thing in life' (David).

I asked him about the idea that if people were trained to do something if that still took courage, and he commented:

> Well, they've probably been told what to do in a lot of cases, but when it comes to doing something and the experience is not there, they have got to use courage, and still have got to have a go. (David)

David's wife, Carol, was also present and had recently had a severe and debilitating stroke and required significant ongoing health support, including assistance with breathing, feeding and mobility. She appeared very physically fragile and her speech had been severely affected by the stroke so she did not take part in the interview. I said to her at the end of the interview that I would have loved to have heard her views, but I appreciated that would have been difficult from the perspective of physically talking. I also said to her that she must have done really well to come through from such a major health event. With tremendous effort, she smiled and shakily lifted her hand to her heart and patted it, managing to say, 'I'm determined!' (Carol).

My observation was that she demonstrated courage by having come through such a serious life-threatening event and the effort she made to respond to me. Her use of the word 'determined' suggested a description of courage even though she was not directly responding to a question on the topic. This idea of determination linked to the focus group discussion and was named in the third focus group interview. Afterwards, I gained her written consent to share the interaction we had as part of the research findings.

While no new codes emerged from this interview, it did validate and confirm a number of the ideas, themes and concepts shared by other participants, especially about the idea of positive thinking that he eloquently described. It also provided perhaps one of the most powerful observations I had of courage through the data collection process because of the strength and determination evident in Carol. This was a very touching and powerful experience for me, and it seemed fitting that, along with saturation being reached, this was the right note on which to conclude the data collection process. The confirmed codes from this interview are summarised in Table 10.

Table 10. Codes key informant 6

Existing codes		New codes – Key informant interview 6
1 x	2	
3 x	4 x	
5 x	6	
7 x	8 x	
9 x	10 x	
11 x	12 x	
13	14 x	
15	16	
17	18 x	
19 x	20	
21	22	

This final interview yielded several strategies to help face adversity. These included:

1. Be kind but not too much sympathy.
2. Despite adversity you can still make something of your life.
3. Positive thinking, choose a mental attitude.
4. Encourage children by giving them experiences that build confidence.
5. Keep on going as long as you can.

In summary, the key informant participants came from varied backgrounds and generously shared their own personal life experiences from these. All of the emergent themes from the focus group interviews were confirmed and a number of new codes were added to these, which can be seen in Table 11.

Table 11. New codes (Key informant interviews)

Taught or trained to do something – it is an automatic reaction (not courage)	Cheerfulness	Courage is something you build up and develop, it builds and builds
Belief and faith you will be OK	Encouragement – encouraging one another builds courage	Sees you through hard times, pushes you on
Letting someone you love go into an uncertain situation (like war)	Endurance	Getting stuck into something gives you drive
Getting on with it	Adjusting	Helps you push ahead rather than get down about something
Duty and responsibility – leadership	Acceptance – necessary, part of a calling, things change, security in knowing this	Not letting things get you down
Bravery includes being able to ask for help	Fortitude	Draw strength and courage from others who are strong and near you by reflecting on how they would manage or handle it
Fear needs to be present for courage to be present	Different areas of courage for different situations	If you have something against something nothing suits you
Bravery and heroism is putting yourself second to help/protect someone else	Sharing stories of courage and overcoming adversity help build courage	Determination
Difference between physical courage and emotional courage	Courage is present in all of us, it may need a bit of nurturing, a bit of help a bit of hope	Being with not knowing – helps us cope
Having a purpose (override emotion, replace it with a task)	You either have courage or you don't – linked to confidence	Letting go (especially of worrying about what is going to happen to us) and trusting that things will be OK
New Zealanders – geographically isolated, having to get on and do things for yourself; also colonisation, fighting for your identity (national psyche)	Courage is automatic if you are a leader and naturally lean into supporting others	Courage is a by-product
Excitement overcomes fear	You need 'day-to-day courage' to get things done – the ability to act	Be open to other sources of energy and share your own positive energy
You either have courage or you don't – linked to confidence	Adjusting and adapting	Have a positive attitude and utilise positive thinking
See it in other people before we see it in ourselves	Creativity and imagination also support compassion, empathy and hence bravery in regard to helping/saving others	

Interpretation of the findings

On completion of the key informant interviews, with saturation reached, the 22 emergent themes from the focus groups and new codes developed from the key informant interviews were further analysed for connections, comparisons and differences. NVivo software was used again to connect and group the data by refining the parent and child nodes from the focus groups with the data from the key informant interviews. Through this process, three key conceptual categories were developed that each contained a number of themes drawn from the combined data.

It is important to recognise the role of the researcher in developing the conceptual categories that contribute to the generation of theory. Researchers apply their interpretation but need to uphold and keep central the participants' views on the social situation or concept under examination (Suddaby, 2006). Although the researcher developed the key conceptual categories, their titles and the content and themes in each were informed by the participants' thoughts, stories, ideas and views. The three conceptual categories developed were:

1. Courage is a conscious process that supports action.
2. Courage comes from a range of sources within a person.
3. Courage contains a number of attributes and traits.

The first conceptual category was developed from participants describing courage as a conscious process, so people knowingly chose or committed to some form of action. The second conceptual category described courage as an internal process and one that was supported by a range of internal factors. It was linked to the idea of courage being instinctive and not something people were conscious of using or acting on. The third conceptual category described courage as containing a number of attributes and traits, and thus abilities that contributed to courage. This linked to Matthew's (one of the key informants) idea that courage was a by-product or an end result of a number of factors. It also described the various ways that people saw courage enacted, both in themselves and in others.

The themes within these key conceptual categories are outlined in Tables 12 to 14 and further described with supporting narrative from the participants in both the focus groups and the key informant interviews.

Table 12. Category 1 – Courage is a conscious process that supports action

1. Facing a difficulty and obstacle	4. Doing something you are not prepared for (outside of your comfort zone) and seeing it through
2. Making a self-decision or a personal resolve to do something	5. Putting yourself in danger – bravery
3. Keeping on going, not giving up or giving in	6. Recognising limitations to manage change

1. Courage was described as the action of **facing a fear or obstacle**, which suggests a chosen stance or position on managing something. The idea of 'facing' something is described by this participant:

> I think it [earthquake] altered your lifestyle because I didn't want to go to bed, you know. I would leave it until late in the evening, you know. I would rather be up and dressed and conscious if an earthquake came than lying in bed unconscious and being woken up in a frightened state. I wanted to face it and be with it and active with it. (Jill)

The idea of 'being active with it' suggests that engagement with what is occurring is preferable to being overwhelmed or frightened by it. Facing something and being conscious of it enables a person to actively do something, which was seen as preferable to being passive. Courage seen as facing and engaging with a challenge can be heard in this story from one of the participants talking of her experience of World War II:

> I was in London and having failed school certificate and all that trouble I got beyond that by applying to a London hospital and, yes, they would take me irrespective of I had enough intelligence to talk them through it really. And they took me and it was still during the war and it was at the time when aeroplanes cut off across and then they came down like that. So you knew more or less where they [the bombs] were going to fall because after the engines cut off they came down like that. So you kept out of the way. When you heard an aeroplane overhead cut out, you would stay inside. Well, my home was in South Wales and to get there I had to go under the Severn River in a train, yes, and every time I went home I had a horror of an air raid and being cut off and being caught under the river, you know, in the train under the river and it was a horrible experience.
>
> But I learned to cope with it, I suppose, and I went home regularly. Held my breath for this 12 minutes or so that we were under the river until we got to the other side

and there was no other way. The roads were impassable because of the bombing and so there was no other way to get home except to go by train and under the river. It is still the only way – no, they've got two transporter bridges now that they can get across by road. But, you know, that taught me something. (Rose)

The description of holding one's breath is a powerful image of facing this obstacle day after day. The final comment by this participant also suggests that when we face an obstacle we develop life experience and learning. It appeared that reflecting on managing adversity in other stages in their lives had been a source of strength to draw on to face the earthquakes. Facing challenge or adversity was also commented on by this participant:

> I've often thought, people who do face adversity like that, their own personal adversity, but they show a lot of courage and, yes, as you say, it is a queer thing to describe, isn't it? I think there are so many different parts to the word courage. I think dashing people, saving people. I also think it is more of a quiet courage. (Lillian)

This comment also highlights how courage can be perceived as linked to heroic acts but is also in the day-to-day challenges and struggles that life presents. 'Quiet courage' is an excellent term to describe the more individual, personal adverse and challenging events that people face. This comment suggests that courage can be outward through actions towards others, but perhaps also inward as actions that are engaged to help us.

2. **Making a decision or a personal resolve** to do something and commit to taking action was seen as a part of conscious courage. This was also defined as a self-decision that may have gone against what others wanted or thought should happen. This is illustrated in this example shared by a participant who was following the wishes of his dying brother:

> But I took him away from family and for me that took courage because I only had two weeks with him and then I was going to leave him and I wasn't going to come back for his funeral. And, of course, when I went back overseas he died and I didn't come home for his funeral and, of course, all the family got all angry about that. But him and I had a talk about it and he said, 'You know this, these are the best years of my life just being with you and nobody else, no family no nothing.' And he said, 'I don't want you to come home.' I said, 'I'm not.' So that was a courage of a kind, that I had to do it my own way. (Jim)

The idea of doing it one's own way and resolving to hold to this requires determination and commitment to what has been decided. This participant saw it as responding to an idea or course of action and encouraging himself to look further into it and learn more about it.

I'm going to say that courage, I think of courage as being the entity that an idea comes into your mind or you see something that you might like to investigate and it is a self-decision about will I go and look at that? Maybe I shouldn't because is that an appropriate thing to do? And it is deciding you, encouraging within yourself to go and investigate that thing or see that thing, feel that thing. (Celia)

Making a decision or personal resolve also suggested that this would lead to a course of action not only for the person but potentially for others as well. A participant who had held leadership roles commented, '… in dealing with these people I had to make certain decisions. It took courage for that' (David). So again, making a decision or personal resolve can be about achieving something for oneself or for other people. It could be getting something done or creating something new or different, but both suggest a conscious cognitive process of deciding and resolving to do what is perceived as needing to occur even if it is something that may not be pleasant or easy, as suggested by the conversation between these three participants:

And you need courage alongside it as well, don't you? Because if you are told to do something and you don't want to do it, you are told to do something because it will get you out of the way and you don't want to do it because you wonder what will happen. You need courage to take that step forward. (Rose)

And not keep brooding about something you know you've got to do but you keep thinking about it. You have to try and diminish the time because the longer you take to try and work up to it the more upsetting it is. For instance, I know my lounge colour is wrong and it is not the same as the sample I was given and what have you. I've got to ring the painter and say, and I haven't paid him yet and he's a lovely man and I know he won't take as much as he should, but it is the wrong colour and I'm having great trouble talking myself into ringing him and saying come and get your money and sorry but the lounge colour will have to be changed. (Glennis)

It takes courage to work that out and to ask him, doesn't it? (Kit)

The act of making a decision or personal resolve could therefore be seen as the precursor to taking the action. In particular, courage seemed linked to situations in which there are barriers, fears, worries or complexity. Without these challenging factors, courage is not likely to be seen as required. There must be some issues contributing to resistance or doubt and a conscious decision or resolve to move forward with what is required to happen. This would lead to accessing attributes of logic and clear-headedness to overcome the more emotion-based factors, which helps people to develop the resolve that is required.

3. Courage was described by a number of participants as **keeping on going and not giving up** despite the adversity being experienced. This also included the idea of not giving in, as described by this participant: 'Yes, well, to my reckoning the courage comes in so you keep going, you don't give in' (Lillian). Keeping on going and not giving up or in could occur mentally or physically, as these two examples illustrate:

> I always remember being in London and I had to go very early to collect some tickets. I was on my own in Vauxhall. I don't know if anyone knows London, but I had to go through London Pall Mall and there is an underpass that goes under. And this was very early in the morning and wasn't anybody much around. I hate to say a black man and I was walking very purposely and you know and he dug me in the ribs so hard and I don't know what was in me. I just ignored it and I kept going and because I'm fairly big and he was small it didn't affect me. I just kept going. And I don't know how I managed to keep going. I got the courage from somewhere to keep going. But it was the scariest thing being in a strange place. (Belinda)

> People tell me that I have been very courageous because just before I turned 40 I had major spinal surgery and I was on crutches for 10 years. My four children were five, seven, nine and 11 and my husband walked out and left me with these children. I had to make myself carry on, yeah, because the choice was, well, to me it wasn't a choice. It was to give in or take the bull by the horns and keep going. (Celia)

The notion of not giving up and keeping on going suggests again that courage helps people to take action and complete that action. Courage is seen as facing something difficult and pushing through or on with what is needed. It is a forward movement that helps take a people from one place in their life to another, to overcome barriers or challenges.

4. The action of **doing something you are unsure of and unprepared for** was described as both utilising courage and demonstrating courage. To be able to do it was seen as requiring courage, and completing it demonstrated courage. This suggests that courage is both a way of achieving something and a summary of how this was done. The aspect of doing something people felt unsure about was key because this suggested overcoming apprehension and doubt, as described by this participant: 'It is working your way through things even if one is very apprehensive about' (Qona). This was also reflected in feeling inadequate, as this participant commented:

> It takes courage to do something when you're feeling inadequate for the job. You've got to strive to accomplish it when you are not prepared or unsure or, as the girls have said, frightened … to do something when you are not prepared for, that is

foreign to you and you are going to have to take a risk to accomplish this procedure. It more or less takes courage to see it through, doesn't it? (Kit)

Courage was also seen as helping to achieve something or facing a challenging situation that people were not prepared for and possibly felt very uncomfortable about. This was illustrated in this example shared by a participant:

> So we had to go up and take charge of a hostel and that was on the other main island of Fiji. So we went there for the first year. No electricity, wooden floors, very primitive, you know, it was a huge challenge. We tried to learn Hindi, we tried to learn Fijian, no go. So it was a challenge on different levels really, just living together and living with children, you know, in the same building. It was a very small two-storeyed building and they added on a terrific lot since. When I think about that it was a huge challenge, really. It was a type of courage, I suppose, that I went and I stuck it out and put up with it and we had some laughs. I mean it wasn't all grim, you know, and we met some lovely people over there and I love, you know, the people. Made friends with a Chinese family and learned to love Chinese cooking, you know. There were plenty of good things about it too. So I'm glad you brought that out. There are different areas of courage where they are needed in different cases. (Jenny)

Courage as a way of achieving something or motivating a person to take action was described by this participant: '… you are told to do something because it will get it out of the way and you don't want to do it because you wonder what will happen. You need courage to take that step forward' (Rose). This links to the attribute of overcoming fear and doubt in order to take action and do something that must be done. Doing something you are unsure of or unprepared for is seen as utilising courage to take the required step forward.

5. The action of **putting yourself second or in danger** to help others was taking action to help another person. This was often about saving or assisting them in the face of danger. A participant commented that:

> Generally, it is courage to put yourself in a position where you may drown but somebody else will be saved or you may be killed if somebody else will be OK. A woman who stands in front of her mad husband and thinks if he beats me at least my children have got time to get out and they will be safe, you know, that type of thing. (Sue)

This included taking action to help or protect others even when there was danger to oneself, as can be seen in this comment: 'Not being afraid to step out and do something

and help people when everything is happening to you and everyone else round you' (Helen). The idea of protecting or helping another person was also exemplified in this reflection on the February 22nd earthquake:

> Yes, well, I was at my art group and we were standing there and all of a sudden everything went and I held this 90 year old, dear old 92, I think she was, you hold on to me, T, I won't let you fall, and now when I think about it if she had fallen I would have squashed the life out of T! [Laughter]. One hand on the table and the other one around T! (Belinda)

Putting yourself second or in danger was perceived to be a greater act of courage than applying courage to help oneself, although courage was recognised as being required in both situations. This is summarised in this observation by a participant:

> I think in a way there's two sorts of courage because if you are in a situation where you're in danger and you need to help yourself that's self-preservation type of courage, but perhaps a finer type of courage to help other people. (Ursula)

Helping other people would suggest the presence of empathy, when recognising that someone is fearful or struggling evokes a need to help even if this compromises one's own safety. It is the recognition of and response to another person's distress, risk, struggle or fear.

6. **Recognising limitations** was stated as being a part of courage with regard to managing change. Having to consciously know and accept that there were certain things you could no longer do, or it would not be safe to do, was seen as requiring courage. In some ways, this initially appeared to contradict the idea of courage that was more about stepping forward and taking action; however, knowing what you could not do and asking for help was also seen as showing courage, especially pertaining to physical limitations as a part of ageing. This was explored in this focus group conversation:

> Not specific but, you know, often when we need to ask for help things like that we are not keen to, but it does take courage again, I suppose. (Qona)

> Our generation, we are not used to asking for help. (Glennis)

> And then you find people are only too willing to give it, aren't they? If you do ask they are only too willing. (Kit)

> Yes, they are. (Qona)

I don't know about the rest of you but Qona and I are much nearer in age and I wonder whether at our stage of life we are not looking at things and thinking, well, how can I do it easier than that? How can I do it easier? I don't get into my car now and go anywhere in Christchurch. I only go to the places that I know but I think about it and can I or can't I? And I think that in a way common sense creeps in and you think, no, well, you won't do it. (Rose)

Do you think things are getting hard? Do you say to yourself it's hard for you to do this? (Kit)

Oh yes, definitely. (Rose)

Is it curtailing you, do you think? (Kit)

Yes, but I think it's a necessary curtailment. (Rose)

Yes, for your own safety and peace of mind. (Kit)

And other people's. I mean, you read these exciting stories about what happened in the earthquake, how people climbed over things to get to people. Well, there's a limit, I think, what you can expect of people to do that now. I mean, people were very helpful in the last lot crawling across roofs and things and helping people. (Rose)

The idea of knowing your limits and having to reduce activities and asking for help suggests both conscious self-awareness and having to do something that you are not comfortable with, such as asking for help. This was linked to physical challenges and is a reminder of what one participant would suggest is 'quiet courage' – a conscious, less obvious form of courage to accept things as they now are.

All of these themes contributed to the concept of consciously being aware of facing an obstacle or challenge and seeing this through. This implies that rather than courage being spontaneous and not thought through, there is careful consideration of a number of factors and being aware at the time of having to act courageously to get through danger or difficulty.

Table 13. Category 2 – Courage comes from a range of sources within a person

1. Spiritual, faith, belief	7. The way you are raised or made
2. A force	8. Purpose
3. Values and conviction	9. Instinct, reaction, survival
4. Learned through life	10. Duty

5. Love	11. Leadership
6. Inner strength	

1. Courage was seen as supported by and generated by a **spiritual** source, including **faith and belief.** This included the belief or conviction that regardless of what was happening one would come through it, and possibly what was happening was 'meant to be' occurring in one's life. This was explained by a participant:

> I think it is a spiritual thing because it is a belief that you will be OK, that you will be able to do whatever it is and it does become almost like, I think, like an automatic reaction, that fight or flight thing, that if it is a physical thing that is happening the courage … Like Bunty said, you will be all right because you will find the wherewithal or someone else will to make sure you are OK if you are meant to be in that place. And if you have a belief that is where you are meant to be at this time. (Sue)

Having a belief that what was happening had a spiritual meaning was also described through religious faith. Religious faith was a source of courage and drawn on when in 'testing' or difficult situations. Drawing on religious faith was seen as a way of facing difficulty, as described by this participant:

> I think without the faith I've got and a personal belief in the love of God and Jesus Christ, very literally I believe the Christian faith and so that has been my template, really. That has been my foundation all through my life. So that is how I've managed and I still manage, but sometimes it is tough. Like just my reading this morning something about sometimes God puts us through difficult times or allows us to go through difficult times and it is the times when he shows tough love. I read this just this morning and I thought that's it. (Jenny)

Religious faith was also cited as helping people to keep going and manage difficulty, as described by this participant: 'I think another way of looking at disaster from a traditional Christian point of view which gives people strength in adversity is the belief that there will be resurrection for people in some form or other' (Matthew). This indicates a belief that the future holds a promise of a reward, and this can reassure people that what is happening will assist them to reach this goal.

2. Participants also described courage as a **'force'**, as stated in this focus group discussion: 'It is a force, isn't it?' (Elizabeth). 'It is a force that you can't see but you can feel it' (Belinda). 'Yes, you can definitely feel it' (Celia). Courage being described as a force is suggestive of it either coming from energy or containing energy to create movement. This

could also be a greater spiritual energy that people draw from to act or move into action. It suggests that people notice they feel differently when they experience courage and observe something shift in their own energy or consciousness.

3. Strong **values and convictions** were seen as a part of courage that led to taking a specific action or developing a personal resolve to take action. Convictions or strongly held beliefs led people to act in courageous ways, as explained by this participant: 'One of the dictionary things said to act with the courage of your convictions. If I've said it the right way round, you know, if you've got convictions you've got the courage to enact them' (Jenny). This includes standing up for what you believe in and what you think is fair and right and fighting for it, as can be seen in this comment:

> If I can say this, it is not so long since, you know, in the history of the world for New Zealand. It is only two to 300 years ago that, for Māori, courage meant holding on to what was yours because you would be decimated and alienated really, you know. You imagine if they had no weapons, they had taiaha and patu [Māori weapons] and so on and so they were fighting really for their very existence and they also were, I think it was very much a spiritual essence of people who were warriors who fought and would fight to the death for their women and children. (Sue)

Taking action around what you believe to be right, even if that is against mainstream views or a more powerful foe, was described as courage. Values and convictions were closely linked to identity and created a strong and powerful place for people to act from to defend and protect.

4. Courage was described as having been **learned through life**, so was identified as coming from different experiences that could then be called upon to manage adversity or difficulty. Comments included this discussion in one of the focus groups:

> Do you think courage is a learning process? (Belinda)
>
> I think it is inside you. It will come out if you test it in some way. (Elizabeth)
>
> I think some people have more courage than others. Some people would give in. (Celia)
>
> That's what I'm wondering. That's what made me think, is it a learning thing so that eventually you learn not to give in but to move on? … Is it something that grows because when you go through a traumatic, well, I found, you go through a traumatic experience and you move on from it but looking back you think, oh well, I got through that so I can get through the next thing. (Belinda)

Facing and managing challenging events through life was observed to then become a source of strength from which courage can be drawn in the future. Challenging or testing events in life cause courage to be present and from these it develops and can be called upon in the future. The idea of being able to look back and reflect on how something was managed gives people confidence and therefore courage to face the obstacle in front of them. The knowledge that comes from having learned how to manage a previous event then becomes a source or place to draw courage from.

5. **Love** for others and also for life was seen as a part of courage, as described by this participant:

> And I just thought of another thing: is there an element of love about that, about courage as well? You think about some of our personal things here, that it's all about people who are very near and dear to you, and in your situation it would be like a love of life. (Celia)

This suggests that love for others in life results in taking courageous actions to help them, and when applied personally, a love and commitment to life (and others) might help people to be courageous or act courageously. Love also included remembering a person who had died who one had loved and reflecting on how that person managed difficulty, then drawing on this to help face something difficult or challenging in one's own life. This was stated in this comment by this participant:

> You have got to put as much into yourself, you know, sort of bring out yourself and boost things by doing like what you've just said. Thinking of somebody who is near you that was strong and it just gives you a drive. (Felix)

Love as a source of courage supports the energy or conviction that compels a person to act courageously. The observed strength of others who have died also contributes to acting courageously to face an obstacle or challenge.

6. Closely linked to courage coming from some form of inner force or faith is the idea that courage comes from **inner strength**. This was highlighted in this focus group conversation:

> Well, I guess inner strength comes into courage. It is something I didn't know I had when you think about it. (Belinda)
>
> It's your faith that gives you that inner strength for the courage. (Celia)

You have to have strength to have courage and perhaps not everybody has that strength and I think that was shown in the earthquakes. So many people didn't cope at all. (Kit)

People who were viewed as courageous were also often seen by the participants as having inner strength or being strong, as described by these participants:

She never complained, she didn't say what her symptoms even were, maybe to the doctor, of course, or the nurses, but she lost her ability to speak rather quickly, you know, she just endured and was thinking of her husband and family. I was very impressed and she didn't have the kind of faith that I have talked about. So it was her own strength. So there is a strength in this, yes. (Jenny)

Oh, very strong, very strong. Yes, very strong and her family they were dealers and her brothers, a couple of brothers, and another sister and they were, they were strong-natured people. They would rather push ahead rather than get down, you know. (Felix)

7. Calling on inner strength was also seen as originating from or developed by **the way you were raised or made**. Many of the participants reflected on courage being linked to their upbringing with their families and the inherent beliefs and attitudes within these. It was described as part of a person's make-up and strongly influenced by parenting and role models, as described by this participant:

I suppose you learn courage from the way you are brought up and you see good examples from courageous people and you think that is good. If you were brought up by wimpy people I suppose you would be wimpy yourself. (Helen)

Being raised in difficult circumstances and the beliefs and socialisation people were exposed to was explored in this focus group conversation:

Well, I think it is how you are made and how you have been brought up. It is not a thing that just happens immediately. (Rose)

I think you are right in saying it's the way you're made. Because our parents were probably had big families and they learnt they weren't selfish, they learned unselfishness and therefore when they came to bring up their children my mother had two sayings, pull yourself together, and what was the other thing? Don't moan and get on with it. And we were brought up with that and then you see during the war if our fathers were overseas and the women at home had to, you know, they had to be very brave and it took courage for them to bring up their children in the war years, you know, and I think they displayed courage. (Jill)

Well, it's an inheritance. (Rose)

Yes, we were taught not to feel sorry for ourselves, to get on with things. (Ursula)

That's right and I think that stood us all through the earthquake, our make-up and, as you say, our heritage and our behaviour, that is all a part of the history of us, I think. (Jill)

We were a very sporting family. My father played hockey and cricket, my brother and I played hockey and cricket and we watched hockey and cricket and I can always remember my dad saying, 'Someone might be hit', and he'd say, 'Don't rub it. They'll think you're soft!' [Laughter] It was just jokingly but it was there. (Qona)

This conversation highlights how participants came to agree that courage came from a range of factors, including how people were parented, and the attitudes they were raised to have that were learned from others around them, especially growing up in Aotearoa New Zealand. A number of other comments were specifically linked to growing up in New Zealand, such as this one: 'You come from pioneering stock so you get on with it' (Helen). These conversations suggested a possible national or cultural attitude to facing adversity and difficulty. This included being hard-working and organised, and how this helps people to be logical, purposeful and methodical, and have confidence in facing difficulty, as seen in this example:

And the other thing that comes to my mind thinking about is, I'm just thinking about my upbringing, like my parents were very orderly, methodical people, hard-working people. They were like from farming backgrounds, so it was like up at the crack of dawn and you had your breakfast and you made your tea and swept the kitchen floor, you know, very orderly. And so is there an element from that being brought out? Yes, that unconsciously gives you confidence to have courage. (Celia)

This suggests that practical, organised families with a high work ethic are more likely to raise children who can find a function of purpose when faced with adversity and therefore find courage to move forward with what needs to be done. This practical and functional approach was also seen as part of the historical culture of New Zealand and it being a remote farming nation where practical skills were valued and seen as supporting self-sufficiency.

8. Having a **purpose**, especially in a crisis and a disaster, was seen as a way of remaining clear-headed and calm. It also seemed to be a way of having control over the situation by attending to what needed to be done, and doing often practical tasks, as can be seen in this example about the February 22nd earthquake:

I mean, for instance, the girl across the road. Our water was cut off. They had sort of trucks up the top by the school there and she would come over with buckets and I'd get my buckets and up we would go and get the buckets of water, you see. And we knew one size of bucket that would do to flush the toilet. So we only had grey flushings of the toilet, not the other ones. [Laughter] I mean, there was humour and kindness and that brought out the good side in people and I think in some ways it took courage for them to keep on doing that.

I knew the woman across the road came to me and when the power did come on we had no water, but the power came on. She said, 'Are you baking?' and I said, 'Yes, it's for the grandchildren', and she said, 'Fancy you baking in the middle of all this' [laughter] and she said, 'I feel better now, you know', as if I was doing a normal thing, you know. A lot of people didn't know how to act. They didn't want to go out. Life had changed, lifestyles changed, yeah, it was a normal thing to do. I wasn't conscious of any courage on my part but I just thought, yeah. (Jill)

This example highlights how having a purpose and keeping on going provided reassurance and normality for others and for oneself. This might include helping other people to have a purpose or a practical task to do as a distraction from what has happened or is happening. This conversation from a focus group is another example of the importance of having a purpose, or even just something to do and how that helps other people:

We stayed longer than a week. We stayed and he had the kids home, so to keep them from freaking out he had them picking up all the books and all the ornaments and all the bits and put them in newspaper and he was bolting the bookcases to the wall. And he had them occupied. He had been in the army. He said keep them moving, keep them doing something, don't let them think about it. They were quite amazing when they did it. (Helen)

Yes, the first thing he did, he dug a long drop. (Tom)

Yeah, we had no toilets, no nothing. (Helen)

Put a screen round it and it was all pretty professional! (Tom)

The purpose of helping others and offering them care and support to meet basic human physical and emotional needs was usually described in a social interaction of some sort. It helped people be courageous in challenging situations to be connecting them to values of how to treat others, even if there had been a significant event, as can be seen in this example describing the post-earthquake environment:

Yes, the purpose is to make sure people are OK and that is whanaungatanga [concepts of kinship, family connection, social ties] or being a woman, but the woman over next door to us, she sat in there. I mean, I got out with Jim and

everyone else with a spade, you know, we need to get this sorted out and we need to make sure that people who are coming past our house can come in and eat and because we've got food, you know, we can give them a hot drink. (Sue)

Thinking of others and shifting the focus from possible fear to practical work and assistance that needs to be done was seen as a source of courage because it motivated an action or completion of a task. This definitely helped people not to be so frightened and to have a sense that they could carry on despite what had happened.

9. Courage was seen as coming from a **survival instinct**, which was often a very fast reaction of taking action with regard to what was happening. This was also described as 'unconscious' courage as opposed to conscious courage, possibly because of the speed of the reaction or response to a dangerous situation. This generally involved a physiological response resulting in immediate physical action of some sort, as described by this participant: 'But people always say that in times of anything that is traumatic, don't they, that somewhere you get this survival mode takes over, physical strength to do things that never normally would have thought to do' (B). This immediacy of action often with little thought in response to a threat to life was further highlighted in this focus group conversation:

> Sometimes with courage I don't really think you are doing it as a choice. I think it's more an instinct, you know. It was like you, if you are in mortal danger of a car knocking you over I would make an effort to get to you, you know what I mean? I wouldn't even think about it … I don't think unless somebody, say, is in a river and are hanging on then you make a conscious decision, but I think a lot of courage, I'm thinking, you know, during the war you saw this suddenly, oh, and then the machine gun and they got the VC. They didn't sit down and say, now shall I go that way or this way? (Lillian)
>
> In the army he doesn't do a thing to get the VC. There's an instinct to go and rescue his mate. He doesn't do it because he thinks, oh, I'm going to get a VC. (Doug)

The will to survive or help another person survive also required overriding emotions to take action and could be instinctive, as this participant commented: 'So that is where I'm saying that it's not a question of reason versus emotion, but also of instinct' (Matthew).The link between courage and the instinct to survive was described by this participant: 'It's about courage and there's an element of courage, but I think survival mode, there is an element about survival mode with courage as well' (Celia). Reflection that the action taken was an act of courage often occurs later, as described by this participant:

The other courage if you are big enough, well, you can hold that person or you can put a fire out or whatever it is, then I think it is almost like something that kicks in that you don't think of as courage or being brave or being sensible or whatever until afterwards … But the will to live is so strong it takes over I think too, it forces you to do some things to survive sometimes. (Sue)

When taking this action to help another person, it would seem that while a physiological instinctive action overcomes an emotional one, the person has also made an assessment of the situation and a determination that he or she can help. This may happen consciously or unconsciously but in either case can result in what is later perceived as an act of courage.

10. This also linked to the idea of **duty** and responsibility, and these could be related to several roles, as explained by this participant:

It is not so much courage but it is you been taught that, so, if someone rings at 12 o'clock at night and says, 'We've had a suicide and we need someone' and I'd say, 'Do you want me?' 'No, I'll go', and he'll always go because that is his duty to do that. It's his duty as an elder, it's his duty as a Māori, and it's his duty as an ex-army person. (Sue)

The idea of duty and responsibility may also link to the idea of purpose being a source of courage. This could also relate to the position in one's family and expectations connected to this. Even with duty as the motivator, it seemed that most participants felt that courage may still be required. So while duty, training and experience would perhaps help mitigate fear (by having a sense of what to do and how to respond) and generate an automatic response, courage was still considered by most of the participants to be a factor in facing the challenge or difficulty. This might be seen in first responders, surf lifeguards or military personnel.

11. **Leadership** was seen as part of courage, in a similar way to beliefs, convictions and love, in that it helped compel or motivate a person to take action. Being a strong leader, especially in challenging or difficult times, requires people to have courage, and also the qualities of being a leader were seen as a source of courage, as described in this comment:

Someone said to me once about Jim, 'He never made us, you know. He led but he didn't ever do anything that he wouldn't have done himself.' So he led by that sort of thing and that, I guess, is the difference between gutlessness and courage or I mean I shouldn't say gutlessness because that was how the British gentry worked. That whanaungatanga, it is spirituality, it is all of those things embodied as a leader

because you can't lead without courage because, you know, you step out you might be shot, but you can't afford, you have to trust you are not going to be shot because you've got all these people dependent on you. (Sue)

Responsibility is described within the idea of leadership as when a person takes responsibility for others and also has the attributes of courage described by participants such as logic and clear-headedness, positive thinking, and fortitude and coping ability. They also display the actions of courage such as keeping on going, and adapting and adjusting. Leadership as a source of courage was seen displayed in crisis situations, as explained here:

Yeah, you know, if a person is a leader, and you do find some are good at leading people, they do it automatically, you know. In an emergency, anything like that, it comes easy to them whereas, you know, other people almost turn it in on themselves and they don't cope with it. (Velda)

Leadership as a source of courage was also seen as possibly a gift or a talent that not everyone possesses, and this may have been linked to how people were raised or their abilities to communicate and connect with others. The idea that leadership is either gifted or developed along with the ability to endure difficulty or hardship was expressed in this comment:

There are always those who I think have a certain talent, or giftedness, or how they are created or whatever you might say that they can respond and they help and they give leadership, you know. … But some people are more programmed, I don't know if that is the word or not, but some people are more leadership material or understand what needs to happen. Everybody is different and some people are just stoic. They endure pain. (Jenny)

Overall, participants saw leadership as a source of courage and also that courage informed leadership. Leadership without courage would be described as poor or ineffectual. This suggests that leadership does require courage and the ability to take responsibility and act.

The themes within this category highlighted a number of sources and motivations that supported courage. Without these types of motivating factors, courage appears unlikely to occur. The sources of motivation include responsibility, upbringing, beliefs, values and the need to preserve life, either one's own or that of others, and they all enabled people to take action. Even in instinctive situations, there still appeared to be a brief appraisal of what was the right thing to do and then action was taken accordingly.

Table 14. Category 3 – Courage contains a number of attributes and traits

1. Logic and clear-headedness –overriding emotion	8. Coping and fortitude
2. Absence of fear and doubt	9. Confidence
3. Bravery	10. Cheerfulness
4. Acceptance and letting go	11. Creativity and empathy
5. Calmness and presence of mind	12. Encouragement
6. Adapting and adjusting	13. Determination
7. Positive thinking	

1. Having **logic and clear-headedness** and being able to **override emotion** were seen as a key attribute of courage. This particular attribute was specifically developed from the following comment by a focus group participant, which led to further discussion and agreement from others in her group:

> I think there is also a clear-headedness. I said logic before because if you didn't have that you wouldn't know where to go. You'd go to pieces or do I go here, there or what do I do? … I think the emotion is overridden and that is why you are able to actually do the things that need to be done in the right order. (Celia)

Being able to override emotion at the time of the crisis was also connected to managing after the challenging event. If people remained clear-headed or logical at the time this was seen to possibly help prevent their anxiety about further events. The comment from this participant shares an observation of how this applied both to herself and to others:

> I've been fortunate and the earthquakes didn't greatly bother me but some people were very troubled, still troubled. One lady when we just had two shocks recently and they were very brief but they were nasty and she just freezes in the bed, you know. But, you know, I just go, here we go again. But you do wait and see how long is this going to last? There is a little fear there, you can't deny that, but I am fortunate in that it doesn't greatly bother me. (Jenny)

Participants in the study stated that although the two major earthquakes were very frightening, it was the constant aftershocks that proved to be very difficult to cope with. This participant's comment provides insight into how some people were able to remain living in Christchurch despite all of the aftershocks, while for others this became too emotionally difficult or sustainable.

2. Contributing to logic and overriding emotion and remaining calm was having the **absence of fear and doubt**, which connected to the attribute of being able to override emotion. The

very first comment in the data collection process in reply to the request to describe courage was 'Not being frightened' (Jill). An absence of fear supported or enabled courage and it was linked to the intention to protect others, as evidenced by this participant who said in relation to the February 22nd earthquake, 'And going up and down in the lifts in the hall and lights were crashing down, it was quite frightening but I didn't feel fear. All I wanted to do was protect Rose' (Belinda). This suggests that a clear intention or purpose can be a way of overcoming or managing fear.

Not having doubt was also connected to a lack of fear, so it required having a degree of certainty or conviction about what to do or how to be. One participant saw courage as an absence of fear or doubt, suggesting, 'I would say courage is something that is done without fear or doubt … Yes, it is positive means that there is no doubt, no doubtful aspects thinking if you have one thing or another you have to make a decision' (D). Being frightened or fearful or having doubt were felt to impede decisions and these feelings therefore needed to be overridden in order to act with courage.

3. Courage being described by the action of **showing bravery** was directly stated by a participant who said, 'Being brave in the face of adversity, how about that one?' (Tom). Bravery was described as taking action to help someone, which included risking your own life. It was observed to be an action, as can be seen in this comment:

> Yeah, bravery to me comes with courage and the 11-year-old as an example of bravery and courage. They are intertwined. When you do something that you know could end your life, that takes courage and bravery. … as I say, it takes courage for a non-swimmer to jump into a river and try and save somebody. That is courage knowing that 10 times out of 10 that person is going to drown and that is bravery too. (Jim)

Bravery was also described as an attitude that informed action or a way of being. This participant said:

> But there are other kinds of courage when many people faced amputations and long illnesses and things and it is more an endurance, you know. But they have a brave attitude, you know. There's courage of different levels, I suppose. (Sue)

Another participant shared a similar thought:

I'm thinking of people in hospitals and they know that they're going to die. They've just been told very bad news. How they react, some people are very stoic and they are right through until they die. They bear up. They don't grumble. (Lillian)

Bravery could be demonstrated through action to choose to help another person or to help oneself to cope and manage an adverse situation. Enduring, stoicism and not complaining were all seen as part of being brave to manage an adverse situation.

4. The ability to **let go** and **accept** was also seen as an attribute that supported courage. Acceptance was described as accepting or letting go of what could not be changed. This was strongly articulated by one participant in particular, who also shared this hymn he had written on the subject of letting go, along with comments about it:

In the letting go we find life.

For deeper than the striving is the flowing

deeper than the searching is the knowing,

and deeper than the grieving is the mystery

in which darkness and light are one.

I wrote that for a funeral and then I began to realise that it is true of all of life and then I realised that our attitudes and economics are actually based on the reverse of that and I wrote:

Through the letting go we find life,

for greater than the owning is the sharing,

greater than competing is belonging,

and greater than our species is the Cosmos in which all of the parts are one.

I mean, in our society we don't talk very much about death and what I've become aware of recently is we talk even less about ageing. All right, one day we are going to die, but how do we cope with only being half alive, which is what age sometimes does to us? Again, I think it is through letting go. I had six weeks in hospital and I guess for part of it at least I just lay back and let it flow over me. I'm here, so what, you know. I think we can take ourselves too seriously. (Matthew)

The idea of letting go and accepting reduced resistance and helped people to manage what was happening in the moment. This description suggested that courage requires an ability to choose where to direct energy and that sometimes trying to resist something is not the answer. This was interesting in terms of courage often being seen as direct and conscious action to challenge or resist something. The ability to accept or let go as described here

suggests a more internal process of making a choice to act or be in a certain way. This is reflected in this comment: 'Yes, acceptance that you have to change, you have to adapt' (David). Perhaps courage is therefore not only about acts of resistance and challenge but also about stepping into the unknown and facing this from a place of openness.

5. Also linked to remaining logical and overriding emotion was the notion of being calm. Participants described **calmness and having presence of mind** as a key attribute of courage. Being calm was also seen as a way of supporting and helping others, which suggested that courage enabled a way of looking after oneself and other people. Calming another person also helped calm oneself. This is explained in these two comments:

> I keep thinking of courage and calmness. I don't know why I connect the two but I do … I think if you can be calm around other people like Pam who was in a terrible state it helps them to get more courage and relax … Well, I spent my time well, keeping someone very calm and I felt quite calm. Pam, she was in a bad way and because I was keeping her calm it made me calm. (Kit)

> Yes, I am actually getting back to that again and I was just thinking too about my little granddaughter because I took her into the café, you know, have a little nibble and there was an earthquake there. So that was kind of calm. I had to appear very calm because I didn't want to frighten her. She's only about four at the time. I can remember that sitting there very quietly and calmly, you know, and having a little chat about something totally different. (Elizabeth)

Being able to be calm suggested a conscious decision and intention informed by a recognition that this would be more helpful to oneself and to others, as shown in this participant's comment: 'It just shows, though, that if your parents are quite calm the children are calm' (Lillian). Distraction and focus appeared to support being calm. This participant had worked as a nurse: 'The doctors used to laugh and said, "You never panicked." I just calmly did everything as it went and then when it was all over I went to sit down and have a cup of tea' (Helen). In this example, panic was recognised as the antithesis to calm or an alternative way of reacting that would not be helpful. This was also stated by this participant:

> Well, I mean, I didn't experience the worse of the earthquake. I wasn't in Christchurch city centre when things were falling down and people were being killed. But it seems to me that there are two possible ways of reacting to that. Either you can start screaming and tearing your hair out or you can be calm and say, 'Now what can we do? How can I help these people?' (Matthew)

Overall, participants commented that an ability to remain calm helped with thinking and acting more clearly, and directly linked this to courage. They felt that panicking was less helpful and would possibly aggravate the situation both for themselves and those around them.

6. The idea of **adapting and adjusting** to new situations or environments linked to the concept of acceptance and letting go, because these were seen as possibly a prerequisite to being able to adapt and adjust to new conditions or a situation. Adapting and adjusting imply a conscious decision or action, as reflected in this observation:

> I've been thinking about I was raised as a child post-Depression years and life wasn't easy then at all, but we never went without a meal or anything like that. My mother would, you know, managed very well, but there were other families that didn't. So there were the two wars actually, you know, the First World War I was just a small child, and the second war we had food rationing and things like that and we had to make do with substitute other things and make do. So you had to be able to adjust to the times and, you know, let's be honest, the earthquake, and I was up in Gisborne when Cyclone Bola went through and those sorts of challenges you just have to apply yourself and adjust to it. (Velda)

Participants also reflected on their observations of courage in others and saw the ability to adapt and adjust as courageous, especially when life had changed significantly. This participant commented:

> I've seen people go disabled and they press on with trying to make something of their lives, you know, blind people and that. I've seen blind people and all sorts of people going through homes, you know, that kind of thing. I once went to Burwood Hospital out here and there was a roomful of people in wheelchairs through motorcar accidents and rugby accidents and I was talking to them and some were making a real effort to still do something with their lives and I encourage that. But I don't know whether you'd call that courage or not but it is courageous on their part. (David)

The ability to adjust and adapt to new or challenging conditions and persevere through this was positively regarded by participants, who could see this in themselves and others. As part of conceptualising courage, it was about being able to move forward or continue despite obstacles and difficulties, and this ability was viewed as courageous and admirable.

7. **Positive thinking** was described as part of courage and could be seen as a way of managing fear, doubt and also helping with adjusting and adapting. Positive thinking was

described as how people think about or interpret a situation or event. This was suggestive of deliberately or consciously choosing one's attitude in face of adversity or challenge. This is reflected in this participant's comments:

> I mean if two people are in hospital and are equally dangerously ill and one has no psychological support system and has filled their mind with all sorts of negative thoughts and the other has a good support system and fill their minds with all sorts of positive thought, it is usually the one that has the positive attitude that survives at that critical point. (Matthew)

> I think that if one is essentially optimistic then in the end everything will be right. It may not be in my lifetime or your lifetime. Now I don't know whether it will be right, but I do know that believing that it will be right gives you a positive motivation to do something about it. (Matthew)

This suggests that positive thinking gave back a sense of control or motivation in terms of how to approach a situation or issue. It suggests a conscious decision to focus on what is OK and working, and what could be, rather than becoming overwhelmed with the negative aspects of what is occurring. To do this requires a cognitive challenging of what to pay attention to and focus on, which in turn contributes to courage, as commented on by this participant:

> And there are certain other things that makes up courage like positive thinking and belief and all that, but thinking of failure and all that negative you've got to think positively and that will help you with your courage ... It goes with confidence too, positive thinking like I said before, if you think you can do it you'll be right. If you think you can't do it you will also be right! You've got to be positive. (David)

Positive thinking is also suggestive of personal will and attitude, and recognises the connection of thoughts and feelings. Positive thoughts are more likely to increase action, whereas negative thoughts are seen to potentially enhance or increase suffering and failure. This can be seen in this comment: 'She never let things get her down like that. Not even the cancer' (Felix). Positive thinking supports an attitude that people recognise as courageous in others and helps them to be courageous themselves.

8. Someone observed as being courageous was seen to have **fortitude and also the ability to cope** with what was happening, as described in this comment: 'Well, I think we do really, yes, you need a bit of fortitude. What other attitude would you go with?' (Jenny). Fortitude could be viewed as inner strength, which also suggests enduring or coping with something

and being able to go on. The notion of coping and carrying on was summarised by this participant's description of courage: 'Well, it is a way of coping, isn't it?' (Velda). This suggests that being able to cope utilises or is a form of courage, and that having strength of mind through fortitude is also directly linked to this. Both fortitude and coping indicate a moving forward and carrying on despite what is happening.

9. A number of participants commented that **confidence** contributed to courage, often in the form of self-belief, which was seen to be developed through life experience. One participant saw a direct link between confidence and how people coped with the Christchurch earthquakes:

> That is a difficult one because people are so different individuals and I think some people, it comes fairly naturally if you are a confident person in yourself. If you are not, because I've watched people round me and I'll only quote the earthquake situation, but people who are confident in themselves coped, but the people who weren't, they didn't cope with the earthquake and I don't think they'll ever actually get over it. (Velda)

Having self-belief or a confident nature was perceived as helping people to cope and therefore display courage. Another participant felt strongly that confidence and courage were linked with having built a range of experiences, commenting:

> … there are times when you have got to exercise courage instantly, you know, but I think young people should, if they are not being allowed to do things even at home or work situation, then they are going to be lacking in confidence and therefore lacking in courage. (David)

One participant felt that confidence was also linked to choosing how to respond to a difficulty, and said, 'Because you can't choose to be courageous, but can you choose to be confident?' (Belinda). This was an interesting comment that suggests again that courage is an end product or result of a number of factors rather than simply an attitude or approach. It suggests that by being confident one can develop courage, and if this is the case, then based on the previous comments about confidence being linked to life experiences, then having experienced being courageous would in fact build confidence. It might be argued, though, that being courageous does require experience and hence confidence first. Or it could be that having the belief and hence confidence that one can do something is enough to support courage. An example that demonstrated confidence was portrayed in a humorous way by this participant:

This was after the February one and it was a hang of a bang and I was in the shower and I flew out of the shower, grabbed my clothes, went downstairs. All the curtains were open. I didn't have a stitch on and I stood and got dressed under the doorway in the kitchen and my husband just looked and said, 'For goodness sake, Celia, do something about that!' And I said, 'I couldn't give a fiddler's fart!' (Celia)

10. **Cheerfulness** contributed to positive thinking, again through choosing an attitude or way of responding, as shared by this participant:

So I think it is to do pretty much with the whole person. It is not just a gut thing or a mind thing, but I think perhaps the whole person responds in a particular way and I was interested in one version. The Chambers dictionary said something about cheerfulness, which I was surprised. So courage can be, you know, helped with cheerfulness and it made me think of all this long five years that we have been enduring in Christchurch. I found that as much trying as the earthquakes themselves. (Jenny)

While positive thinking suggests a possibly more inward cognitive process of being positive about what is occurring or having belief that things will be OK, cheerfulness suggests a particular way of presenting oneself in terms of managing the difficulty. It contains the idea of presenting an upbeat attitude outwardly to others and therefore also to oneself. Exuding cheerfulness can also help boost others through the messaging of goodwill and dispelling low or sad energy.

11. **Creativity and empathy** were described as being able to imagine what it might be like for someone else, which then evoked empathy that motivated action. This was specifically stated by this participant:

I think it arises out of the imagination of what it might be like to be in this other person's situation and if you can feel what it is like to be in their situation you will do something to save them. (Matthew)

This was linked to acts of courage in which a person may risk his or her own self to act for another. Often, the capacity to experience empathy for the plight of others can lead people to act in ways that are seen as courageous. The use of creativity in this example is directly linked to empathy as part of the visualising or imagining process rather than the creation of something.

12. **Encouragement** was seen as generating or assisting with helping others to have courage. It was described as a way of supporting or helping another person to have courage

and to keep going or face an adverse situation. This was described by a participant in this observation:

> It is very important, you know, we have learned to, we do encourage one another, but I remember very soon after that first awful earthquake I had a surprise present sent to me all the way from Canada. It was one of those email, you know, dispatch things and a lovely comfort pack, you know, lovely sort of things that I would never buy for myself, but you know, it was so thoughtful of her. A distant cousin in Canada who I haven't ever met her, but it was just so lovely, you know, that sort of surprise and encouragement. I mean it can be different things, very different things, but it is an important part of life I think to encourage one another.

> Somebody just shared this morning with me how she is going to have a cataract operation next week and it is very important because she has already got glaucoma and other things wrong, but she is speaking to a friend on the phone just earlier today who told her that she had it done and it was a great success. 'Oh,' I said, 'that will be encouraging for you.' She said, 'Yes', with a big smile, and she had not been smiling.

> Did I mention I know I thought about it, like one can endure something? I feel I have been enduring the past five years more than anything in a way, although there has been plenty of happy times and everything. But if you don't have courage it is grim, you know, you need courage as well. You can't just endure on its own. That is what I was thinking, you know, we need encouragement from our friends and family if you are fortunate enough to get that. We need friendship and community really, community. (Jill)

This observation emphasises the importance of community and social networks to help others to face and endure adversity, and these ideas were also evident in the strategies the participants suggested. The importance of encouragement to help people have the courage to do something outside of their comfort zone was also highlighted by this participant:

> I am thinking about my daughter who did an Outward Bound course and part of that was to extend oneself beyond one's comfort zone and all these things that they had to do that their initial thing was 'I cannot do that' but their leaders encouraged them 'Yes, you can. Yes, you can. You just have to put your foot here' or 'you do this' or 'do that'. And part of that was to get them over that little, I'm going to call it fence, that they thought they could only go bang up against but to climb over that fence and actually go down the other side, it takes courage. (Celia)

In this example, the overcoming of an actual physical barrier also requires the overcoming of a fear or emotional barrier. The role of encouragement and support from others is seen as key to this.

13. Facing a difficulty or obstacle also included **determination**. This was explored in the third key informant interview when a participant was describing the strength of his wife to persevere and endure despite having cancer. I asked Felix about whether he felt there was something in there about determination and being determined and he said, 'Yes, that comes into it, you've hit the mark there.' The idea of determination as a part of courage also came from the final key informant interview from the wife of the participant, as described in the findings under key informant interview 6. I asked her permission to share what I observed and her statement about being determined. Her action of touching her heart was also interesting and links to the thought shared by this participant: 'Well, I looked it up in the dictionary and it wasn't very informative, but what I was interested in was the Latin word *cor* is heart' (Jenny). Perhaps this suggests courage comes from the heart, and for those who may witness it or receive it, perhaps it is heartfelt.

Linked to different traits and attributes was the issue of gender, which was raised by one key informant and their thoughts linked to observations I made from the third focus group. The key informant participant who raised this said:

> I mean obviously there are gender differences, his would be leader again in a more physical way, you know, a much more physical way. Whereas mine would be let's feed people, which is what he did as well, but I mean I did leave because I took my sister with me too, you know, she and I have reacted really differently over the quake and that is partly courage, I guess, is to do with different types of personalities, place in the family, all those things. (Sue)

This is suggestive of physical actions of courage perhaps looking different based on gender or possibly physical capacity. Socialisation in relation to gender may also be a factor in that male and female roles in the provision of physical or practical assistance might be more evident. As observed in the third focus group, the men who participated in the study did tend to initially name more heroic or physical acts of courage in their descriptions, but others also spoke about courage being required when, for example, emotional vulnerability was present. The participant's comment about the role and position in the family is another interesting consideration. Possibly eldest children might act in ways that are different to youngest children, but this again was not overly commented on by the participants. There was a broader discussion about how people were raised in their families being an overall contributing factor to the source of their courage, which is discussed in the next section.

Strategies to manage adversity

The participants described adversity as including uncertainty, change, loss of control, being on your own, or not knowing what is happening. The strategies they suggested to face adversity are shown in Table 15.

Table 15. Strategies to manage adversity

What can the person do:	What we can do to help:
Get in touch with other people, remain social	Be calm, gentle, use comforting touch
Do normal day-to-day tasks	Befriend people and be reassuring
Have tasks to do or a role or purpose	Offer help and go with them if needed
Ask for help	Be encouraging
Trust in others	Be brave around them, keep it together for their sake – display courage
Stop and think it through, one step at a time	Provide reassurance and company for them
Take back control	Help connect people with professional supports
Have ways in place to be ready and prepared	Soften the anxiety
Take a deep breath	Be kind but not too much sympathy
Live in the moment	Let them know others have come through it
Stay positive	Talk about other things as well
Access faith or spirituality	Treat them normally
Think about someone who is strong and what they would do	Provide practical support
Talk about it, share the problem	

Table 16. Key themes from strategies

Social connection	Having a purpose and role
Keeping things normal	Positive thinking
Being brave and calm	

The key themes from the participants' suggestions were identified beginning with the importance of **social connection** (see Table 16). Participants described the value of getting in touch with other people, and remaining engaged in social interactions. They noted that loneliness and isolation exacerbated distress, whereas talking to someone, sharing the problem and getting professional advice helped. They also suggested befriending, reassuring, being kind, offering help and going with a person to an appointment, and being

encouraging. This comment from one of the key informant interviews summarises the importance of social connection through being alongside someone, providing caring and listening, and helping the person prepare and plan:

> [If] there something is happening that is pretty tough then you just stay with them, you are with them, you don't try to solve it, you don't do anything, but you are just there. You just care for them or maybe you hold them, it depends whether it is a sudden thing or what we are talking about something and that way you can make some plans, and I think sometimes you don't even need to make plans because things come if you ask for them or they just come from people's conversations or whatever. (Sue)

Another key theme the participants emphasised was **having a purpose and role**. This might include helping other people to have a practical task to do as a distraction from what has happened or is happening. Shifting the focus from possible fear to practical tasks assisted people with not being as frightened and gave them a sense that they could carry on despite what had happened. The participants commented that having a task to do or a role or a purpose helped provide a focus.

A number of the themes linked to the key conceptual categories that were apparent in the ideas and strategies people shared. These included positive thinking, faith, spirituality, inner strength, calmness, encouragement and having a purpose or task to do. Other ideas included asking for help, trusting in others, keeping social connections, keeping things as normal as possible, kindness, reassurance and talking things through. Overall, the idea of being there for others and staying connected with them was highlighted as a key factor in managing adversity. All of the participants who were a part of this study identified strong social connection as key to how they managed the earthquakes. An article developed from the data gathered on the strategies (Weld, 2018) emphasised the two themes of social connection with others and having purpose, reinforcing the importance of older adults being included in emergency management planning and response.

Chapter summary

The findings of this study were developed from stories and experiences that highlighted the wisdom and memories built from having lived a long time. Not only were the Canterbury earthquakes discussed, but the participants shared other personal experiences as they grappled with defining the concept of courage. The overall goal of giving voice to older

adults living in a post-disaster environment was achieved, with the earthquakes providing a common ground on which each participant could expand their understanding of courage. The analysis, beginning with step-by-step initial coding, provided an inductive and iterative way of examining ideas, perspectives and language in order to contribute to the conceptualisation of courage. The resulting conceptual categories and key themes contributed to a definition of courage, while the themes developed from ideas on how to face adversity provide useful strategies to inform emergency management. The definition of courage is discussed in Chapter 6, preceded and informed by the second literature review that is provided in Chapter 5.

Chapter 5. Literature review to support conceptualisation

Introduction

In applying a grounded theory design, Charmaz (2014) comments, 'Let the voice of teachers and earlier researchers grow faint while you compose the manuscript … once you have drafted your core ideas, bring these voices back' (p. 318). In following this thinking, the literature was not reviewed again until the data collection and analysis and interpretation of the findings were complete. The literature enabled a further exploration of the concept of courage from a range of perspectives and provided an in-depth examination of past and current thinking about courage. The themes and ideas that emerged in this more detailed analysis of the literature further identify courage as a multi-dimensional construct (Rate, 2010) that is broadly construed and classified and differentiated into types. It is described as a form of action with observable detail of how this is undertaken (traits and behaviours). There are also a range of conditions and factors that enact and support courage that are discussed. Fearlessness, bravery and heroism are concepts that also frequently appear in the literature on courage. A sample of literature concerning the role of emergency management and psychosocial support following a disaster was also reviewed in relation to the strategies the participants suggested for facing adversity. This chapter provides a summary of the literature reviewed after the findings were analysed, providing a more in-depth analysis of courage than the literature review undertaken in Chapter 2, which informed the focus and intention of the study.

How courage is construed

Courage is often identified through particular actions, and as a personality characteristic. Putnam (2010) distinguishes between courage as a trait and courage as an act, noting that while a courageous act can be singularly recognised and praised, 'being a courageous person is what maximises one's chance to grow and develop throughout one's life' (p. 12). This is also commented on by Lopez et al. (2010) in their exploration of folk conceptualisations of courage: 'Some people act courageously throughout their lives as a result of a value system they possess while other people practice "situational courage" or commit a courageous act when a dire situation demands it' (p. 22).

The idea of courage being related to personal character is reflected in Rachman's (1983) findings from a study of 280 bomb disposal operators, in which he noted that there are 'courageous actors as well as courageous acts' (p. 101). Lopez et al. (as cited in Pury & Lopez, 2010) also describe courage as 'built on a bedrock of values, modelled and reinforced by others in society and by one's culture, and is made more possible if a person engages in specialised training' (p. 22). The notion of training is also supported by Rachman (1983), who notes that 'adequate training and skills reduce one's estimate of danger and increase self-confidence' (p. 104). Lopez et al. (2010) describe courage as having behavioural, emotional and cognitive aspects, and note that there are public and private forms of courage, and the resolving of fear is not necessarily a result of courage.

Building on his earlier work in 2007, Rate (2010) brings a further refining of the concept of courage by examining the common features of numerous conceptualisations of courage. He first notes that 'despite the myriad of definitions, courage researchers seem to acknowledge the multidimensional nature of courage, identifying dimensions such as intentionality, fear, risk, and noble purpose' (p. 81). Beginning with seven key dimensions of courage from a variety of empirical definitions, he further refined these to three major features to describe the core essence of courage, which can be seen in this statement:

> Courage consists of three major features (i.e. Volition, External Circumstances and Motivation Toward Excellence) and is best described in lay terms as (a) a willing intentional act (b) involving substantial danger, difficulty, or risk to the actor (c) primarily motivated to bring about a noble good or morally worth purpose. (Rate, 2010, p. 62)

This exploration of how courage is construed highlights the link between the inherent traits and values that contribute to an intentional act. Courage is observed to have behavioural, emotional and cognitive aspects such as fear, intentionality, risk and purpose. Identifying how courage is constructed invites the possibility of people being trained to act courageously and build a courageous personality.

Types of courage

Although there is no consensus on the definition of courage, it is agreed that 'there are many different types of courage and many different situations that call for courage' (Medina, 2008, p. 281). Hannah, Sweeney, and Lester (2010) also note that courage is

situation specific and draws on roles and identities that a person holds (for example, soldier and father), which can stimulate courage in different situations. In this section, courage is explored through the various types and forms that have been identified throughout the literature.

Physical and moral courage

Physical courage has perhaps been the most acknowledged form of courage and usually involves physical acts of bravery that require putting one's own body at risk of harm. It is traditionally most often noted in military situations, and in situations of first responders such as firefighters and lifeguards who brave difficult physical environments, putting their own lives at risk, to help others.

In exploring moral courage, Osswald, Greitemeyer, Fisher, and Frey (2010) identify anticipated negative social consequences as a key factor distinguishing moral courage from prosocial behaviour and helping behaviour. They note that situations of moral courage, such as intervening in a violent attack, often pose physical and mental danger for both the person being helped and the helper. They also differentiate between social control behaviour, such as challenging someone who is littering, and moral courage, which is often standing up for or challenging social norms related to human or democratic rights and therefore for a greater good. Moral courage is also seen to have higher levels of emotional arousal, such as anger or injustice, that prompt taking action in some way. It is further summarised by Pury, Lopez, and Key-Roberts (2010), who note that it is associated with 'risk to one's image and can include rejection, loss of rights, or termination of privilege … individuals with moral courage make choices that benefit the common good rather than their own interests' (pp. 229–230).

Physical and moral courage are identified by Pury et al. (2010) for situations external to a person, whereas psychological and vital courage are needed 'to tackle personally challenging situations involving risks to one's own wellbeing' (p. 230). They also note that physical and moral courage are often the types most used as examples, possibly due to 'universally valued goals and universally feared risks' (p. 233). They suggest there needs to be ongoing research into the shared features of all types of courage, while recognising a consensus that 'all acts of courage involve a desirable, important, and morally relevant goal

that is intentionally pursued by the actor despite risk, threat, or other unpleasant facts' (p. 233).

Psychological courage

When considering traditional definitions of courage as being physical or moral, Putman (1997) introduced the concept of psychological courage, which he applies to three circumstances of threat to psychological stability. With courage defined as the fear being faced, he comments:

> The fear to be faced is not usually that of physical harm, nor is it fear of social ostracism. Nor is loss of moral integrity a major concern. The fear centers around a loss of psychological stability. I speak of the courage it takes to face our irrational fears and anxieties. (Putman, 1997, p. 2)

The destabilising of identity is the major fear being faced and Putman (1997) suggests this occurs in three forms, beginning with the breaking of a destructive habit such as addiction. He comments that courage is important here because the person may be uncertain about how to live without the addiction and there can be pain involved in stopping the addiction. He identifies three factors that demonstrate psychological courage, the first of which is taking a deliberate action in the face of hard and testing conditions towards a worthy goal (Putman, 1997).

The second form of psychological courage Putman (1997) describes is in facing fears that influence behaviour and responses, such as obsessive-compulsive behaviours. He comments that for people with anxiety, 'courage is the most significant virtue in re-integrating the self and can be a catalyst toward providing the freedom to pursue the goals of life' (Putman, 1997, p. 3). Lastly, he suggests that taking steps to leave a controlling and manipulative relationship is the third form of psychological courage.

Overall, Putman argues that psychological courage is essential for people in achieving autonomy from anxiety, addiction, and oppressive relationships. He comments:

> The individual with a severe addictive habit is not autonomous when the habit controls behavior, nor is the individual whose life is dominated by rituals and irrational anxieties. Someone being emotionally manipulated by another person is a paradigm case of a lack of autonomy. Courage may be the necessary first step in becoming autonomous. (Putman, 1997, p. 9)

It could also be said that through achieving greater personal autonomy through psychological courage, a person also achieves strengthened personal identity and self-worth.

General courage and personal courage

The addition of psychological courage to the previous thinking of physical and moral courage introduces the notion of courage located in a more personal and individual context, and in exploring this, Pury, Kowalski, and Spearman (2007) contribute the concepts of general courage and personal courage. General courage is defined as acts that would be perceived as courageous by most people, whereas personal courage is about actions undertaken by individuals in relation to their unique context. Personal courage is often seen as a more private endeavour, and recognition of the courage taken is typically only known to the people experiencing it and possibly those closest to them. Personal courage is seen to generally involve high levels of fear and low levels of confidence, making the task more personally challenging. By contrast, general courage is often characterised by higher levels of confidence and lower levels of fear, and often involves helping someone else (Pury et al., 2007). The risk being faced in general courage is external, whereas personal courage often involves an internal risk of some sort.

Within general courage, the danger faced is often to do with physical risk or difficulty, such as rescuing someone from a burning house. With personal courage, the risk is often a psychological difficulty such as having a learning disability and having to sit an exam (Pury et al., 2007). Pury et al. (2007) also comment that for those who regularly perform courageous acts (such as firefighters), it is likely they require less personal courage to do this, because it is something they have been trained to do and are confident about. They make another clear distinction that an element of physical danger is often evident in general courage (such as preventing injury due to a dangerous environment), whereas an element of specific vulnerability is present in personal courage. Personal courage often involves a struggle with personal limitations, emotions (generally fear), doing what is morally right and trying something new, and the greater the personal struggle, the greater the level of personal courage identified. Their study revealed that gender did not affect personal courage, as this was reported by men and women, but that men listed more

physical and moral actions whereas women tended to list psychologically courageous actions.

Hannah et al. (2010) describe personal courage as an adaptive, dynamic, cognitive and affective process to address one's fear and achieve a designated purpose, during which 'one summons the internal and external resources to confront a threat, overcome fear, and act to reduce that threat' (p. 126). They identify the internal resources that people draw on, including 'positive traits, positive states, and values and beliefs', and external resources, including 'social forces such as normative and informational influences' and levels of support that 'prime' and promote courageous action (p. 128). They identify that self-reflection which affirms to a person that they acted courageously, helps further reinforce a courageous mindset for future situations.

Alongside distinguishing between general and personal courage, Pury et al. (2007) comment that generally courage tends to make a situation better; however, success may not always be necessary for an act to be considered courageous. Instead, sometimes attempting to do something with the intention of wanting to make it better can be courageous. Their study emphasises that 'courage exists in different degrees and is not always monumental in nature' (Pury et al., 2007, p. 113) and that people in everyday situations facing challenges specific to their own lives are also courageous. This distinction between general and personal courage suggests courage 'is not exclusively the domain of heroes' (p. 113) and invites a challenge that if fear is required for courage to be demonstrated then possibly some of what is seen as heroic is not courage but instead an act of confidence. They conclude that distinguishing between general and personal courage could help provide different pathways to increase courage.

In their 2010 work, Pury and Starkey further expand on the concept of general courage, adding the idea of 'universal courage'. They define universal courage as actions that are seen as courageous across most times and cultures, such as goals that 'preserve society, or fundamental rules underlying society, save genetic kin and save children', and with risks such as 'risk of death or physical injury and risk of social rejection' (Pury & Starkey, 2010, p. 75).

Linked to Pury et al.'s (2010) work, Norton and Weiss (2009) identify 'personal courage' as actions that are courageous for that individual, with 'general courage' evidencing 'monumental action that would be viewed as courageous for anyone' (p. 213). The concept of personal courage being less outwardly evidenced is an idea that was advanced back in the 1980s by Evans and White (1981), who note, 'Courage can be attributed not only with respect to the occasional act of rescue or self-sacrifice, but also on the basis of everyday acts such as speaking one's mind' (pp. 419–420). They also suggest that telling people they are courageous, based on everyday actions can be a way for people to learn to self-attribute courage and hence increase personal self-efficacy, noting this is a valid reason for courage to be further studied and understood.

Everyday courage

Medina (2008), who chooses the term 'everyday courage', comments that:

> Everyday courage seems to be a particularly important concept in redefining the parameters of what is considered courageous at a time when it takes as much courage not to fight a war as it does to fight one and more courage not to succumb to social and cultural edifices than it does to keep up and fit in. (p. 284)

Medina (2008) also suggests, from an existential perspective, that 'in broad terms the everyday-ness of courage as it applies to the person can be split into five component parts; being, self-hood, choice, faith, and creativity, the exploration of which allows us to further understand the very heart of man' (p. 284). He concludes that courage is not about exceptional moments of heroic action; rather, 'everyday courage is about the constant struggle that our very humanity presents to stay true to ourselves and to commit to live our own lives and choose our own future with wisdom and resilience whilst always remaining connected to the world of others' (p. 295).

Miller (2002), echoing this sentiment, notes, 'It is not only types like these confident souls who elicit our awe and wonder; so do those average souls who come through in the crunch' (p. 282). It is therefore important that courage is recognised, not only in outward physical acts in response to danger, but also in everyday struggles and difficulties.

Vital courage

Linked to the ideas of psychological, personal and everyday courage is the idea of vital courage, which McGurk and Castro (2010) define as 'carrying on with life while enduring a long-term illness or injury such as dealing with an amputation resulting from combat' (p. 177). They also note post-traumatic stress disorder from combat and link the ongoing management of this to Putman's (1997) definition of psychological courage of facing and addressing mental health difficulties. Essentially, vital courage upholds a commitment of facing chronic difficulty to live as fully as possible.

Blended courage

By studying members of the armed forces who sought treatment for mental health conditions, Pury, Britt, Zinzow, and Raymond (2014) offer the concept of blended courage. They begin by reinforcing three conditions of courage: volition (making a voluntary choice), risks, and a noble or worthwhile goal or pursuing a benefit (p. 30). They draw on Putman's (1997) concept of psychological courage with its often internal risks to self-identity and compare this to moral courage, making the distinction that moral courage often carries external societal risks such as social ostracism or stigmatisation (Pury et al., 2014). They suggest that the military environment provides for a possibly higher level of stigmatisation because of the high expectations of resilience, coping and toughness.

The risks and goals Pury et al. (2014) identified in the military personnel they studied did indeed highlight a mixture of both internal and external risks as well as benefits. They comment, 'Thus seeking treatment in a heightened atmosphere of stigma might be best thought of as act of blended courage with the social risks of moral courage being taken for the wellness goals of psychological courage' (p. 39). They conclude that thinking about courage in terms of goals and benefits rather than defined categories of courage such as moral, physical and psychological would be more useful in terms of developing courage interventions and the theory of courage overall.

Accolade and process courage

In their study of blended courage, Pury et al. (2014) also make reference to concepts explored further in Pury and Starkey's (2010) chapter on courage as an accolade or a process. An accolade of 'courageous' is bestowed through external societal

acknowledgment on actions taken, and is more likely to result in some form of success. Accolade courage involves the external appraisal of the act by others, including judgement on whether the action was risky, noble or worthwhile, and the motivation behind the goal and the action taken. Pury and Starkey (2010) point out that process courage answers the question of how people come to act courageously, whereas courage as an accolade responds to the question of whether the act performed was praiseworthy. They conclude that accolade courage is reserved for actions 'rare and monumental' (Pury & Starkey, 2010, p. 85), and gives insight into the people that do these acts, whereas process courage extends to less extreme, everyday actions and highlights individual strengths and ways of facing risk.

Bad courage

In determining whether courage is always a virtue or whether 'bad courage' can exist, Pury, Starkey, Kulik, Skjerning, and Sullivan (2015) considered situations of terrorism, spree or rampage killings, and suicide. They ask the question, 'the growing interest in developing interventions to increase courage suggests that it is something desirable but is this true in all circumstances?' (p. 383). They discuss the tension that exists when a person believes an outcome or goal to be noble or worthwhile while society views it as wrong. They comment that 'if the motivation or purpose behind a goal is something one's society would find undesirable then any action taken to achieve that end would also be seen as unacceptable, for example, a terrorist act based on revenge' (p. 384).

In applying this to terrorism, Pury et al. (2015) identified motivations of revenge, fame and glory, affiliation, religion, inspiration, political goals, ending exploitation and personal motives. With rampage or spree killing, the motivations included power, fame, glory, revenge, loyalty, being aggrieved, entitlement and profit. With suicides, they identified motivations of 'help seeking, escape from intolerable situations, gaining relief from a terrible state of mind, trying to influence someone, communicating hospitality, love, desperation, a genuine wish to die, and rarely, wanting to make things better for others' (Pury et al., 2015, p. 385). In summary, they felt that acts of extreme violence to such as suicide or homicide involved bad courage. In their study, they concluded that their results provide 'an important caution for anyone developing an intention to increase courage – if

you help people build their courage, they might not always use it in ways that you would like' (p. 386).

In his reflection on terrorist psychology, Silke (2004), to whom Pury et al. (2015) refer in their paper, contests the dismissing of terrorists as not courageous or brave, or as mentally unwell. He argues that locating terrorism as a mental or personality disorder for extreme or violent acts could affect how potential terrorist behaviour is assessed. In relation to determining whether someone is courageous, even when undertaking actions seen as abhorrent, he suggests there are three elements to consider when judging whether an individual is displaying courage: how 'the individual perceives risk and danger in a given situation or behaviour, how the individual experiences fear and anxiety in relation to this perceived risk and how the individual nevertheless enters the situation or proceeds with the behaviour' (Silke, 2004, p. 184).

Silke (2004) comments that these elements are often present in acts of terrorism and that not recognising courage in acts of terrorism is due to our need to perceive someone as the enemy and a desire not to recognise a virtue or positive trait such as courage in such a person. However, he points out that people who are terrorists often demonstrate a belief in a higher cause, and they see themselves as fighting against injustice. He concludes that the struggle appears to be the use of courage for what is perceived not to be a noble end; however, for others it might well be. He comments that 'breaking courage down into elements such as the perception of risk, the experience of fear or anxiety, and perseverance with the anxiety – provoking action, does not in and of itself have anything to say regarding good or evil' (Silke, 2004, p. 195). He suggests that 'courage cannot only be reserved for people we identify with or for causes that we support or are sympathetic to' (p. 195), which contests the labelling of courage as 'bad', instead distinguishing the outcome perceived as 'bad' based on subjective perception of what it achieved.

Related to the concepts of general, universal, personal, everyday and moral courage, and also from an existential and philosophical perspective, Desmond (2002) defines four further types of courage: 'courage relative to vital self-insistence, courage in the form of affirming life in the face of a threat, courage in the form of affirming a way of life, courage in the form of affirming worth beyond life and ways of finite life' (pp. 17–18), which also encompasses the idea of vital courage.

Within these four types, courage is viewed as an intrinsic life energy that exists within people, acting to help them and others in the face of different types of threat, acting to preserve a way of life, and as a way of responding to the tension between life and death. These four forms of courage move between the outward displays of courage and the internal world of the individual (Desmond, 2002). Courage becomes both a reaction and an action, so courage is a reaction by people perceiving themselves to be threatened, and courage is then expressed in the actions taken (Desmond, 2002). It is therefore a chosen response that is further evidenced by action.

In exploring the benefits of developing courage for organisations, Lester, Vogelgesang, Hanna, and Kimmey (2010) provide a concise summary statement of different types of courage within an organisational context that includes the importance of individuals who challenge the status quo, invite and engage in new challenges that involve risk failure and hence could impact on self-esteem, and will engage in physical courage if it is perceived to be for a greater cause.

In summary, the main types of courage found in the literature are physical, moral, psychological, general, everyday, vital, blended and 'bad' courage. The move from the traditional forms of physical and moral courage began with the notion of psychological courage, which is the awareness of and active response to fears, uncertainties and anxieties. This was expanded to include personal and everyday courage, which recognises the often unseen acts that a person undertakes to carry on in difficult personal circumstances. In naming these other types of courage, the concept has broadened and become something not only for a few, but for many. The exploring of the notion of 'bad' courage is refuted to a degree in Silke's (2004) work, in particular, requiring people to note their own subjectivity in judging one person's act as courageous and another's as not. The exploration of different types of courage raises the question of whether these can be developed as key character strengths, and applied in a range of professional and personal situations.

Courage as action

The discussion on whether courage is 'an action' or 'in action' is summarised in Shelp's (1984) work exploring courage as a part of the patient and physician relationship. He provides this definition of courage:

> Courage is the disposition to voluntarily act, perhaps fearfully, in a dangerous circumstance, where the relevant risks are reasonably appraised, in an effort to obtain or preserve some perceived good for one self or others recognising that the desired good may not be realised. (Shelp, 1984, p. 354)

The idea that the act is voluntary also suggests that it is intentional; 'that consideration and choice have been applied to it with some degree of deliberation' (Shelp, 1984, p. 354). Shelp (1984) also makes an important observation that choosing not to act can also be courageous. This might be evident in a moral act of courage in which a decision is made not to participate in a situation based on one's beliefs and values. This also might include enduring something rather than fighting it, or accepting a situation or limitation. Putnam (2010), reflecting on stoicism, notes that courage can be active or passive, and that maintaining inner freedom and control in situations beyond one's control and not reacting can also be courageous. This also reflects the idea of choosing one's attitude in situations out of one's personal control (Frankl, 1946/2006; Levi 1958/1996).

In further exploring the construct of courage as supporting action, Woodard and Pury (2007) defined courage as 'the voluntary willingness to act, with or without varying levels of fear, in response to a threat to achieve an important, perhaps, moral, outcome or goal' (p. 136). They comment that some sort of threat or important outcome is two generally agreed concepts of courage and developed a measurement of courage that contains the physical, social and emotional threats. They developed a 23-item measurement tool, with examples of these types of threats, including 'endure pain for religion' (physical), 'rejection by others for goals' (social) and 'helps grieving family' (emotional), which measured participants' willingness to act in situations like these (p. 138). From this study, they defined four different situational types of courage that often combined both a threat and outcome. These are work/employment courage; patriotic-, religion- or belief-based physical courage; social and moral courage; and independent courage (the ability to act on one's own often in the face of social or moral pressure) (p. 142).

Woodard and Pury (2007) also observed that the concept of being courageous did not fit within the literature about achieving happiness or pleasure, and in fact, participants were more likely to see courageous acts as leading to unpleasant and difficult acts. Instead, they suggest that courage relates to meaning in life and being true to one's beliefs and contributing to the greater good. They concluded by suggesting that further research into courage and using a measurement such as the one they designed could help identify people suitable for employment in which a willingness to act for a worthy outcome despite a threat could be useful. They see courage being evident through willingness to act despite what is often a difficult choice, and that it highlights a commitment to pursuing a goal or outcome considered important socially, emotionally or morally.

In exploring the question of how the process of taking an everyday courageous action is similar to a monumental courageous action, Pury and Starkey (2010) raise the question of whether courage is a similar process for all or whether the observable outcome may warrant more or less societal accolades. Pury and Lopez (2010) comment that 'a true understanding of courage, however, requires a model of the process by which someone comes to take a courageous action' (p. 234).

Courage is therefore seen to contribute to or be revealed through an action. Even the act of not taking a course of action is in itself an action of some sort. The action taken can be seen as active, passive, intentional or considered. It highlights values, motivations and decision-making on how one will respond. Going forward into a course of action and choosing to not do so can both reveal courage. A sense of upholding meaning, a belief or value that inform what we believe to be right, often in the face of risk, supports the action we take. Without these types of motivating factors, an action could be considered simply risk-taking. To act courageously, something of importance must be deemed to be at stake.

Fear and fearlessness

The requirement of fear in order for courage to be present is both recognised and debated throughout the literature. Haase (1987) comments that 'courage seems to be a bridge between fear and action as asserted by Tillich rather than just the opposite side to fear as suggested by Rachman' (p. 70). In assessing courage as a potential mediator between personality and coping, Magnano, Paolillo, Platania, and Santisi (2017) highlight that

courage is characterised by the presence of 'fear, intentionality and voluntariness in action, and meaningful purpose' (p. 13). They note that people with traits such as extroversion, agreeableness, conscientiousness, emotional stability and openness, can support persistence and perseverance in the face of fear.

With their interest in courage being a way to reduce a negative behavioural response to fear within a personal context, Norton and Weiss (2009) developed an operational definition of courage as 'persistence or perseverance despite having fear', drawing on Rachman's earlier work (p. 214). They explored courage in relation to anxiety and fear, and their 12-measurement items asked participants to rate themselves using a seven-point Likert-type scale. The items had a focus on fear, being scared, danger, terror, facing something and getting something done despite these types of strong reactions. Norris and Weiss felt that courage could be described as a state or a trait construct and suggested that if courage was found to include trait-like qualities, it could help identify individuals at risk of fear, and also increase motivation to engage in exposure-based treatments related to fear and anxiety. They named their 12-item measurement tool the Courage Measure in the hope that it would be useful in measuring this type of trait-based construct.

Also interested in courage as a quality to help with fear-based responses, Cougle and Hawkins (2013) undertook a study on whether courage could be used as a behavioural primer for women afraid of spiders. Using Rachman's definition of courage being persistence in the face of fear, they developed a construct of courage-related words, comprising 'courageous, brave, daring, gutsy, heroic and fearless' (Cougle & Hawkins, 2013, p. 899) to prime women to being exposed to a spider. They found that the primer did not affect mood, and that people's self-perception and their view of their own courage moderated the behavioural primers. They comment that if people are anxious they are more likely to perceive themselves as 'more cowardly' than a non-anxious person and this is often displayed in avoidant behaviours (p. 901). They also noted that people will often preserve even a negative self-view, thus seeing themselves as not courageous, and so they will act in ways that confirm this. Interestingly, the construct they used for courage could be argued as containing words that were possibly more strongly linked to physical acts or general courage, and perhaps constructs linked to the concept of personal courage may have had more influence.

Howard and Alipour (2014) have questioned courage being defined in relation to a fear-generating situation, challenging Norton and Weiss's (2009) Courage Measure on this basis in their article exploring the Courage Measure and whether it really did measure courage. They argue that defining courage in relation to fear does not adequately differentiate between courage and risk-taking. They comment: 'For example, an individual or without reason leaping from a cliff is taking a risk and may experience fear, but most would consider it inappropriate to consider such an act courageous' (Howard & Alipour, 2014, p. 450). Shelp (1984) also comments that the courageous person 'has a proper respect for danger' and may not be 'fearless or fearful' (p. 355). Courage is therefore suggestive of action that has a higher social or personal meaning than simply risk-taking.

In revisiting his earlier work on bomb disposal operators, Rachman (2010) comments on people who persist with approaching a situation despite extreme fear, noting that this suggests a definition of courage 'to continue despite one's subjective fear' (p. 93). He goes on to make a distinction between courage and fearlessness by observing that approaching a 'potentially dangerous situation in the absence of subjective and physiological fear indices is regarded as fearlessness not courage' (p. 93). Training and the acquisition of skills help to provide reasoning and an approach to a situation, as observed in military situations, reduce fear and help develop a mastery of stress and increased confidence. He also notes that the 'successful practice of courageous behaviour leads to a decrease in subjective fear and finally to a state of fearlessness … courage grows into fearlessness' (p. 106). Rachman's work of separating courage and fearlessness offers a useful perspective on the place of fear in courage, observing that achieving fearlessness as the next step on from being courageous. If someone is acting without fear, then it is likely courage is no longer required.

Also linked to a more military context, McGurk and Castro (2010) comment that the objective of courageous actions is to overcome an 'unpleasant fact or situation', which they see as differing from overcoming fear, also noting that fear, anger and sadness are the three primary emotional responses to threat arising in challenging situations (p. 170). They also note that 'bravery requires action directed towards overcoming threat and that 'it is courage that provides the basis for the action' (p. 172).

Woodard (2010) suggests that courage could be conceived of without fear as a component but must contain three other elements, namely, '(a) a voluntary action, (b) a perceived

threat and (c) an important, perhaps moral goal' (p. 112). He also comments that courage can 'generate calm acceptance of the unknown, a general lack of anxiety, and the continuing development of the capacity to live life less afraid' (p. 119). In introducing the idea of confidence into the discussion of fear as a requirement of courage, Ruda (2017) comments that 'courage is located between what makes us afraid and our own self-confidence, so that the courageous neither have too much or too little confidence nor too much or too little fear' (p. 106). The notion of confidence as overriding fear links back to the discussion of fearlessness that may be achieved by developing skills, ability and hence confidence, reducing the need for courage.

Overall, most authors agree that courage does seem to require fear and related states such as anxiety and vulnerability to be present. The risk that is perceived generates fear of some sort, and despite this, action is taken. Courage is not acting without fear; it is acting in spite of fear. However, as Howard and Alipour (2014) note, it must contain other elements of a worthy or noble cause, rather than simply risk-taking for a more self-gratuitous aim. There needs to be a reason for taking the action, despite the fear, something perceived as important beyond just for the self.

Heroism and bravery

The concept of heroism is historically closely linked to physical courage, with often notable physical acts linked to war and the saving of life or preventing of injury. Putman (1997) comments:

> Physical and moral courage are fundamental to the 'hero' stories of many cultures in which individuals overcome great physical odds or maintain moral integrity in the face of social ostracism or political oppression, but stories that teach about psychological courage are rare. (p. 9)

The perception of heroic acts can also be argued to belong more to the notion of 'general courage' rather than that of 'personal courage', and defining courage through heroism potentially narrows the definition of courage to outwardly physical public acts alone. Darling-Smith (2002) asks, 'Is courage a dramatic quality exhibited only by infantry soldiers plodding stealthily through land mine laced jungles and by spies who steal state secrets in order to save the free world?' (p. 1), noting that in people she has known, determination and grace in the face of hardship and adversity are also expressions of courage.

Darling-Smith's (2002) comments indicate the presence of general and personal courage, and the rejection of courage solely linked to acts of heroism, which she argues can unintentionality create a bias of courage being the domain of men. Linked to this, Ruda (2017) comments that because of this, historically, literature about courage is 'populated by quite worn and overly masculine clichés as to what courage is or a courageous act might look like' (p. 105). Considering the concept of heroism through the lens of gender, Becker and Eagly (2004) explored why recognised acts of heroism are often exclusively linked to men by examining contexts such war, rescuing of Jewish people in the Holocaust, the Peace Corps, kidney organ donation and voluntary doctors abroad. Their discussion about gender and heroism highlights that women tend to be involved in acts of heroism that show self-sacrifice and caretaking, such as kidney donation and rescues of Jewish people in the Holocaust, and are acts that tend to be more private in nature.

Becker and Eagly (2004) suggest that women's risk-taking may derive more from the traditional gender role as 'nurturer or of being of service to others' (p. 171). Male acts of heroism, as reflected in the awarding of the Carnegie Medal, tended to be 'quick, impulsive, physical acts in often extreme situations that were more public in nature' (p. 171), and this is also observed in Pury et al.'s description of 'general courage'. Becker and Eagly (2004) suggest that the acts of heroism historically noted, often with a connection to wartime situations, are biased towards men because it is only fairly recently that women have been allowed to serve on the frontline in a combat role within the military forces. They note that the tendency to commemorate heroes is a universal feature of humanity, which suggests that recognising such acts promotes and upholds values of altruism and courage.

In their article, Becker and Eagly (2004) also make the distinction between risk-taking for pleasure or adrenaline, and risk-taking linked to a socially valued goal. They comment that heroes and heroism are defined in terms of courage and risk of one's own life as well as nobility of purpose. They also make the distinction that undertaking a socially valued goal without risk to one's own life or health is not regarded as heroic. This is summarised as 'pro-social risk-taking behaviour' that shows concern for others (Becker & Eagly, 2004, p. 164) and is voluntary in nature. This could also help distinguish between someone's chosen

vocation that might involve such acts on a regular basis, which, unless there is some degree of unforeseen extremity, are not usually viewed as heroic.

Observation of courage from the landscape of war, fighting and heroism provides only one lens on this complex concept. Desmond (2002) comments with regard to his profession (philosophy) that 'generally philosophers are more at home in the ethos of the warrior ... many of their reflections on courage refer to the paradigm of the warrior' (p. 26). Even Aristotle, in his exploration of courage as a virtue, explored it from the context of the battlefield. Platt (2002), in her reflection of courage being a practice, notes that 'heroism is a word often used mistakenly as a synonym for courage ... Heroism is a label that packages and evaluates an action after the fact' (p. 133).

Another term closely associated with courage in the literature on courage is that of bravery. Evans and White (1981), in their work on an empirical definition of courage, note that interpreting something as brave is a subjective determination often based on a person's own fear. They also suggest that a gender bias can occur, with an act undertaken by a man and one undertaken by a woman attributed differing degrees of bravery. This may be related to the perceived degree of vulnerability that the person is experiencing, be this physical or emotional.

The ideas drawn from studies into heroism and bravery, and the close linking of these to courage offer additional ways to understand the concept of courage. The title of hero has often been bestowed more on men and in a military context with the noting of their courage included in this. In this way, it is often only physical courage that is being recognised, which can overshadow psychological, personal and everyday courage. Individuals who have been trained for certain conditions such as a solder or a firefighter will not be unprepared, and will have been taught how to respond. The title of 'hero' should thus perhaps be given to people who act in conditions they were not prepared for, who act according to a purpose or belief and in circumstances that pose danger to them in some way, be this physically, psychologically or socially. In this way, they could well be a hero, and probably one who utilised courage.

Vulnerability and risk

In naming conditions that are necessary for courage, Shelp (1984) cites 'fear, risk, uncertainty, an endangered good, and a morally worthy end' (p. 351). He also comments that 'without vulnerability, without risk, courage has no place' (p. 355). The concept of vulnerability within courage links to issues of doubt, uncertainty and psychological, emotional and physical risk. It is also suggestive of not knowing what the outcome might be and feeling fearful of this, with courage coming from deciding to commit to a productive course of action in response to this.

By developing a measurement scale of courage to examine the relationship between hardiness and physical illness, Woodard suggests that courage and vulnerability are intrinsically linked. Drawing on the idea that fear results from a perception of vulnerability, Woodard (2004) comments that 'a courageous person is one who despite perceiving a danger or threat beyond that which his resources are capable of effectively managing, moves forward and acts anyway' (p. 174). He goes further in exploring this, suggesting that people act for a noble or meaningful cause despite the fear that results from their vulnerability in a given situation, and that courage contains 'grace, nobility, credibility, sensibility, practicality or meaningfulness' (p. 174). The action taken contributes to a beneficial or positive outcome, which links to Pury et al.'s (2007) suggestion that courage tends to make something better or at least has this intention. Woodard (2004) comments that courage supports endurance for a meaningful or important cause despite the experience of fear that results from being physically or emotionally vulnerable.

The measurement scale Woodard (2004) developed identifies certain conditions that predict the experience of courage, including the 'presence or inclusion of groups and others, having to act in a fearful situation alone, and breaking the rules' (p. 182). He notes that it is surprising that other efforts to measure courage have been 'sporadic given how understanding the potential benefit of being able to measure the likelihood of a person acting despite fear' (p. 174- 175) and comments, 'Responding to vulnerability and fear in a productive courageous manner could mean the difference between success and failure from the lowest ranks of the military to the highest levels of executive management' (p. 184). He suggests that experiencing the fear that comes from a sense of vulnerability and acting despite this contributes to strength and greater personal learning.

Overall, the concept of vulnerability appears frequently in the literature on courage and is closely related to the notion of fear. Feeling vulnerable can often make people fearful due to experiencing uncertainty about what might happen, threat of loss of some kind, and a potential exposure of not knowing what to do or how to respond. Acting in spite of the vulnerability and the potential risk this carries can be seen as showing courage. The idea of vulnerability provides another useful condition that can be explored to understand whether the action then taken was courageous.

Sources of courage

In attempting to understand where courage comes from, Desmond (2002) comments that 'courage does not simply come on us; it surges forth from sources very hard to pin down. We do not call upon courage; rather, something is called forth from us in courage' (p. 25). He also suggests that preceding courage is encouragement, which is used deliberately along with the personal will to react and act in a courageous way. Self-encouragement is seen to be linked to the notion of often unrealised confidence in what might be possible, especially when connected to a risk of the unknown. Rather than the traditional description of encouragement coming from another person, this suggests encouragement also comes from within a person, especially in living out an intrinsic sense of self-love and value. In naming sources that helped soldiers in the American Civil War, Taylor (2002) notes that the fortitude of soldiers came from a number of sources, including 'a strong concept of duty, devotion to a cause, peer pressure and desire for recognition' (p. 85). This is suggestive of a powerful conviction that motivates and drives a course of action.

In exploring sources of renewal of courage by middle-aged adults managing chronic health challenges, Finfgeld (1999) identifies both intrapersonal sources and interpersonal sources. Intrapersonal factors include remaining strong for others (often linked to one's values), self-confidence, hope and self-belief that the adversity can be managed. Interpersonal supports for bolstering courage included gestures of support, acts of kindness, a willingness to listen, encouraging a sense of belonging and hope, and being socially engaged in distracting and supportive activities.

When examining the role and purpose of professionals supporting someone with adversity, Finfgeld (1995, 1999) highlights the need for them to provide a sense of caring and realistic

optimism, with a gentle use of humour to reduce tension, while answering questions openly, honestly and in a way that affirms a person's self-worth (Finfgeld, 1999). All of these skills help support people to transform the adverse event into a challenge that they can achieve a degree of mastery over, so that it is not the dominant factor in their lives.

Rachman (2010) observes that fear and acts of courage are not confined to selected groups of people, and courageous behaviour can be promoted by courageous models, noting that 'as with panic, so with courage: both are contagious' (p. 95). The influence, exposure and learning from the actions of those in our lives can teach us how to behave courageously. A high level of motivation to succeed and demands placed on a person in a particular situation through group pressure to proceed also have a powerful influence on people behaving courageously (Rachman, 1983).

In exploring the role of courage in social life and particularly in the workplace, Worline (2010) notes that courage occurs in organisations where people 'resist conformity, and seize individual responsibility regardless of role, and challenge authority' (p. 210). She notes that through individuation, people become 'unique, separate mental, emotional and physical beings and yet they are deeply connected to their social worlds and responsive to social life' (p. 217). She explains that individuation is seen to occur when people act in opposition to the mainstream view of behaviour in a workplace, instead advancing an idea or challenge designed to further the collective good. This expression of courage challenges collective or group thinking through constructive opposition and can increase innovation and courage in others in a workplace by providing a role model or example of this.

The notion of courage being promoted by others is also explored by Lester et al. (2010), who ask the question of whether courage can be developed, and note that courage is connected to a person's identity and can therefore be influenced by socialisation and by social learning processes. Social learning occurs through the observation of others, including mentors and role models, and having successful past or present performance also helps increase mastery (Lester et al., 2010). They note that seeing courage in other colleagues and in organisational, in particular, transformative leadership is empowering and makes people want to work harder in the workplace and also to be more innovative. They comment that 'developing courage in individuals serves to build their agency and breadth of responses to potential threats' (p. 189). They note that evolving an

understanding of courage could follow a similar path to understanding of leadership – that this can be developed in any individual and is not a rare phenomenon.

Platt (2002) comments that courage is 'the end result of a complex internal process' involving 'inner honesty, consciousness of choice, vision or envisioning of the courageous act, having intention and a decision to act' (p. 134). Platt suggests we need to separate courage from a reaction (which can often be spontaneous in face of danger, such as in the case of physical courage), and see it as an action that can be practised until it becomes a habit. Rather than seeing courage as an attribute that some people have and others do not, Platt notes that we can all develop courage by choosing how to respond to everyday challenges and adversities.

Understanding possible sources that support courage could be useful in developing courage in ourselves and in others, particularly through the process of social learning. Internal (intrapersonal) and external (interpersonal) sources such as self-honesty, consciousness of choice, positive role models, sense of duty, devotion to a cause and gestures of kindness and support are all identified as supporting courageous behaviour. The idea of 'encouragement' both from oneself and from others helping support courage is perhaps the foundation of this and helps people to take action when facing fear and vulnerability. Knowing and understanding emotional states that are associated with conditions requiring courage can also be useful in helping develop courageous behaviour.

Traits and characteristics

A number of authors have identified intrapersonal factors, traits and characteristics in describing courage. Spence and Smythe (2007) comment that courage remains a common metaphor for inner strength, suggesting that courage is therefore both 'visible and invisible' (p. 45). They go on to describe courage as 'hope in action' (p. 52), seeing courage as the capacity for 'sustained commitment, the acceptance of continual challenge and the ability to champion one's own course' (p. 55). Their ideas suggest that courage results from a number of internal processes that are being informed by values, beliefs and attitudes, that then help prepare and support people to face a fearful or adverse event. Rate (2010) has also explored characteristics, traits, skills and abilities that attribute the concept of courage to an individual including 'disposition, strength, capacity and quality' (p. 59).

Finfgeld (1998) also identified characteristics such as 'dignified acceptance, taking responsibility and getting on with life despite difficulties' (p. 156). Her 1998 study confirmed her earlier thinking that courage is learned over time and continues to emerge, eventually becoming part of a person's life. Viewing courage as an emerging process, rather than something suddenly evoked, provides a clarity in distinction between acts of bravery (sudden and possibly spontaneous) and courage, which Finfgeld describes as 'taking responsibility' for one's own well-being and self-care and 'being productive' (p. 153).

In describing courage further, Finfgeld (1998) identified four components: courageous cognition, courageous behaviour, outcomes of being courageous and sources of renewal. Within courageous cognition, she notes an awareness and acceptance of threats, and ability to problem solve, which is moderated by discernment and enhanced sensitivity. The outcomes of being courageous were observed to include an ability to thrive – 'living life to the fullest rather than just having gotten by' – (Finfgeld, 1998, p. 165) and increased personal integrity. Threats are transformed into challenges and this helps people to have a 'fighting attitude', to remain inspired and to minimise problems, with humour as a key way to support it (p. 160). She also notes that people tend to 'unpretentiously' get on with life in spite of difficulties (p. 166). This is suggestive of not needing or wanting accolades or praise for what they do, indicating a quiet, determined resolve that promotes a sense of pride in a life lived well.

Rachman (2010) notes that self-efficacy, optimism, competence and calmness all support courage, and these traits are supported by repeated and successful practice, suggesting that it is 'possible for people to attain the noble quality of courage by study and training', which in turn makes people less fearful (p. 105). In particular, he notes the 'occurrence of perseverance despite fear' and that 'this type of perseverance is a pure form of courage' (p. 94). Rachman also notes in his study of bomb disposal operators that they were found to have a degree of greater mental and physical health raising the question of how feeling mentally and physically fit and well perhaps gives the confidence to face an adverse situation.

Hannah et al. (2010) name positive states, traits, values and beliefs that contribute to a courageous a courageous mind-set and effectively processing adverse events. These include self-efficacy (beliefs and trust in one's capabilities, therefore, confidence), collective

efficacy, resilience (coming back well from previous setbacks), express hope (being able to envisage successful outcome), openness to experience, conscientiousness, core self-evaluation, duty, selflessness, loyalty and integrity, valour and honour, and independence. McGurk and Castro (2010) identify the self-confidence and mental toughness of a 'battlemind', mental toughness being defined as 'not quitting when setbacks occur' (p. 174).

Although framed as what courage provides for people, Lester et al. (2010) identify the skills of foresight, intentionality, self-reactiveness and self-reflectiveness as key aspects of courage. They state that foresight is the ability to anticipate likely consequences and a course of action that will produce a desired outcome; intentionality is action taken by free choice to achieve a designated outcome; self-reactiveness is the ability to self-motivate and self-regulate thoughts, emotions and behaviours; and self-reflectiveness is the process of reviewing one's past behaviour to determine 'the adequacies of one's thoughts and actions' (Lester et al., 2010, pp. 189–190).

Anger is put forward as an interesting new possible trait or characteristic of courage, as indicated by Osswald et al. (2010) with regard to moral courage, and further commented on by Pury and Lopez (2010), who suggest that 'anger can decrease the perceived risk and increase the likelihood of a desired outcome' (p. 231). They note that anger and a sense of duty are less explored aspects of courage, and worthy of further research.

Gillman and Seligman (1999) suggest that, rather than avoiding or removing adversity, emotions such as sadness, fear and shame help people make sense of experiences in the world. They note that despite the protection-based parenting style that evolved in the 1960s aimed to shield and shelter children from adversity while at the same time build their self-esteem seems to have done little to address issues such as depression and suicide. They comment that 'we now have an epidemic of depression in our young people who are living in the privileged time and place in human history' (Gillman & Seligman, 1999, p. 168). They link this to satisfaction in life, which is often connected to working hard for something and achieving this by overcoming difficulties. With regard to what helps people face adversity, they highlight the importance of social support networks and strong social connections, which reduce psychological disorders and distress and help build personal strengths.

In exploring the concept of hardiness in relation to courage, Maddi (2004) describes a set of attitudes comprising commitment, control and challenge that all connect to each other. Application of these attitudes assists people to turn stressful and adverse situations from being viewed as 'potential disasters into opportunities' (Maddi, 2004, p. 286). Courage is therefore a way to face and embrace the future, which can only be done by seeing challenge as resolvable and worthwhile exploring rather than avoiding. Maddi (2004) summarises this as follows:

> Choosing the future is facilitated by the hardy attitudes of commitment, control and challenge. These attitudes lead to perceiving stressful situations as (a) normal provocateurs to development (challenge), (b) manageable (control) and (c) worth investing in (commitment). (p. 295)

The overall aim of this hardy approach to stressful events is to assist people to be open and engage with new experiences and the information that come from these, thus contributing to a stronger sense of life's meaning. It is suggestive of the idea of mental toughness, often connected with endurance sport, and perhaps indicates a next step on from courage but before resiliency.

In summary, the cognitive and behavioural traits and characteristics observed within courage, beginning with the idea of inner strength, provide further description to the concept of courage. These traits offer ways to support the presence of courage and also highlight its benefits. Several the traits identified, such as calmness, perseverance, a fighting attitude and dignified acceptance, relate to Frankl's (2006) observation of the choosing of one's attitude when facing adversity. The traits and characteristics within the literature on the concept of courage bring a deeper richness and articulation of the concept through observable detail of it. For a concept that has been hard to describe and one that still does not have a universally agreed-upon description, this detail helps bring greater clarity to it.

Psychosocial support and emergency management

Literature linked to the role of psychosocial support within emergency management was reviewed to explore the strategies that the research participants discussed to manage adversity. This included the key idea of social connectedness and support. The New Zealand MOH (2016) Framework for Psychosocial Support in Emergencies defines psychosocial

support in three ways: 'supporting and promoting human capacity', 'improving social ecology … through relationships, social networks and existing support systems' and 'understanding the influence of culture and value systems' (p. vii). Psychosocial support is recognised as a natural way to help with distress, acknowledged as a normal and usually tolerable and short-lived response to a disaster event. Psychosocial support is observed in the framework to help people to positively adapt to the new set of circumstances that the event has generated by strengthening existing social networks and developing new ones.

Adaptive factors include staying connected to others and also helping and working with others. Social support is recognised in the framework as the most consistent factor in reducing distress and contributing to positive adaptation to an adverse event, and tends to consist of emotional support, practical and tangible help, information giving and reinforced belonging through contact with others (MOH, 2016). It helps normalise what is happening and reduces isolation and fear by helping address physical and safety needs such as food, shelter and reconnection with loved ones. Social support during and following an adverse event can prevent longer term impacts to psychological functioning

The role of communities in supporting individual adaptation includes collective problem solving, setting up social and support networks, and activities (MOH, 2016). Social activities also offer a diversion and respite from issues related to the adverse event. Engaging in activities that are pleasurable and reconnect people to individual mastery helps restore a sense of normalcy. Within the Canterbury People in Disasters Conference Learning Report, Hedlund (2016) comments on the importance of interventions that supported people to get back to work and thus start to have some normality in their lives. Community initiatives that provide both practical and psychosocial help were also seen to help build resilience (Hedlund, 2016).

The disruption to 'sense of place' is commented on in the MOH framework, which notes the role of physical and social landscapes that people identify and attach to. No longer being able to recognise a physical area, or losing neighbours and friends from a neighbourhood, causes disruption to a person's sense of place. The loss of material possessions such as photos or treasured items can also affect a person's sense of identity and hence the importance of planning and disaster readiness, including being able to take possessions or having ways to recover them afterward.

The use of community settings such as mosques, parks and libraries to bring people together helps with social connectedness and sense of place, a feature seen after the Canterbury earthquakes. Activities were centred in these types of locations and they were seen to support five principles of well-being: 'give, keep learning, be active, take notice and connect' (Hedlund, 2016, p. 19).

It is noted in the framework that many people tend to manage after disasters by drawing on the support of their families, friends, and the wider community. They do not experience long-term effects on psychological functioning, and can experience positive personal growth through 'new and strengthened coping skills' (MOH, 2016, p. 15). Hedlund (2016) comments that 'generally, people find courage, remain positive, take care of themselves, their family, and their community. They recover better prepared for future disasters' (p. 8).

Psychosocial support plays a role in the '4Rs' of emergency management (risk reduction, readiness, response and recovery). Within the New Zealand Civil Defence Emergency Management Plan Order 2015 (Section 2), reduction is seen as identifying and analysing long-term risks to human life and property from hazards and taking steps to eliminate or reduce their impact and likelihood of occurrence; readiness is developing individual and community systems and capabilities before an emergency happens; response is the actions taken immediately before, during or directly after a civil defence emergency to save lives, protect property and help communities recover; and recovery is the co-ordinated efforts to bring about immediate, medium and long-term holistic regeneration of a community following an emergency Psychosocial support is a key factor in response and recovery, to help 'minimise the physical, psychological and social consequences of an emergency' (MOH, 2016, p. 11).

The impacts of emergency events on professional disaster personnel, including health and mental health professionals, is noted by Hedlund, and response and recovery workers are also named as a vulnerable group in the MOH (2016) framework. In particular, frontline responders with less experience of a disaster event are more likely to experience high levels of stress, especially if working outside of their normal scope of practice. The example given was a social worker in an emergency department assisting with medical tasks. Workers experienced secondary traumatic stress, job burnout and compassion fatigue (Hedlund, 2016). Health professionals were also noted to 'experience guilt over managing personal

and professional demands', and 'shared trauma', when they were helping people with trauma experiences they too had experienced (Hedlund, 2016, p. 12). Training in emergency preparedness, including 'operating in an expanded role', was seen as a way to help people 'automate some responses if such a situation arose again' (Hedlund, 2016, p. 11). Help provided from outside of the emergency area also needs to be intentional and focused and support the responders' existing systems and initiatives (Hedlund, 2016).

Social work as a profession has been observed to take a key role in providing psychosocial support in disasters and other adverse events (Corin, 2011; Maher & Maidment, 2013). After the February 22nd earthquake in 2011, 16 Christchurch Hospital social workers (as part of the Social Work Emergency Response Team) established a relatives' centre outside the emergency department and 'listened to people's stories and helped people process the enormity of the what had happened' (Corin, 2011, p. 62). In the relatives' centre, social workers worked alongside police to help identify seriously injured people, and to reunite loved ones with each other. Corin (2011) comments that social workers provided relatives with 'social, emotional and informational support' (p. 58). She notes that despite seeing disturbing and confronting injuries the social workers remained calm, and focused on their role (p. 60). She comments that the social workers:

> Helped spare families agonising hours of uncertainty about the safety of their loved ones and assisted family members to reunite quickly at the hospital, provide care and support for traumatised relatives and rescuers, and support the multidisciplinary team's clinical care of patients. (Corin, 2011, p. 62)

Maher and Maidment (2013) note that the hospital social workers were working in a challenging physical environment, with power outages and loss of technology such as computers. They commented that social workers, along with many others who remained in Christchurch, 'lived in a state of alert for a prolonged length of time' (Maher & Maidment, 2013, p. 73). They also observed that disasters elsewhere such as the earthquake and tsunami in Japan (11 March 2011) could also trigger reactions and emotions for social workers and other professionals in Christchurch.

The MOH (2016) framework acknowledges the importance of response and recovery workers (both paid and unpaid) being protected from the acute and cumulative impacts on their psychosocial and mental well-being (p. 5). All people who live through a disaster

situation are more likely to feel threatened and overwhelmed, especially over a sustained period, a feature of the Canterbury earthquakes with the numerous aftershocks. This can lead to both 'acute and chronic production of stress hormones', which contribute to tiredness and comprised immunity (MOH, 2016, p. 7). Hedlund (2016) comments on the importance of not making assumptions about staff resilience and robustness and ensuring that staff are supported feel able to identify when reaching their own limits and to seek assistance. This includes recognition that workers often have a range of roles and responsibilities in trying to manage family and professional commitments and allowing time for personal roles to be attended to.

The need for psychosocial support to be provided in both the short term and the longer term is seen as a key lesson from the Canterbury earthquakes. Hedlund (2016) notes that psychosocial and mental health issues following a disaster are attributed not only to the event but also to secondary stressors such as ongoing issues with housing and financial difficulties. Increases in domestic violence, anxiety, depression and other mental health difficulties across population groups were evident five years after the Canterbury earthquakes (Hedlund, 2016). This highlights the need for psychosocial support to be provided both in the short term and in the longer term, especially for vulnerable populations such as older adults and response and recovery workers. A key finding from the People in Disaster Conference (2016) was the need to have a post-disaster policy framework as well as an emergency response plan. An emergency management plan addresses immediate issue following the event, and a post-disaster policy framework considers what may be required in the future. This recognises both the immediate and the 'latent nature' of some mental health impacts, which hence require a longer-term approach to 'everyone including those providing care and support' (Hedlund, 2016, p. 28).

In summary, psychosocial support during and after a civil emergency is observed to play a key role in recovery from distress and to help prevent later disturbance to psychological functioning. Individual and community supports after the earthquakes helped normalise events and provide connection to others. The opportunity to strengthen existing social connections and build new ones helped people process events and share the difficulties associated with these. Being able to engage in normal everyday tasks and activities provided important respite from the disaster events so they could regain a sense of control

in their lives. Help was needed not only in the short term but also over the longer term since difficulty from secondary stressors such as housing and financial losses continued over months and years for some. Attending to the needs of response and recovery workers is also essential; people in these roles often have to hold both personal and professional responsibilities, which leads to a greater risk of burnout and exhaustion. The prolonged exposure to stories of trauma and difficulties through helping others manage these events is also recognised as a possible form of vicarious trauma and secondary traumatic stress.

Chapter summary

The return to the literature revealed a wide range of types of courage described through the fields of mainly philosophy and psychology, and recognition of general courage and the everyday personal acts of courage that are more evident. The chapter provided further detail on how courage occurs, through a cognitive appraisal of the situation, emotional regulation and a decision to act contributing to this. Encouragement, duty, fortitude, self-confidence and self-belief, hope, innovation, values, beliefs, social learning from others such as role models, and support from others were identified as key sources of courage. Traits and characteristics observed in situations of courage include acceptance, taking responsibility, awareness, the ability to transform threats into challenges, optimism, hardiness and calmness. Issues such as the role of fear and anger, risk-taking, and whether people can be taught or trained in courage remain actively under discussion. A tendency to associate courage with heroism and bravery, particularly in more military settings, appears to have generated a gender bias towards male acts of courage, with less recognition of women's actions. Key themes such as courage being a quality, a virtue or an attitude that contains intentionality, volition, fear, noble or meaningful purpose and motivation leading to taking action are consistent across the literature.

The need to understand courage and to continue to work towards a consensus of definition is continuously acknowledged throughout the literature. So too are the possible benefits of continuing to understand this elusive concept in both personal and professional lives. These benefits include enabling more positive organisational climates through to personal self-actualisation. The literature supports the findings of the importance of social connection and psychosocial support as a key part of emergency management, including for response and recovery workers such as social workers. Being able to apply courage in post-disaster

environments could assist more vulnerable populations while recognising the capabilities and resources of all people.

Chapter 6. Definition and discussion

Introduction

To contribute a conceptualisation of courage and answer the question of how older adults living in a post-disaster environment describe the concept of courage, a definition was developed from the findings. Contributing a way of defining courage also aimed to respond to the lack of consensus on a definition highlighted in the literature. The application of a grounded theory design seeks to develop theory of a phenomenon through a rigorous process of analysis and coding. This includes identifying themes and categories that begin to shape a theoretical understanding of the concept being studied. To develop a definition that would help conceptualise courage, the conceptual categories and themes from the findings identified in Chapter 4 were further analysed and the ideas from these integrated to produce a definition of courage (see Figure 2). In this chapter, the definition of courage is presented and the key ideas that contributed to it (adversity, conscious process, taking action, motivating factors and courage as a process) are discussed in conjunction with related literature that was reviewed in Chapters 2 and 5.

Definition of courage

Analysis of the first conceptual category and themes identified courage as a conscious process that supports action, which includes facing a difficulty or obstacle, keeping on going and not giving up, and making a personal resolve or a decision to do something. This category also captured the often repeated theme of courage being associated with action or movement forward, and that courage was seen in the undertaking of something. The first category therefore identifies making a conscious decision to respond in a particular way to adversity and taking action as key components in describing courage.

In the second conceptual category, courage is described as stemming from a range of sources from within a person. Themes within this category include courage being linked to spiritual faith, belief, an inner energy and strength. Courage was also linked to duty, leadership, a purpose and the way people were raised or made. Courage was seen as generating from these sources, sometimes as an instinctive response to something. This category suggests that courage requires an element of motivation to contribute to the conscious decision to take action.

In the third conceptual category, courage is observed through behaviour, and described as a range of observable traits and attributes. These include; confidence, calmness, adapting, adjusting, determination, letting go, acceptance, and having purpose and focus were all seen to contribute to courage. Together, they constitute behaviour that others deem courageous.

The concept of responding to adversity is a central theme throughout the findings and forms an essential requirement for courage. The older adult participants described adverse events as including serious health issues in a loved one, being posted overseas for work, loss of an adult child, collapse of a long-term marriage, experiences of war and an assault by a stranger. Indicators of adversity include feelings of uncertainty, change, loss of control, being on your own and not knowing what is happening. These situations and life events provide the context for people to choose to respond courageously.

Through summarising and combining the key ideas from each of the categories, along with applying the overarching theme of responding to adversity, the definition presented in Figure 2 was developed.

Figure 2. Definition of courage

Courage.

Courage is a way of responding to situations that generate fear, vulnerability, doubt and uncertainty. It involves a conscious and intentional undertaking of perceived meaningful and important action. The decision to undertake this action is motivated by values, beliefs, morals, duty and responsibility. Courage is characterised through a number of traits, attributes and behaviours, such as logical thinking, calmness, determination, acceptance, endurance and perseverance.

Discussion of the key ideas

Adversity

For courage to be present, some form of adversity is required. As noted, an adverse event was described by the participants as one that generates uncertainty, can involve physical risk, and/or induces social and emotional vulnerability. It is something that may never have been experienced before and therefore carries an element of the unknown and hence a

sense of being underprepared for what could occur. The adverse event might be a challenge or an obstacle, and was characterised by apprehension and fear. Taking action when it was already known how to face an adverse event was not seen as particularly courageous. The participants saw courage being required when doubt and trepidation are present.

The perception of an adverse event as one that generates uncertainty, physical risk and emotional vulnerability is also reflected in a loss of psychological stability, as commented on by Putnam (1997), Rachman (2010) and Rate et al. (2007). Finfgeld (1999) also suggests that courage is learned and developed in situations that involve a perceived threat, including 'uncertainty, personal limitations, helplessness, lack of control, pain and embarrassment' (p. 807). Concern about managing these strong emotional responses and what else might come confirms the presence of apprehension and fear. Therefore, any event or situation that is seen to pose physical, emotional or psychological instability and threat, along with the added factor of not having had to manage that type of experience before, is more likely to require the application of courage.

The presence of vulnerability in an adverse event and hence the opportunity for courage is also acknowledged by Woodard (2004), who comments that courage supports endurance for 'a meaningful or important cause despite experiencing fear that results from being somehow vulnerable' (p. 183). He also suggests that vulnerability stems from people perceiving that a situation or threat may exceed their existing resources to manage it and that their courage is shown by taking action nevertheless. This is also emphasised by the work of Shelp (1984), who noted that 'without vulnerability, without risk, courage has no place' (p. 355). When people feel vulnerable they are often experiencing a sense of doubt and uncertainty. They may be unsure of how to act or questioning whether they can face what is happening. The older adult participants noted in their examples of adversity that they were doubtful about whether they would be able to manage what was occurring (because they had never experienced it before) and uncertain about what the outcome would be. This was also voiced by the social work participants, who noted that social work in particular carries a degree of uncertainty because it requires walking into the unknown on a daily basis.

An adverse experience particular to some of the older adults interviewed was one that requires the recognition of personal limitations and asking for help. Asking for help was perceived as a difficult (and vulnerable) task because it often goes against a strongly held belief and value of self-sufficiency developed from family culture and attitudes. The act of asking for help was therefore perceived as an adverse event in itself since it may not have been experienced before and carries a degree of being unknown and challenging one's own personal expectation of self. This can be seen as a form of psychological courage (Putnam, 1997) and personal courage (Pury et al., 2007). A conscious decision to curtail certain activities and self-protect requires a letting go of some self-expectations and acceptance of the change that has occurred. The action of not taking action, or taking the action of asking for help, was defined by the one of the participants as 'quiet courage' (Lillian), courage that is less demonstrative and more self-directed. It also shows the attributes of adjusting and adapting to the new circumstance, such as no longer being able to drive. In this example, conscious awareness is also shown through taking responsibility not to jeopardise one's own safety and possibly the safety of others.

Adversity is therefore person and situation dependent, so what causes a sense of vulnerability, stress or fear for one person may not do so for another. Frazier et al. (2011) differentiate between managing a stressful event and managing one's emotional reaction to the event. They talk about a process of adaptive coping that requires adjustment and acceptance, and make the point that how stressful an event is has often to do with perception, so variance in this regard will exist. Some of the participants in this research study found that the Canterbury earthquakes and ongoing aftershocks required courage, whereas others did not and instead cited different situations and experiences. All of these situations included a degree of fear and personal vulnerability, linked to the uncertainty of how the event would and could be managed.

The idea that adversity is specific to a person's perception and unique circumstances relates to the concept of personal courage (Norton & Weiss, 2009; Pury et al., 2007), psychological courage (Putnam, 1997) and everyday courage (Medina, 2008). This shifts courage away from being linked only to heroic and accolade courage (Pury & Starkey, 2010), to the recognition that acting courageously can occur within everyday actions and events. This was highlighted by one research participant who talked of needing courage to

call up a painter to complain about the colour not being right in a room in her house. Although this might not require courage by another person, for her, the act of complaining and questioning was something that made her feel vulnerable, doubtful, uncertain and uncomfortable. For her, taking this action was outside of her range of experiences and one that left her feeling a degree of fear and vulnerability.

For an event or situation to be considered adverse, it is likely to contain the presence of fear, often in response to a perceived or actual psychological, physical or emotional threat. Fear is often an anticipatory emotion, one that recognises a degree of physical and emotional danger, and possible loss of some sort. Norton and Weiss (2009) comment that courage is about persisting or persevering despite having fear, which is supported by Rachman's (2010) more recent work in which he states that courage is to 'continue despite one's subjective fear' (p. 93). Howard and Alipour (2014), Shelp (1984) and Woodard (2004), however, question whether fear is always present as a component of courage, suggesting that it does not always have to be. Rachman and Lopez's (2010) work counters this through their commentary on fearlessness, in which they note that 'approaching a potentially dangerous situation in the absence of subjective and physiological fear is regarded as fearlessness not courage' (p. 93). Courage is different from fearlessness because it is acting with or in spite of fear. If fear is not present, then it is likely that a different process (such as fearlessness or confidence) is being engaged.

This was an important area of discussion that came from the research participants, especially those who had served in a military context. They argued that often what they had done in their service was not courage, and that if people were trained in skills to act in a certain way that developed mastery, then they did not utilise courage. They felt that training provided people with a step-by-step way to respond, and particularly in the military, this became so socialised that responses could become automatic and therefore did not require courage. Other participants questioned this, wondering if trained personnel would still have needed a degree of courage, especially for the first time they had to put their skills into action. This idea links back to the notion of 'overriding emotion' but also suggests that the emotion (such as fear) may still be present but it does not dictate the response that is taken.

Rachman's (2010) work on fearlessness conveys a similar message to those participants who had served in a military context. He suggests that repeated practice and learned skill, mastery of stress, and increased confidence in a certain area, especially one that others would consider dangerous, progresses courage to fearlessness. So rather than people being trained to be courageous, they are in fact being trained to be fearless, which reinforces the notion that fear does need to be a factor in courage or for a situation to be considered adverse.

This would suggest that the more experienced and trained people are, the less likely it is that they will see themselves as utilising courage; instead, this is identified for situations where such knowledge and training do not exist. Being trained to be skilled for certain responses helps support confidence and self-belief, which can counter fear (Ruda, 2017), as does having built up a number of relevant life experiences. It is likely these skills initially took courage to develop, but once obtained, only an exceptional or unexpected circumstance would then generate the need for courage.

The role of training would also apply to first responders such as the fire department, police and rescue workers. If people are trained to face a specific set of circumstances, it is likely they would require less courage, if any, than someone who is not. Again, this is evident in surf lifeguards, who might argue they are not courageous if rescuing someone in a context they are trained for. Circumstances they were not trained for, such as an extreme set of sea conditions, would then be indicative of requiring courage. The role of training is further explored in Chapters 7 and 8 through the findings of the fourth focus group in relation to social work.

In summary, the description of adversity within the definition developed by this study articulates the conditions under which courage can be a possible response. These include a threat or risk of some kind, be this physical, psychological, emotional or social, and when people have less confidence, experience or skills to manage it. This generates uncertainty and doubt about how to approach and manage it, and fear with regard to the outcome. An adverse event is person specific since what may induce vulnerability, threat, fear or risk for one person may not engender this for another. This study also asserts the notion that when people have the skills, training and belief that they can manage it, they experience greater confidence and less fear, and are therefore less likely to require courage. The retired

military personnel who were interviewed felt that it was not courage that was displayed in heroic acts but often training. Following one's training through and helping another person was not necessarily seen as courageous. However, people without the training who took the action were more likely to be seen as courageous because they had taken a greater physical and emotional risk.

Conscious decision

Rather than viewing courage as an unconscious process of simply acting without thinking, the participants in this study recognised it as containing a conscious process of decision-making and self-management. The conscious process of considering both the situation and one's possible response to it is summarised by Platt (2002), who describes courage as the 'end result of a complex internal process' (p. 134). The participants identified a feature of this process as an 'internal dialogue' involving self-talk, self-encouragement and challenging oneself to step up and face what was happening. This type of cognitive process reflects aspects of the Coping Strategies Inventory by Tobin (1984/2001), including changing 'the stressor, cognitive restructuring of the activity, re-examining a stressor from a different perspective, actively seeking social support, and expressing negative emotions' (Adamson et al., 2014, p. 526).

The conscious process involved in choosing how to respond to the situation and a determination of the best response are also confirmed by the work of Mounty (2006), who noted that two evaluations of the situation occur: the significance of the situation in relation to one's own beliefs, values and goals, and a determination of what can be done to manage the threat of the stressful situation. Monty distinguished between a situation that is assessed as controllable, so that problem-focused solving techniques can be utilised, and one that cannot be controlled or managed, so that emotion-focused coping strategies are drawn on. This is also highlighted by Folkman and Lazarus's (1988) stress appraisal and coping framework. Both of these forms of coping were shared by the participants as ways to face difficulty, for example, engaging in practical tasks or consciously calming oneself.

Self-talk was indicated by the participants as a way of strengthening resolve or working through what needs to happen. It helps boost people's motivation to act or provides calming to help them step through a complex or vulnerable situation and not be overwhelmed by emotion. It often includes the idea of talking oneself into something,

rather than talking oneself out of a particular course of action and avoiding it. This is likely to involve management of often intense emotions, such as anxiety and fear, requiring the emotion-focused coping strategies highlighted in Mounty's research. The older adult participants also suggested sharing their internal dialogue by talking with others as a way of eliciting or seeking reassurance and confirmation that the considered action was the right course to take.

The choice of attitude (as suggested by Frankl's (2006) work) or response that helps people face what is happening was noted by the participants to be one of logic, reason and a deliberate silencing of emotions such as worry, doubt and panic. They identified that 'overriding' of emotion assisted them to move forward and take action to help both themselves and others. For example, an older person might consciously decide that a major health setback such as a broken knee should be approached from an attitude of rising to the challenge, a belief that health could be restored and a commitment to undertaking the rehabilitation to enable this. This requires a 'speaking back' to the fear of possible longer term lost capacity and therefore not being able to engage in previously enjoyed activities. Choosing one's attitude can also help people find points of control in a situation that has happened outside of their control.

Choice of attitude and also emotion-based coping strategies contribute to courage to face the challenges ahead. This often requires a complex internal struggle to remain present with what is rather than become overwhelmed with what could be. The idea of positive thinking was identified by participants and this suggests choosing to think positively or negatively. It links to the idea of being present, not back in the past or too far into the future. It also connects to being determined, not giving up, keeping on going and seeing something through, which were repeated themes within this study.

Making a conscious choice about how to respond also applied to supporting others experiencing an adverse event. The notion of courage being 'contagious', as implied by Worline (2010) and Lester et al. (2010), acknowledges how a person's responses influence or affect others. Choosing to respond with positivity, a conveyed belief that the adversity could be overcome and also calmness, as evidenced by a number of participants, not only helped the individuals themselves but also provided support and a role model for how to be. It evidences a conscious responsibility, a commitment beyond self, and often an

inherent set of beliefs and values, along with factors such as kindness and love. It could be argued that even in adverse, highly dangerous situations in which people act very quickly, there is still a conscious decision to act, and the motivation for this is often identified later, when the danger has passed and reflection can occur.

Making a conscious decision to face adversity requires self-awareness, which Lester et al. (2010) suggest contains the skills of foresight, intentionality, self-reactiveness and self-reflectiveness, which in turn provide the ability to self-regulate and self-motivate. Having personal self-awareness and insight appear key to supporting acting or responding courageously, especially in situations of personal or everyday courage. This may link to the capacity and ability to recognise fear and not be overwhelmed or overcome by it, instead being able to hold a space where the fear is present but does not become immobilising. This was noted by the social work participants in the fourth focus group, who recognised mental doubt and fear about being able to meet professional responsibilities yet made a conscious decision to step forward and undertake these.

Taking action

Courage was described as involving taking action to face an adverse situation. The participants felt that taking action involves stepping forward into the adversity being faced rather than stepping away from it. The action enables people to see something through to its conclusion or desired outcome be this for themselves or for others. This is recognised by Rate et al. (2007), who note that courage is a 'wilful and intentional act that is executed after mindful deliberation', affirming that courage results in action through a conscious cognitive process (p. 95). Woodard and Pury (2007) also note that courage is the 'voluntary willingness to act with or without varying levels of fear in response to a threat to achieve an important, perhaps, moral outcome or goal' (p. 136). The notion of voluntary choice is emphasised here, although people might say that based on motivating factors such as belief in something being the right thing to do, they felt they had no choice but to act. The observation of adversity from this study would also dispute the point of action being without fear; at the very least, vulnerability and uncertainty are experienced and action taken in spite of this. This is supported by the idea from McGurk and Castro's (2010) work that 'courageous actions help overcome the unpleasant fact or situation rather than

overcoming fear' (p. 172). It is not fear that is overcome, but getting through the difficulty being faced by taking action.

The notion of deliberate action is also highlighted by Walton (1986), who comments that courage involves 'acting deliberately, sensibly and appropriately' (p. 1000). Rather than a rash act, courage is defined by conscious awareness of risk and the choosing of an action in response to this. Both Shelp (1984) and Woodard (2004) also comment on the deliberate taking of action despite fear and vulnerability for a worthy, noble or meaningful cause. Rate (2010), in revisiting his earlier work, notes that courage results in an intentional act motivated to bring about a 'noble, good or morally worth purpose' (p. 130). Courage results in a considered and conscious determining of action, which is then followed through. Without action, there is no obvious evidence of courage.

The findings from this study also emphasise that action taken can be small or large in nature, but requires a pushing past or through a social, emotional or physical barrier of some sort. As Desmond (2002) notes, this purpose or call to action could be about addressing a threat to life or threat to a way of life, and to affirm worth and life, suggesting that courage involves reaction (a sense of threat) and action (response to this), and thus is a chosen response evidenced by action. The action that is taken is seen as prosocial or supportive of others in some way, which Becker and Eagly (2004) describe as 'prosocial risk taking' (p. 164).

A concern for others and nobility of purpose, as noted by many of the authors on courage, distinguishes adrenaline-based risk-taking activities from courage. The action taken is intended to contribute to a meaningful or important cause and often requires an overcoming of one's own vulnerability (Woodard, 2004). It has intentionality, as noted by Pury and Lopez (2010), in that the individual faces what is bringing uncertainty, fear, vulnerability and risk. Lester et al. (2010) comment that taking action could be a willingness to take risks to challenge the status quo. The affirming of life, self and others appears evident in all of the different types of courage presented in the literature.

The abstaining from acting, such as taking a stance against a mainstream requirement or a moral position different from that of others, is also 'action'. Shelp (1984) comments that choosing not to act can also be courageous, such as in the case of a moral act of courage in

deciding to not participate. It is still a deliberately chosen behaviour in response to a situation that is engendering fear, uncertainty and anxiety, so becomes an action of non-action.

The research participants also noted how taking practical action in an adverse event helped them and those around them cope. Being involved in actions and tasks such as building an outside toilet, baking or helping others helped give people a sense of control and mastery over the situation. This also implies a choice being made about how to respond, act and behave. Finfgeld (1998) notes that courageous behaviour evidences taking responsibility for one's own well-being and self-care and being productive. She also notes that courageous behaviour contains an ability to problem solve, and this too was noted by the research participants, in that in spite of threat, being calm and logical enabled more rational thinking.

The idea of taking action also indicates a commitment to keeping on going and not giving up or in along the way. The commitment to following a course of action indicates a reasoned decision after consideration of a number of ways of being or acting. The committed action taken might be a one-off response, such as heroically helping someone in an immediate adverse situation, or a longer-term approach to an ongoing difficult situation. Courage initiates action and sees this through to a conclusion or desired outcome. Silke (2004) summarises this by noting that even though perceived risk and fear and anxiety are present for people, they still enter into the situation and proceed with an action or behaviour. By acting in spite of fear, and seeing something through, people had a sense of building further inner strength that could be called on. They were able to self-reference to past experiences and utilise these to help with the current adversity. This is the idea of 'I did that; I can do this' and again contains a sense of moving forward and through something rather than stepping away from it. Without actual action, courage is not deemed present because the desired behaviour or act has not occurred, remaining more as a concept or idea.

Motivating factors

The research participants identified that the conscious facing of an adverse event that evidences courage is also governed by beliefs, values, faith, training, upbringing, socialisation and fundamental ideas about living up to our own and others' expectations.

When people consciously face adversity, their decision to act is connected to values, beliefs, norms and what they believe to be the 'right' thing to do. In situations generating high levels of fear, the motivation to act often comes from a place of belief that overrides the desire to avoid the situation or not act. This links to a statement people often make about how something 'gave them courage' to do something, so courage is generated from a motivation of some sort, be this internal or external. Perhaps rather than being 'given courage', what they are utilising is a motivation to act courageously.

The motivation to do the right or proper thing is especially evident in situations more requiring of moral courage, or that may have possible negative social consequences (Osswald et al., 2010). There is often a moral component of believing a course of action to be the right thing to do, prompted by a strong emotional response such as a sense of injustice or inequity. To not take a particular course of action can therefore result in a giving in or letting down of core beliefs and values. Generally, people have a foundation of beliefs, faith or strength developed throughout their lives. This is strongly influenced by people's socialisation and moral and ethical beliefs in life. Moral and attitudes are shaped through socialisation, which therefore can play a role in the utilisation of courage. Socialisation, beliefs, values, faith and morals give people a sense of purpose and identity that influences a chosen focus and decision to act. The research findings also indicate that socialisation involves the wider culture and social identity of communities and country. Cultural norms, traditions and key features of a national identity are also often inherent in one's upbringing. A strong pioneering spirit of 'getting on with it' and dealing with hardships in an uncomplaining way were examples the research participants gave from having grown up in Aotearoa New Zealand, especially in times such as war and a depressed economy.

Several additional motivating factors were identified in courage, including commitment to love for others and oneself, linking to the Latin root word for courage, *cor*, meaning 'heart'. Leadership, duty and purpose also provide the motivation to take action, especially for others, connected to a core sense of what one should do and the activation of skills or training in relation to this. This was recognised by Taylor (2002), who in studying soldiers observed their sense of duty and conviction to a cause. They have a sense of individual and social responsibility, either internally or externally imposed.

This realisation of the interconnectedness with others and the awareness that actions can affect them either positively or negatively can be a strong motivator. The desire not to let others or ourselves down provides a motivation for choosing a particular course of action. Love, duty, responsibility, leadership and personal interpretations of these provide sources of motivation to act in a particular way. The belief that something is the right thing to do creates the motivation to act. This was highlighted by the participant in this study who made the decision to uphold his brother's chosen place to die, which went against the wishes of his whānau. He made the decision to support his brother because he believed it was the right thing to do but described how he needed courage to see this decision through.

Courage was also motivated externally by others, in particular, by being encouraged and being around people who are perceived as cheerful and coping in the face of adversity such as a natural disaster. Finfgeld (1999) confirms a number of these traits and also includes gestures of support and role models. The ability to influence others by our state of mind and responses can contribute to calmness or panic. For example, being able to remain calm in the face of an adverse event and presenting as logical, reasoned and confident helps others to reduce their fear and anxiety and act with logic and purpose. Being able to be logical was part of the 'internal dialogue' whereby emotion such as fear is suppressed or quietened so it does not dominate and cause instability for others and lack of action.

Doing this through awareness of how behaviour affects others also evidences care and responsibility, including recognition of others who are more vulnerable. This is particularly evident when people recognise, through empathetic connection, the struggle someone else might be experiencing, and demonstrate mastery over their own fears about the situation (for example, when a partner or child has been given a serious diagnosis) in order to be supportive or strong. Providing words of kindness, being willing to listen, encouraging a sense of belonging and 'hope' all assist others in their own journey of courage (Finfgeld, 1998, p. 164). Positive social support networks and strong social connections can reduce psychological disorders and distress and support the development of personal strengths (Gillman & Seligman, 1999) and ultimately help others to be able to respond courageously.

Without a clear motivation of some sort, be this love, kindness, protection of others, the upholding of values, beliefs and morals, or some other worthy objective that a person takes

a risk to act on, the existence of courage can be questioned. This is highlighted by Howard and Alipour (2014) in their commentary regarding differentiating courage from risk-taking, using the example of someone doing an extreme physical act such as base jumping from a cliff. If this is simply an action to induce adrenaline for that person, it does not carry the depth of meaning and degree of adversity evidenced in courageous behaviour. It could be seen as brave and daring, and admired by others who are involved in extreme sports or not understood by others. However, it could be argued that engaging in these sorts of behaviours may provide future motivation to face an adverse event – 'I did that so I can do this' – or it may not, depending on the adversity being faced, be this emotional or physical. Motivating factors ensure that what is being undertaken is meaningful, worthy and of significant importance, either personally or interpersonally. Therefore, not doing it may result in a sense of letting oneself or others down. This includes letting down the values and beliefs imparted by others (past and present) and held within the culture of a family.

Exploring the motivation behind courage contributes to the discussion of 'bad courage' put forward by Pury et al. (2015), whereby people believe something to be noble and worthwhile and are motivated by this belief but the resulting outcome of their actions is viewed by wider society to be wrong. This includes extreme violence to oneself or others, which is condemned by society but of high value to the individual (Pury et al., 2015). Silke (2004) counters the idea of bad courage, commenting instead that courage is when 'the individual perceives risk and danger in a given situation or behaviour, how the individual experiences fear and anxiety in relation to this perceived risk and how the individual nevertheless enters the situation or proceeds with the behaviour' (p. 184). The factors of consciously choosing a course of action, the concept of an adverse event and motivation are all present. His commentary in relation to acts of terrorism points out that while the society in which the act occurred condemns it as bad or wrong, others who believe in the beliefs, values and motivation behind it are more likely to say the individual acted courageously.

Although not expressed explicitly by the participants, the suggestion of anger as a motivating factor that supports responding courageously is worthy of further consideration. Osswald et al. (2010) and Pury and Lopez (2010) suggest that feeling angry can decrease the perceived risk and increase the likelihood of a desired outcome. Anger is

often regarded as a negative emotion; however, it can be a strong motivator, especially when responding to a perceived injustice or being in a position in which there is personal ability to change the situation is limited. Anger creates energy that can break through a restriction and initiate action. It is mobilising and can bring about change. The worry often associated with anger is more about the expression of it contributing to harmful outcomes. Anger applied wisely can be protective and motivating, and therefore can result in courageous action. It pushes back against more passive ways of responding that lead to inaction. The key is that people are in control of anger, and self-awareness and ways to safely express it.

Traits and attributes

Following the ideas of conscious choosing of one's attitude and response, supported by a range of motivating factors, the participants identified a number of traits and attributes within the courageous response or action. The overall summary identification of 'inner strength' in particular was highlighted, and this is supported by Spence and Smythe (1999), who see courage as a metaphor for inner strength, evidenced by the capacity for 'sustained commitment, the acceptance of continual change, and the ability to champion one's own course' (p. 55). Their key words of acceptance, commitment and choosing a self-directed course were echoed by the research participants through their ideas of perseverance and staying the course and seeing something through.

Inner strength was seen to contain a combination of traits and attributes, and in particular, the participants emphasised that it evidenced logical thinking and an overriding of emotion (namely fear) linking to the full Latin word for courage, *animus* or *animi*, which includes the idea of humankind's rational soul or intellect. Being able to be logical and rational is also noted by Walton (1986), who comments on the capacity to 'keep one's head' and make a sound judgement about a situation that is perceived to be dangerous without giving into 'excessive or irrational emotion' (p. 63). The attributes of acceptance, adapting and letting go also show intellectual and logical reasoning about what cannot be changed and accepting this (thus giving up that struggle or misdirection of energy) and challenging what can be changed and acting on this. How people perceive a situation and the mental interpretation they bring to this influences how they respond to it, which includes the

notion of positive thinking, such as hoping for the best, but being realistic and preparing for less positive outcomes.

The participants highlighted observable traits such as self-confidence, endurance, perseverance, not giving into fear, rising above pressure and remaining composed in dangerous situations, which are also noted in Rate et al.'s (2007) work and by Finfgeld (1999). The participants also discussed acceptance and letting go, including being able to adjust to change and accept what cannot be changed. Finfgeld's (1998) work emphasises four components of courage: cognition, behaviour, outcomes and sources of renewal along with a resolve to keep going. This was also noted by the participants in this study, who identified determination, adapting and adjusting as inner processes that support courage.

A number of the participants mentioned bravery in relation to describing courage. An example given was someone going through a difficult medical procedure being seen as 'very brave' – meaning they endured what was happening without complaining or becoming upset. In exploring some of the values that have been linked to courage, Pury and Kowalski (2007) propose that courage is made up of four character strengths: bravery, persistence, integrity and vitality. Cougle and Hawkins (2013), in their construct of courage, identified words such as 'courageous, brave, daring, gutsy, fearless and heroic' (p. 899). Being brave could be seen as an expression or attribute of courage, but courage itself is a more complex concept that embraces several processes. Bravery is generally an accolade bestowed by others, and a reminder of how possibly to respond to something. It could be said that courage leads to bravery, rather than bravery leading to courage, so the recognition of bravery is suggestive of courage having occurred in some way.

Positive thinking and self-encouragement, as identified by the participants, is also noted by Desmond (2002), namely as the capacity for self-awareness and self-knowledge with the ability to 'talk back to fear'. This may also include the ability to focus attention on present controllable aspects of a stressful situation to help people maintain or regain a sense of overall control, especially when faced with events they cannot control. Frazier et al. (2011) also make the point that trying to control events into the future can often be distressing and lead to hypervigilance and anxiety. This reinforces the ability to remain present and not move into worry by projecting too far into a future that may contain loss or vulnerability. Hannah et al. (2007) comment that 'while courageousness may be a form of constructive

coping, it is the need to directly address the cause of one's fear and achieve a designated purpose that differentiates courage from general coping models' (p. 129). This suggests a facing up to or naming of what the fear is and finding a way to cope with this that is useful both for oneself and for others.

The participants felt that being able to accept something difficult in one's life and approach and manage it is also evidenced by attributes of calmness, cheerfulness and confidence. These factors are noted to be outward signs of behaving courageously but also support the conscious internal process that enables action. Finfgeld (1998) uses the term 'ability to thrive' so that one is living life to the fullest, 'not just getting by' (p. 160). Such a response to an adverse situation, especially one that is ongoing such as a chronic illness, is also often visible to others. Rachman (2010) suggests that self-efficacy, optimism and competence all support courage along with perseverance. Rachman also comments that the development of these traits could help people to be more courageous, noting that if these existing traits and attributes combine to support people responding courageously, it is possible that courage could be taught or developed.

The idea of keeping on going, taking action and persevering despite difficulty are consistent themes in the findings. Pury and Lopez (2010) state that all acts of courage are often goal related and the individual has a desired beneficial or positive outcome in mind. Again, this could be anything from the obvious physical act of courage through to providing emotional support to another person in a personally challenging situation, despite one's own fears of loss or uncomfortableness. Pury and Starkey (2010) differentiate the obvious and monumental acts of courage from other types of courageous acts, referring to them as accolade courage, as they often earn accolades from society. This could include someone experiencing cancer – how they respond to this is often described as courageous or brave. This again is reflective of the perception of how the person has responded to the disease, and contains attributes and traits previously discussed such as cheerfulness, calmness, perseverance, acceptance and adapting without complaining as identified by the research participants. The capacity for learning and developing these traits and attributes may provide a guide or process for how to be courageous. This will be further explored in subsequent chapters.

Courage as a process

The ideas within the definition developed from this study, when synthesised, show the enactment of a process. This process requires adverse conditions and begins with a conscious cognitive response that is affirmed and motivated by a range of sources, resulting in meaningful action being taken that is demonstrated through a range of behaviours, attributes and traits. The notion of courage as a process is affirmed by Finfgeld (1995), who states that courage involves an 'identifiable process' (p. 2). The process she describes involves problem solving and transformation of struggle into challenge, and includes behaviours such a 'quiet acceptance and self-care' (Finfgeld, 1995, p. 4). The ideas link to the broader ideas of cognitive restructuring of an issue and demonstrating emotional mastery in relation to it, which illustrate emotion-focused coping. Applying the definition developed from this study would confirm that someone acted courageously if that person was facing perceived adversity, made a conscious choice to address this, was motivated to take action to face the adversity through a range of sources, and behaved in ways that demonstrated specific traits and attributes.

The idea of courage being a process also challenges courage being defined by the outcome that was achieved. The determining of courage based solely on the outcome raises difficulty if the outcome is one that is not supported or is in fact condemned by others. Assessing courage based on the outcome can therefore render a perception that the person has not acted courageously. Silke (2004) comments that courage cannot only be reserved for those whom we 'support or are sympathetic to' (p. 195). This is perhaps most evident in situations of war, where the actions of one side are condemned and the actions of the other commended. The actions are in fact the same, and the process in taking them likely carries several similarities. To judge one as courageous and the other as not highlights subjective bias, and courage should not be determined from this alone. Understanding courage as a process removes the subjective view of the outcome. The definition developed from this study provides a way of reflecting on and assessing how people respond to an adversity, not solely on what was achieved.

Viewing courage as a process in response to adversity also helps address the confusion over the difference between courage and heroism. This is stated clearly by Platt (2002): 'Heroism is a word often used mistakenly as a synonym for courage … Heroism is a label

that packages and evaluates an action after the fact' (p. 133). The use of the term 'hero' or 'heroism' does not necessarily explore the process required to undertake the act perceived as heroic, which may or not have involved courage. This relates back to the importance of differentiating between fearlessness and courage: courage requires uncertainty and fear, whereas in fearlessness this has already been overcome. Viewing courage and heroism as synonymous also tends to categorise courage through physical acts of bravery, which in turn creates an uneven gendered perception of courage with it being more associated with men (Becker & Eagly, 2004; Darling-Smith, 2002). By clearly understanding courage as a response to adversity that involves a process, everyday, psychological or 'quiet' courage can be more clearly recognised. Being courageous then becomes something attainable by all people.

Chapter summary

The definition developed as a product of the grounded theory design offers further articulation of courage as a conscious process that occurs on a cognitive and emotional level. This is specifically to override fear, uncertainty, vulnerability and doubt that could lead to inaction and avoidance, and to act in spite of these emotional reactions. The conscious choice of an attitude, approach and way of responding does not eliminate fear but gives a sense of control back to people. It embodies the idea that even though circumstances may be out of a person's control, there is always a choice in how to respond to them. The conscious response to act is the first step in facing adversity, and enables people to walk into rather than avoid a situation. Courage is differentiated from risk-taking behaviour by the intended outcome of taking the action, which often represents valuing of self or others or holds another important meaning or belief. It is also different from developing fearlessness, which can occur through repeated training to undertake a dangerous task, although it is likely courage may have been needed in the initial learning phases of the training. This study highlights key motivating factors that contribute to courage, which are often developed early on in people's upbringing and socialisation. These create a foundation of belief in what the right thing to do is, and it is from this foundation that action is taken. When people act courageously, they demonstrate a range of attributes and traits often evident through their behaviour and observed responses. These might be in relation to events such as disasters through to the personal struggles and vulnerabilities generated by everyday life. In order to further explore the definition that has been

discussed in this chapter, a fourth focus group with social work participants was undertaken, the findings of which are presented in Chapter 7.

Chapter 7. Findings (Stage 3) – analysis and interpretation

Introduction

In developing theory, qualitative research is required to move beyond simply describing something to being able to explain and predict behaviour. In questioning why so many grounded theory studies remain descriptive, Charmaz (2014) comments that 'coding for themes rather than analysing actions contributes to remaining descriptive' (p. 246). To ensure the definition of courage developed from this study did not just remain a description, a fourth focus group was conducted with social work participants who had been working in Canterbury (and still remained there) at the time of the Canterbury earthquakes. The intention of the focus group was to discuss and explore the definition of courage from a social work perspective and to consider possible professional practice applications of the definition. Four participants took part in the discussion, three women and one man; all of the participants were experienced social workers. The initial coding of the data produced 48 codes, which when further analysed, produced two conceptual categories (older adults and social work) and related themes. Further interpretation of the themes in the older adult category provided a professional perspective on how this population group had managed the earthquakes and supported the reported experiences of the older adult participants. In discussing social work and courage, focus group participants reflected on how they personally had responded in the professional context of their work, and then explored courage more widely within the profession.

Findings

This focus group discussion took an hour and it was evident that participants needed time to share their own personal and professional experiences of the earthquakes before moving to the conversation about the definition of courage. This may have been heightened by a news article the previous day on the likelihood of the South Island Alpine Fault causing a serious earthquake in people's current lifetimes. Some of the focus group participants found this very unsettling, and it reinforced the ongoing sense of life fragility the earthquakes had left them with. The focus group also highlighted differences between rural and urban coping (two of the group lived rurally), with those living in rural areas perceived as more resilient and adaptable due to constantly dealing with the

unpredictability of nature. The initial codes and emergent themes are summarised in Tables 17 and 18.

Table 17. Focus group 4 initial codes

Differences between rural and urban responses – rural seen as more resilient as do not rely on help getting there quickly	Language in the definition has an older person articulation to it	Continuing to work in the midst of the earthquake – having to choose a professional or personal focus
Adapting and adjusting to ongoing practical impacts of the earthquakes, self-sufficiency and being prepared	Sense of dealing with something, pragmatic rather than panicky	Professionals also have an uncertainty about what is happening
Impact of first earthquake was greater on rural communities	Cannot assume everyone is the same, people have different coping responses	Supporting colleagues who are in shock
Impact on earthquakes on farm animals	Use of language – resilience was the chosen word rather than courage, good to see people reflecting on courage instead	Pulling your emotional and physical self together
Dealing with nature makes you more accepting of unpredictability	Earthquakes have left an ongoing vulnerability, fragility, and worries about future safety (fear of the Alpine Fault risk)	Having a duty to be calm and responsive part of an older generation's moral code
Town and city previously seen as stable and a nice place to visit for people living rurally	Older generation more connected to courage and resilience regardless of urban or rural	Older generation more used to dealing with harsh conditions and how to problem solve
Younger people wanting someone to fix it for them – would this draw social workers into fixing rather than solution finding?	Risk of seeing older people as vulnerable rather than resourceful	Older people more likely to be sensible in a crisis and have clarity about how to manage issues in their lives
People should not expect life to be calm and happy	Life is not plain sailing and older people are more likely to know this	The immediate help and contact from family stops after initial efforts, it drops off
Difficulties for older adults dealing with technology systems such as insurance – daunting and became barriers for some	Post-earthquake older adults reconsidered what was essential and had to let go of things like china and future inheritance items that were broken or damaged	Older adults went about adjusting to losses – they had a clear focus on how to manage and keeping their independence
Older adults tend to put their needs second, said go help the young ones with children	Certain professions had specific tasks, so social work in the hospital set up the relatives' centres	Social work worked with distress, panic and chaos
Heightened awareness of own personal safety and greater fragility that is now with people for life	Professionals have to do self-talk to move into action and step towards rather than run away	Fear and dread of what is awaiting you at your work
Dealing with doubt about	Holding both expectation and uncertainty about how to do your	Different professional groups had different responses – doctors

whether you can cope and work	job in these situations	came very quickly from other areas and countries, social work seen as slow to send people
Having to put your emotions to one side as a way of coping in social work to get things done	In emergency situations you can lose the rituals and tasks you would normally do (like blessing a hospital room)	People in homes who needed ongoing medical treatment who suddenly had no water and sewage
Dual response – workers making a commitment over and above your own family and having to find energy to do both	Social work has passion and values and hence courage	Doctors and other workers seen as trained to follow step-by-step processes and procedures, social work does not have this so much as the work is always unpredictable and uncertain – you never know what you will walk into, hence the need for courage
Social work is dealing with emotions, uncertainty and expectations	Social work is always holding uncertainty	Social work is not black and white, there are always choices, options and differing views and that makes it grey
Importance of social support networks and talking things through	Honouring older adults and their life experience, noticing the contribution working with older adults makes to social workers	

On further analysis of the initial codes, emergent themes were categorised to older adults in disasters, and the need for courage within social work. The emergent themes in Table 18 are presented under these two categories.

Table 18. Emergent themes

Older adults in disasters	Courage and social work
Prioritise others before themselves	Dual response – managing both personal impacts and undertaking professional role
Believe they have a duty to be calm and responsible	Managing own emotional responses (expectation and uncertainty) to move into action
Take practical steps to manage and adjust to changes and losses	Driven by passion and strong ethics and values all of which require courage to uphold
More likely to experience barriers to assistance through technology and difficult systems	Work with distress, panic, uncertainty and highly emotional responses that require courage
Respond well to pastoral support and social networks that need to be ongoing not just short term	Not as trained in clearly defined processes and procedures as other professions, which contributes to greater uncertainty
Their resourcefulness should be honoured and accessed	Daily managing situations requiring courage to guide decision-making
Contact with them can be enriching	

Interpretation of the findings

Older adults

Key themes pertaining to working with older adults included recognising their self-sufficiency, which one participant noted within the language of the description of courage that was developed: 'Well, there is definitely a sense of dealing with it, you know what I mean, rather than panicking' (Heather). The idea that for older adults it was their duty to be calm and to put their needs second to those younger who they perceived were in greater need is evidenced in these comments:

> Those kinds of words, moral duty and responsibility, that is very much I think of an older generation is being really important ways of being for them. I can see that. So even though the world was falling down around you, you know, you pulled your, not just your physical, but your emotional being together because that is how you need to be. You need to, you have a duty to be calm, to be responsible, you know, and that is actually part of their moral code as well. (Heather)

> They were able to stay, you know, and keep warm and were able to look after themselves and all that sort of thing and it was hard on the family because they wanted to help. Very capable. I think it does come down to their values, duties and responsibility that, OK, this has happened, but you know, we have dealt with, like you said about experience, we have dealt with a lot of other things in our life. (Sharon)

> And the words that I kept hearing from the old people, 'There are worse people off than me, you know', so it is kind of like that. They were perceived to be highly at risk. That is why we went out to see them and they kept saying, 'No, there are worse people', and they would often say, 'Help the young ones with kids. Help the ones with children.' (Todd)

Self-sufficiency in older adults also included problem solving and not waiting for help to come, so being able to problem solve based on life events and experiences. One participant noted this as a contrast between older and younger generations within the Canterbury region, and also how the resourcefulness of older adults was sometimes unintentionally undermined:

> The number of older people I saw that were really, really clear that they had a responsibility to manage their lives and the neighbours and things like that even if they weren't physically capable and it was the young ones that had the worry about me, 'society needs to sort me out', you know, the young people, especially some of the solo mothers, and things that we went and saw. It is kind of like they could not cope. They could not even think about how to do the next thing, and OK, they had

responsibilities towards children and they were worried about that. But the idea of digging a hole to go to the toilet would just be way beyond them. It was just an impossible, the way of gathering water from the rain from your roof was just not even on their comprehension. Somebody has to provide us with water, somebody actually had to provide us with a porta toilet and I found that the generational thing was the most, most noticeable thing of all.

And the other thing that was really noticeable in relation to the generation, the people that made referrals to the flying squads were the ones that actually didn't give the older people advice and support them in doing the things they were doing. They felt the older people were vulnerable and the older people were saying, 'No, I'm OK. I've got a candle. I can get extra blankets if I need to and I've got a lady down the road. She is a good friend and she can come and talk to me and I've got the hole out the back and my hole out the back has got a chair over it and I've taken the base of the chair away so that I can sit on it, just on the frame of it.' (Todd)

I would agree with you I would say that generational … (Heather)

This linked to the recognition that older adults had experienced loss of material items in the earthquakes that they had been holding on to as part of inheritance gifts to others, yet accepted the loss of these and moved on. This is illustrated in these observations:

There was all that stuff in the china cabinet, you know, that they have hoarded and valued and they were going to leave to this family member and that. They put all this energy into and it was all just smashed really quickly, you know. (Heather)

I saw a couple like that. It was really sad. All their precious china and they had all swept it all up and they were staying. They had lots of family. Despite the family saying, 'Come and live with us', they wanted to remain in their house and I think it is almost out of they didn't want to burden anyone else. It was their duty. It was a bit like you were saying. 'We're okay, you know. We have got a candle and we can do this.' (Sharon)

The group noted that older people often experienced barriers in accessing services through the technology or systems set up, as can be seen in this conversation:

The process [EQC] took way too long and it shouldn't because some people listening or hearing what they were saying and taking into consideration how old they were and how difficult it would be to try and negotiate that process, you know. (Heather)

The other part of that is they are not technologically savvy a lot of the older people and so they had faith that it would be done for them. (Todd)

Yeah, they ring up a friend, they ring up the doctor, they ring up the something, you know, and things are fine, but this was just a huge process that we all had to go

through and, you know, it was like your name sits in cyberspace belonging to nothing and I think they found that really hard for them. (Heather)

There was recognition that older adults did greatly benefit from social and pastoral support, and how this needed to continue past the initial few weeks after a disaster, as seen in this conversation:

> I think one of the things we did out in Waimak and we have done in Hurunui, I don't know if they did in the city, but we set up pastoral care groups, and groups of people went and spoke with people, and the elderly loved that engagement and that was really, really therapeutic for all people across intergenerational, but the elderly loved that contact and someone to talk to and just to sound off to, and they might not have had family or people close by, but they had someone they could connect with and actually just talk about things with them. It was really useful. (Lucy)
>
> And the elderly love that for some the younger generation actually visiting them so the earthquake brought things to them as well, you know. It wasn't all bad. (Sharon)

The participants also commented that older adults were more likely to say they were 'fine' or 'OK' to family members and that this sometimes meant family and friends did not provide support that was actually needed, as can be seen in this comment:

> I kept in touch in looking after a woman well into her eighties who was the mother of a long-term friend of mine and none of the children lived in Christchurch full stop, some in Australia and Auckland, and she, you know, I was quite shocked after a while that none of them came, you know. One had been down just before for the regular visit to check up on mum, the one in Auckland, and then the earthquake happened and they just asked her on the phone how she is, and she lived alone, you know. She had just been saying, 'I'm fine. All my stuff is smashed', because it was and she needed district nursing and stuff like that, but she kind of said. 'I'm fine', and in the end I actually rang my friend in Australia and I gave her a rev up, a bit of stir. Then I said, 'One of you need to come, you know.' (Heather)

In general, there was acknowledgment that working with older adults was often enriching to social workers, and that contact with them often gave them a sense of strength and ability to carry on. This was highlighted by this participant:

> When every client is child protection or every client is drug and alcohol, you know, I always think the elderly is just such a welcome thing in my day to go and have a chat and find out what their things are is a kind of feeling that, I mean, they are important, but there is a kind of feeling, I don't know, sometimes they make my life easier.

Yeah, we kind of bring them down to physical function, but I always like to think these are people who have done amazing things in their life and they just got old. You need to remind yourself that we don't need to mother them and treat them like children. (Heather)

Social work and courage

The conversation regarding courage and social workers also revealed a number of key themes, including the challenge of personally experiencing a disaster and having to perform a professional role within the context of this, as can be seen in this comment:

I didn't know what was happening actually at the time and I carried on [driving] in eventually, and everyone in the office had been, you know, our main office had come out of the building and was standing outside, and they were just white as sheets. They was so shocked really, and so I actually spent time there, and then I phoned my husband because he was in Christchurch too and tried to get my daughter and couldn't, and then a guy came, a husband of a woman who works for Barnardos came along, and he walked from the central city and he said, 'There are buildings down everywhere', and so my immediate thought was about my daughter because she worked in a building in Colombo Street. (Lucy)

Another participant observed that women, in particular, were often trying to hold a 'dual response' because of the commitment they had to their professional ethics and responsibilities:

One of the things for me in terms of supervising people was that realisation in terms of values and beliefs and ethics of social workers was that many of the people I saw because the profession is predominantly women and they were making a commitment over and above their family to be working. Now for some of them it was OK because some of their partners weren't working because their workplace was not coping, but some of them were trying to juggle this 'I am a mum and I've got responsibility for my kids, but I also have to be in doing my work because it is desperate that we have social workers doing the job.' So there was that kind of dual response. (Todd)

Managing a professional role in a disaster raised questions of personal capacity and being able to meet personal and professional expectations of the role in this type of context, as shared by this participant:

I think you have to yourself talk so you are still fearful and uncertain and everybody wants to run in a way, but you have kind of got to make yourself face it and go towards it … so, anyway, I'm standing there at the lights and I'm just looking at the

hospital and I'm thinking we knew there were dead people because one of our team leaders was down in the mall and he had rung our manager so we knew that.

… I'm standing there on my own and I'm just looking across to the hospital and I'm saying to myself, 'OK, you did all those years of training and you were lucky', and I was saying to myself, 'What am I going to find over there?' and 'Will I be good enough?' was the question that I asked of myself and I guess that is the thing for us professionals – there's no book written on it really. You can do training about things and then you get confronted by things, and it is that deep fear of 'Will I be good enough? Will I do the right thing? Will I cope?' because you are the professional. (Heather)

The participants shared their experiences of the chaos of the environment they were working in such as the emergency department of the hospital in this comment:

People would ring in and say I am at Christchurch Hospital. They'd never tell them what ward they are on. They would ring from their cell phone. And so then they would arrive and they would be screaming and yelling and our tracking our computers, our database, and everybody was ACC and it wasn't catching up or anything else like that. People were physically running around from this ward to that looking in all the rooms, you know, for people. (Sharon)

… and it was just, and the place just kept rolling and shaking, and I set up the relatives' centre because that is a social work role, you know, in the disaster and that is when I first heard about the CTV building because there was no TV. There was not even a radio, you know. (Sharon)

This contributed to participants observing that social work, in particular, did not have structured processes and training for such emergencies in comparison with those of the medical professions. They also noted that there was a delay in social work receiving backup from other parts of the country:

I was really impressed by doctors, you know. Within less than 24 hours there were neurologists there from America. They just go. Whereas social workers we just, especially on the day and the two weeks after, you know, we just needed people to come and help us basically, but there was like no system and where would they stay or not that kind of spontaneity or somebody taking control. Compared to the doctors. They were far more organised internationally than we ever were. (Heather)

It was noted that help did come but that the impacts of the February earthquake were felt across the country, with other hospitals and services taking in people who were flown out.

I think people wanted to come, you know, and there were some people from Ashburton and stuff like that, you know, but a lot of those other places were

overloaded with our people because we were flying out people to other places like all the dialysis patients all went to Auckland, you know, all the spinal wheelchair bound patients and stuff like that. So they were going other places and overloading them, so that was the problem, you see. (Heather)

Another participant described this as working in the 'grey' areas:

We live in a life of grey is the way I talk about it, because the doctors have got processes and procedures, and they have got right ways and they have got best practice and things like that, and we work in areas where there is always choices and always options, and therefore there is not a black and a white, there is grey. And how do you work through grey? And how do you find people's way of negotiating grey and acknowledging that my view of grey is different than that person's view of grey and what the client's version of grey is? And they have got to try and find this, and our job is to make sure that grey is broad in order to actually make choices. That is our real role and as such we haven't got right books and right procedures in terms of what the doctors have got. (Todd)

But as a social worker, you know, usually you can deal with that and it's a really complex case and you can go and debrief and use your supervision and all that, but all of a sudden you couldn't, you were moving onto the next one and to the next one, and that case has particularly stuck with me because, you know, her mother supported her and we kind of dealt with things, but we didn't bless the room and we didn't do this. (Sharon)

Prolonged stress and not being able to do things as well as hoped because of mounting demands is noted in reports by the MOH (2016) and the report from the Canterbury People in Disasters Conference (Hedlund, 2016), where it is recognised that this can contribute to secondary traumatic stress, compassion fatigue and burnout for professionals. Because of the prolonged exposure to traumatic stories and also the holding of both personal and professional responsibilities, the response and recovery workers are identified as a vulnerable group within emergency management. The degree of adversity and the uncertainty, fear and vulnerability they face may include both their own personal experience of the event and professional experiences.

There was an ongoing vulnerability left by the earthquakes that people recognised, and hearing about the possibility of another significant earthquake triggered this, as seen in these comments:

When you talk about that thing in the newspaper about the Alpine line fault, I have to admit, and I pride myself on being hardy, you know, my stomach clenches at the

whole idea that, you know, I have to deal with something like this again, you know, and I think that is why a lot of people outside got sick of this. (Heather)

And my husband said something about, oh, he had read something on Facebook last night that the Alpine Fault is going to go and it was going to go in our lifetime, and I felt really vulnerable and it did generate fear, but then he had calmness about him, oh well, it is going to happen. ... But I think that actually the earthquakes had made us consider things of all generations that we never did, we took for granted, and I took for granted that town was always kind of a stable place. Town was nice. You go in and you visit it and you get dressed up and it is where you work and it is where you go shopping and then you go home and you expect things that could generate some, you know, vulnerable times and need your logical thinking. (Sharon)

There is a kind of fragility about life because even though we have got all these people doing logical thinking calmness, which we are all doing as well. Now underneath it all you don't feel as safe as you did prior to that time. It will probably last for us the rest of our lives really. (Heather)

The participants also talked more widely about the emotional impact of the work they do and how courage is seen in relation to this:

I've worked in a hospital situation too with death and dying and birth and the rest of it, and I found that I developed a coping mechanism. I had to almost move to another place emotionally to cope, and I think I have done that in this role as well. Even though I was kind of emotionally in there and vulnerable in a social work role, I had to almost put it over there and move to another place to deal with it and just get on with what had to be done. (Lucy)

We do walk into the unknown, don't we? … we walk into all the emotion and stuff and everything and expectation and stuff like that. It is quite huge, really, and is leading to the courage thing. So I think just walking in that door, even a couple of times a week if you got something really horrendous, that is courage. (Heather)

It was heart-breaking work as well, it really was. I remember one of the things that really struck me was we had a mother that we had supported through Care and Protection and she had finally become a very successful mother and was parenting one child, and a TV fell on him and he passed away immediately, and she walked all the way from Hornby into Christchurch Women's with this wee baby about six months old who had passed away, you know. We took her into the room, and I think she showed a lot of courage, you know, and so much respect because, you know, she had the uplift from Women's and all that, yet she had come back to a place where she knew that she would be supported. (Sharon)

As noted by the worker, courage can also be seen in the mother whose child died in this awful and tragic circumstance. Faced with a terrible tragedy, she made the courageous

decision to walk through aftershocks and devastation to reach the hospital, which she felt would be the right place for her baby.

Other comments in relation to social work and courage included 'courage to reflect, courage to know that sometimes you get it wrong and to own that, courage to say actually I did that well …' (Sharon)

> I think it has passion and soul. I don't think you could do social work– sure, there are social workers out there that nothing more nothing less social worker – but the majority that I meet are really soul passionate ones, yeah, values and to have passion you must have courage. (Lucy)

The reflection of the role of passion and values within social work links to the idea of motivating sources contained within the definition of courage. This is perhaps what enables social workers to walk into uncertainty and emotionally challenging situations.

Chapter summary

The fourth focus group provided a valuable discussion generated by considering the definition of courage that had been developed. Beginning with reflecting on the population group who had contributed to the definition, the social work participants discussed the way older adults had responded during and after the earthquakes and how these responses demonstrated courage. The focus group acknowledged some of the unique challenges faced by older adults in a post-disaster context, namely trying to deal with services and related technology. However, the group recognised and validated the skills and strengths of older adults, and their observations confirmed how older adults could be a valuable resource in disaster response.

The participants' sharing of both personal and professional experiences highlighted the difficulties and vulnerabilities they experienced through the Canterbury earthquakes. They took the opportunity to reflect on professional responses, and the differences between professional groups, such as social workers and doctors, highlighted different levels of training and readiness. The discussion offered future ways of strengthening and supporting the disaster response role for social work. Overall, the participants offered perspectives on courage from the social work profession, and in doing this, provided a number of examples to which the definition of courage could be applied. Through applying the definition to their

examples, courage became further evident as involving a process, as indicated from Stages 1 and 2 of the data collection and discussed in Chapter 6. The fourth focus group discussion therefore contributed to the development of a five-step process model that shows courage can be enacted, which is presented and discussed in Chapter 8.

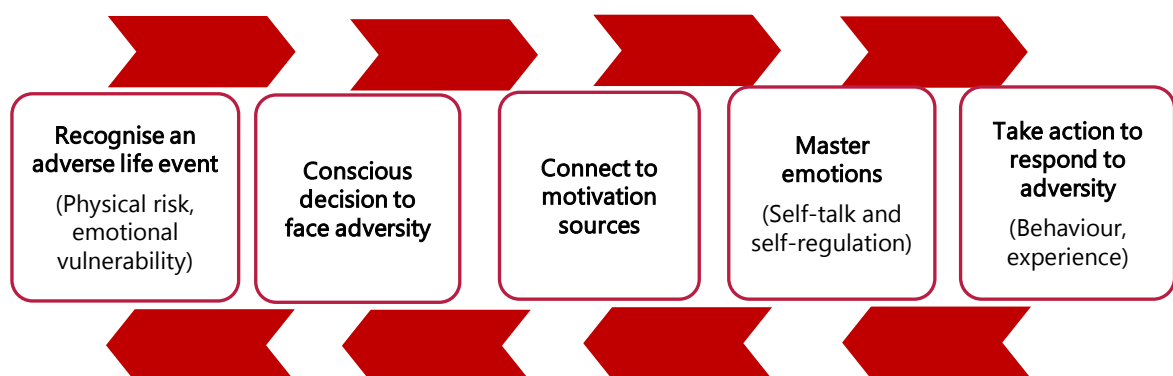# Chapter 8. Process model and possible applications

Introduction

In developing theory, it is important to consider its significance in relation to practice, or as Charmaz (2014) asks, 'What purpose does your grounded theory serve?' (p. 339). The discussion with the fourth focus group (along with the existing examples from the older adult participants) helped further articulate the process inherent within the definition, leading to the development of a process model of courage. The model further enables the concept of courage to be understood, observed and applied. The five-step process model developed from this study is presented and discussed in this chapter. To consider its applicability, several possible purposes it can support are then explored. These include supporting planning and self-reflection, and teaching courage. A discussion of the possible application of the process model in social work, in particular, social work professional development and social work practice, is also provided. A real-life example of the process model being applied in supervision is shown, along with the development of a diagram (see Figure 4) that helps articulate the place of courage in a three-stage model for managing adversity.

The process model of courage

By applying the ideas within the definition to the examples the social workers and older adults provided, five steps were identified that support the enactment of courage. The five-step process model of courage is shown in Figure 3.

Figure 3. Process model of courage

| Recognise an adverse life event (Physical risk, emotional vulnerability) | Conscious decision to face adversity | Connect to motivation sources | Master emotions (Self-talk and self-regulation) | Take action to respond to adversity (Behaviour, experience) |

Confirming both the older adults' descriptions of courage and the application to the social workers' examples, the first step in the process model recognises the presence of an adverse event. Analysis of the social worker participants' examples revealed themes of uncertainty, vulnerability and fear, which met the developed definition of adversity. A key aspect of how the social workers responded was through the mastery of their own emotions in order to be able to provide care and support to other people. This is evident in this comment: 'I think you have to talk to yourself. You are still fearful and uncertain, and everybody wants to run in a way, but you have kind of got to make yourself face it and go towards it' (Heather). Responsibility and a belief that it was the right thing to do (motivating factors) also enabled this participant to go across and into the emergency department, and deliberately working from a place of conscious calm helped her undertake her key responsibility of setting up the welfare centre for relatives.

The second step of the process confirms the conscious decision to take action despite experiencing fear, uncertainty and vulnerability. Like the older adult participants, the social work participants highlighted how this requires stepping forward and facing the adverse event, rather than avoiding it. Once this decision is made, the third step involves motivation being sought to act on this, which could be from sources of memory, values, beliefs, duty or responsibility. The social work participants linked this to duty and professional responsibility inherent in the values of the social work profession. At the same time, the fourth step, requiring mastery of the emotions generated by the adversity, needs to occur, and the social work examples again illustrated this through self-talk and self-regulation, such as positive and logical thinking to support calmness.

Once a source of motivation and mastery of the fearful emotions has occurred, action is taken to respond to the adverse event. The individual and those around them might observe this action through certain behaviour, such as being determined, persevering, enduring and accepting, which continues to support mastery of emotions through self-talk and self-regulation. Through successfully taking action despite the adverse nature of the event, the person has demonstrated courage.

Possible applications of the process model

Supporting planning and reflection

As a way of planning for a prospective adverse event, the process model of courage could help people from a range of age groups face future adversity through following the process steps. If people are aware of an approaching difficulty that is generating fearful emotions in them, they can follow the steps in the model to help them respond courageously. Recognising the emotions associated with adversity, choosing to consciously face what is happening, accessing sources of support and motivation, using self-talk and self-regulation, and taking action to face the adversity will mean they will be more likely to behave courageously. The process model therefore provides a series of signposts to help navigate and respond to adversity that support courage.

These signposts can also be identified by reviewing previous experiences of how adversity was managed and validating the presence of courage if it occurred. In reviewing how a person responded to an adverse situation and identifying whether courage was present, several reflection questions can be asked. First, looking back, did the situation meet the conditions for requiring courage, so was it adverse in nature? Second, despite experiencing the fear-based responses, did the person consciously decide he or she needed to act in spite of these? In deciding to act, did the person draw on any particular sources of motivation? Was the person aware of the need to master the fearful emotions and replace these with self-talk and self-regulation? Finally, did the person take action that faced into and responded to the adverse event? Could the person draw on this experience in the future?

The model could therefore provide a prospective way of planning to face adversity, and a retrospective lens to explore responses to an adverse event. By offering a way to structure reflection, the resulting analysis can create a source of validation and motivation from which people can draw to face future adversity. Put together, the definition of courage developed as a product of this grounded theory study can help people describe and articulate what courage is, and the process model demonstrates the steps to take to respond courageously. This provides a way to validate how people have used courage and how to utilise it in the future.

Teaching courage

The stages within the process model indicate that courage can be taught as a way of facing adverse events. Essential to this is the articulation of the motivating sources that contribute to taking action. By helping people name and describe the values, beliefs, morals and key messages from their upbringing that represent ways of facing challenges, these can become a conscious source from which to access courage. This requires taking people through an analysis of the beliefs and values they would stand up for and that would inspire them to take action in situations that generate uncertainty, fear and doubt.

In exploring the key values and beliefs that people hold as intrinsic and important to them, life experiences that were perhaps not so positive may also contribute to being sources of motivation. Witnessing of values, beliefs, behaviour and attitudes that were harmful or hurtful can instigate a determination to uphold an alternate belief or behaviour. For example, if people grow up in a home where violence between the adults is a persistent factor, they might develop a protective and non-violent belief about how to treat other people. This belief could therefore be a compelling one in an adverse situation in which physical or emotional risk is present for choosing to act in a courageous way to protect another person from violence or attack.

Another way of teaching courage would be through creating situations of moral or ethical challenge. These would provide a way of connecting people to what they deeply believe in and would seek to uphold. Moral dilemmas evoke a choice of action and people choose their course of action based on their core beliefs, which are often intrinsically connected to their identify. These often indicate the type of situation people would act courageously in and for what reason. Being able to examine and question these beliefs also helps people to discern whether they are still useful to them, and if so, to strengthen the resolve connected to the belief.

People who have passed on who were loved, valued and respected are also often sources of courage that can be identified and learned from, as highlighted by Felix, one of the older adult participants in this study, in discussing how his wife battled cancer. If their behaviour or way of responding to adverse life events was admired, it can be both inspiring and something another person would wish to emulate. Behaving and responding to life events in a certain way is therefore seen to uphold what that person stood for and to honour their

memory. Understanding who these people are for a person provides another source of courage that people are prepared to act from.

The ability to 'unpack' one's socialisation for the beliefs, value, morals and attitudes that could serve as the foundation on which to act courageously, relies on the ability to be reflective. A social worker working with someone who has had years of difficulty and is emotionally, spiritually and physically exhausted can help facilitate the exploration of the person's foundational beliefs. This might include by affirming or highlighting what they hear is important to the person. This includes the noticing of traits and attributes that are displayed in courage, and through emphasising these, providing validation of how they can be a factor in facing adversity.

Being able to analyse and describe what courage looks like through attributes and traits can create a frame of reference for people to both act from and analyse their behaviour and responses to adverse situations. This also provides the potential for courage to be developed, as suggested by Rachman (2010), who noted that a combination of self-efficacy, optimism, perseverance and competence can support people to be courageous. The research participants emphasised logical thinking, calmness, confidence, determination, positive thinking, cheerfulness, composure and an ability to override emotion to instead remain logical and rational. By knowing what these attributes are, workers can seek to develop them personally and also in others.

A possible way of teaching and developing the traits and attributes associated with courage is to use comparison, whereby people could watch a range of ways people respond and discern which ways demonstrated courage. This requires less of a focus on what they did and more on how they did it. The use of examples and comparison can provide learning that can be recalled at a later time. Repeating the responses until they feel more natural and understood is another way for people to learn how to be courageous. Rehearsal can support learning because when people have a chance to practise the traits associated with courage, these will become available to them more readily. Repetition, rehearsal and observation can all build a platform of knowledge that may help people act courageously when required because they then know what this can look like and have practised ways to respond.

Developing the traits and attributes associated with courage could also be said to be promoting emotional intelligence. This includes the capacity to be aware of and discern personal emotional responses and that of others, and this can help guide people in a number of situations (Goleman, 1996). Possessing the traits and attributes of courage indicates the ability to be aware of one's own emotions and those of others, and to manage emotional responses so the most constructive response is provided. While courage is a specific response to fear, the development of these skills in adverse situations can also be beneficial in other life situations such as challenging conversations or conflict.

The idea of being able to be taught or to develop courage does rely on some exposure to adverse events. It is similar to the idea of developing fitness; people do not become fit by simply watching a television show about it. The ability to overcome adversity also supports satisfaction in life, as noted by Gillman and Seligman (1999), who observed that overprotective parenting and shielding of children may reduce these opportunities for learning and may in fact contribute to depression and suicide. Inviting people into situations that carry a perceived emotional or physical risk can start to develop the ideas of courage. An exploration of self-talk people engage in, that is, 'talking themselves into a situation' or 'talking themselves out of it', can then occur. What are people noticing in their minds? How are they responding to the fear? Understanding what is important to a person will create a motivation to go through with the action required.

Being able to describe and identify the traits and attributes connected to courage provides a way for people to move into the action in spite of the fear they might be experiencing. Courage cannot be developed in a place that is sheltered and shielded from life. This is also an important reminder not to treat older adults solely as vulnerable and to be looked after in disaster situations. Instead, they too deserve the opportunity to experience and utilise courage where possible. Courage invites people to step deeper, further and more strongly into life, and hence more deeply and strongly into who they are. Courage supports the building of a foundation from which to face future adversity and provide for these types of inner strengths and resources.

In the long adverse term situations, such as the prolonged aftershocks in the Canterbury earthquakes, having to endure difficulty is suggestive of hardiness, which Maddi (2004) describes as a set of attitudes of 'commitment, control and challenge' (p. 295). Hardiness

pushes and increase tolerance and capacity to manage adversity. Hardiness includes the notion of mental toughness, often discussed in relation to sport, in which a degree of uncomfortableness is required to build endurance. The older adult participants observed this as showing fortitude: 'Yes, you need a bit of fortitude. What other attitude would you go with?' (Jenny), seeing it as a way of coping and keeping on going in a difficult situation. Fortitude is also noted in the literature as being linked to enduring (Rate et al. 2007).

There may be times, when a longer process requiring hardiness and displaying fortitude helps people endure what is happening. This can be seen as the next stage after courage. Hardiness also differs from resiliency, which can be described as the later process of adaptation to the new and changed circumstances or environment. The three concepts of courage, hardiness and resiliency therefore illustrate different stages of managing adversity (see Figure 4).

Figure 4. Stages of managing adversity
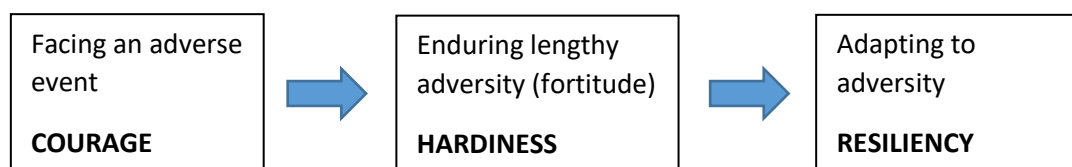
It is useful to view adversity as moving through these stages because it helps identify that courage is most often required when first facing an adverse event. Defining courage, and understanding how it occurs, places it in the first stage of facing and taking action. Hardiness is then required to endure what is being experienced, and resiliency is the next stage of positively adapting to the changed circumstances. Post Traumatic Growth could be the outcome from using all three concepts in managing protracted challenging events.

Supporting professionals- potential applications to social work

Although not viewed as involving the heroic or outwardly brave physical acts linked to some other professions, social work was observed by the four focus group participants as working in situations of high emotional intensity. One participant described this as 'walking into the unknown' (Heather) and the group agreed that social workers are often called to situations with high levels of distress and panic. These could include an emotional or physical level of threat involving confronting visual information (such as someone who has

been badly assaulted) or high levels of emotion and distress (such as someone whose child has just died). It may also be that the social worker has to deliver difficult information or news that could lead to a confrontation or upset. The focus group participants discussed the need for logical thinking and self-talk in these situations, in particular, to be able to step into the professional role required of them. This linked well to the ideas within this study's definition and process model of courage with regard to putting aside emotion to remain calm, cope and be of service to others. This is particularly useful for professionals who often face a range of complex and unpredictable situations that can engender physical and emotional fear and vulnerability in themselves.

Exploring the process model of courage could help social workers respond to and master the emotional vulnerability they experience both personally and professionally in these situations. Utilising courage would help social workers to be confident in providing psychosocial support, especially in and after a disaster. As seen after the Christchurch February 22nd earthquake, hospital social workers took a key role in establishing a relatives' centre, with the key task of managing the distress of relatives and rescuers and also helping with the difficult task of identification of badly injured and deceased people (Corin, 2011; Maher & Maidment, 2013). They were working in a physically challenging environment where even walking down hospital corridors without lighting and encountering falling debris required courage (Corin, 2011). Being able to take up the psychosocial role in these types of situations through the utilisation of courage could also help raise the visibility of the social work profession, which is sometimes not understood or recognised in emergency responses (Hay & Pascoe, 2018).

A risk of not being able to utilise courage in social work practice is that it could result in the avoidance of emotionally challenging situations. Within contexts such as child protection, this could in turn result in professionally dangerous behaviour leading to inadvertent collusion, maintaining or increasing dangerous dynamics in families especially (Morrison, 1990; Reder, Duncan, & Grey, 1993). While mindfulness is now being introduced into some social work training to help workers be more attuned to their emotional responses and more present in times of heightened emotions, understanding courage and developing awareness of one's own motivating sources and traits and attributes could be a valuable addition to social work training. This ideally would include aspects of hardiness or mental

toughness and the discussion of fortitude This is not about becoming fearless because fear is an important source of information in social work; for example, if the social worker experiences fear when engaging with a family, it is likely that a vulnerable member of that family is also experiencing this (Ferguson, 2005). Having courage explicitly taught in social work could result in workers being more able to face complexity and challenge. This can only increase the quality of service provision and also contribute to the development of the workers' own personal and professional self.

Social work also has an essential role in helping people experiencing adversity through the provision of supportive counselling, which is a form of emotional support that helps people 'manage, adjust and adapt' (Weld, 2017, p. 18). Supportive counselling includes the provision of catharsis, comfort, clarity and perspective and guidance (Tripathi, 2005). It is a feature of therapeutic social work that is most helpful in difficult situations that are not easily changeable (such as a terminal illness), and therefore the focus is on how people can emotionally and socially adapt to what is happening. Applying the process model of courage generated by this study within supportive counselling could assist people to identify how they have been courageous in other situations and ways they could bring this to what is happening now.

To provide psychosocial support to others requires mastery of one's own emotion at times. The older adult participants in the study identified this as being brave and calm, and that this had a reciprocal effect of also keeping the person they were working with calm. While this is extremely beneficial for professionals to be able to do in adverse situations, it is also important for other people to understand how this can help them. There are times when people need to access psychosocial support, even to talk through and process difficult events, and there are times when they can provide this to others. Understanding this as a key part of courage can also create a motivation to do this for others, especially if it helps them to access their own courage when they are able.

The values, morals and beliefs that people draw on to support the conscious taking of action evident in courage are often further enhanced through their professional identity. The social work participants felt that social work as profession was fortunate to have a strong ethical and moral base that helped motivate workers to undertake their professional role in difficult and emotionally charged situations. This includes the observation that social

work as a profession had values and passion, which in turn contributed to dedication. Being able to connect to a foundation of principled work (along with one's own personal values and beliefs) as a source of motivation can help social workers to demonstrate courage in an adverse situation.

The process model of courage therefore may provide another rationale for social work training and education to emphasise the ethics and morals of social work and to assist social workers to strongly connect these to their own moral foundation. While social work principles such as social justice and social equity are frequently discussed, these should be analysed rigorously so they do not become a token statement of social work that is used so frequently its purpose and meaning becomes diluted. The principles, ethics and morals of a profession need to be regularly examined for meaning, relevance and applicability in a world that is rapidly evolving on many levels.

Supervision

Professional supervision offers a place for workers to examine how and why they responded in a particular way, and also how to approach future situations. This type of critical reflection enhances the capacity to practice in a conscious way which is likely to worker safety and well-being. Supervision helps build practice and personal wisdom that can be contributed back to the wider profession.

Supervisors could use the process model of courage to facilitate a discussion with workers facing difficult or challenging situations or to explore how they dealt with a difficult situation. This could include the following reflection questions that would help explore each of the stages of the process model:

1. In this experience, did/do you find yourself experiencing uncertainty, vulnerability or fear? Can you tell me some more about this?
2. It sounds like you made/are making a conscious decision to act despite these feelings. Can you tell me what has motivated that for you?
3. When you talk about the motivating factors for deciding to act, how do these connect to your personal and professional beliefs and values?
4. Tell me what you then did (or have decided to do)?

5. If someone else had been watching/is watching you, what attributes or behaviours would they have seen/see you enacting?

If workers are uncertain about what action to take, the supervisor could utilise the retrospective function of the process model of courage to enquire about other times they have faced a similar adversity or a difficult situation in their lives using the same questions. This would remind the workers they have accessed courage before and could do this again. Examining moral and ethical principles, which are often informed by beliefs and values, requires workers to also check whether these are still serving them well in their work. Sometimes a long-held belief may no longer be helpful, and it is useful to discuss why this is and what might replace it.

I have been able to utilise the process model of courage developed from this grounded theory study in my own supervisory practice. The supervisee reported the development of a recent fear response to difficult on-call situations. We explored what she was observing and talked through a couple of recent emotionally charged situations to help process these. I then asked her to think of a very adverse situation in her life that she felt she had responded well to and that she did not mind sharing with me. She told me about some years ago having to go to the family home of a young relative who had just committed suicide. I used the process model of courage to explore and explain how she approached this previous adverse situation, working through each of the steps within it.

By applying the process model of courage, we confirmed the adversity of the historical situation, we talked through how she made a conscious decision to go and offer support despite her fear and own distress, and we explored the motivating factors she called on to do this. We then explored how she had mastered her emotions and what behaviours others might have displayed in the situation. This reflection confirmed that she had acted courageously. We then used this information and the process model to explore how she could respond to future difficulties in her on-call role. We discussed the motivating sources she could draw on and ways she could utilise them from her past experience to master her emotions. We talked about how she would behave in taking action, including ways to continue to demonstrate emotional mastery. By applying the model of courage, we reinforced her capacity to act courageously and we developed a plan to enact this to face

future adversity. She identified this as very helpful and said her distress and fear had lifted through having her existing competencies affirmed and an approach and plan to work from.

Chapter summary

The process model of courage developed in this study provides a way to analyse one's behaviour and response to any perceived adverse situation, past or present. The model could support professionals, especially social workers, to help them master their own emotions in emotionally charged situations, such as during and after a disaster. In its broadest function, understanding and applying courage in one's own life supports personal development and growth, contributing to the lifelong journey of self-actualisation. By showing a stepped process of courage, the process model enables teaching people how to act courageously when they first face adversity. Its application to the profession of social work indicates how the model could be used in undergraduate training, especially to help people identify the key values and beliefs that underpin their practice and ways to utilise these to support courageous practice. The process model of courage could also be used as a tool in supervision to assist with reflection and future planning to face difficult events. Overall, the process model of courage developed from this study takes a historically intangible concept, and one often limited to the battlefields of war, and makes it accessible to face everyday adversity.

Chapter 9. Conclusion

Introduction

By answering the research question 'How do older adults living in a post-disaster environment describe the concept of courage?' this study has contributed a definition of courage and a process model of courage. These provide further articulation and application of a concept that has at times lacked a consensus of definition and understanding. Courage is defined from this study as a way to respond to situations that generate fear, vulnerability, doubt and uncertainty, and involves a conscious and intentional undertaking of perceived meaningful and important action. The decision to undertake this action is motivated by values, beliefs, morals, duty and responsibility. Finally, courage is characterised by and observed through a number of traits, attributes and behaviours, such as logical thinking, calmness, determination, acceptance, endurance and perseverance. The process model of courage provides the steps to enact courage, beginning with the recognition of an adverse event, followed by making a conscious decision to face the adversity, connecting to motivation sources to do this, mastering emotions, and taking action to respond to the adverse event. The definition and process model of courage provide clarity on what courage is and how people generally behave when acting courageously. This conceptualisation of courage helps shift it from an intangible concept that has historically been reserved for acts of heroism to a response to the vulnerability and challenges everyday life can bring. Charmaz (2014) comments that, at the end of completing research, 'grounded theory leads us back to the world for a further look and deeper reflection – again and again' (p. 260). In light of this, several implications observed from the study along with recommendations for future research need to be considered, which will be done in this chapter.

Implications

Impact on professionals in disasters

Humanity is experiencing an increase in incidences of disasters such as floods, fires, earthquakes and severe hurricanes and other extreme weather events. Often professionals involved in these events experience a dual response of helping others while also living through the event and having personal commitments to attend to. It was observed

following the Christchurch earthquakes that a number of health professionals, in particular, were not only trying to do their job in supporting others, but were also facing significant disruption and damage in their own homes and lives. The social work participants in this study articulated this issue of the dual response in terms of not only undertaking one's professional role but also having ongoing impacts on their own homes and families. They were not immune to the stressors and adversity the earthquakes created, and yet often had to put this to one side to help others. To be able to override their own fears and difficulties in order to do their job took a great deal of courage and commitment.

The dual response is raised by Hedlund (2016), who notes the importance of recognising that social workers have a range of roles and responsibilities within their own families, whānau and personal lives. Being able to carry out both professional and personal responsibilities is stressful for people, and it was noted by one of the focus group social work participants as engendering a sense of guilt and stress, which was also observed by Hedlund (2016). The social workers also commented on not being able to do things the way they would hope to or like to in times of high complexity and multiple demands following adverse events. This is due to the adverse physical conditions and stressors within the environment they are working in, and adds the stress of not feeling fully satisfied with the work undertaken.

The pressures experienced by professionals working in the aftermath of a disaster also include the idea of shared trauma (Hedlund, 2016). The professionals were working with people who were discussing impacts of the earthquakes that the professionals shared, so they had their own personal lived knowledge of the events being described to them. While this was seen to have some advantages in terms of providing empathetic understanding, it also carries a risk of prolonged exposure to traumatic events through repeatedly hearing highly stressful material. This can contribute to indirect trauma-related impacts on professionals such as secondary traumatic stress and compassion fatigue. The recognition of the dual response and shared trauma indicates the need for respite for professionals working and living in a disaster context. Professionals from other parts of the country coming to assist and provide this type of relief is essential and should be a key part of the response and recovery phases of emergency management.

Courage is a key factor in helping professionals take this sort of assistance, and the model of courage could be utilised for professionals to state they need help or need to prioritise another part of their life. One of the older adult research participants discussed this as having the courage to acknowledge you can no longer do something (such as driving) and to ask for help. By applying both the definition of courage and the process model of courage from this study, asking for help would be recognised as an experience of adversity for a professional if it created uncertainty, fear and vulnerability for them. The conscious decision to do so would be informed by a belief or value, and the action of asking is likely to exhibit traits of emotional mastery such as calmness and acceptance. Professionals should be assisted to recognise that knowing when to step away for a time or ask for help is also an act of courage, and one that could help them to carry on in the longer term.

Inclusion of older adults in emergency management

The difficulties older adults can experience in disasters through factors such as reduced mobility and sensory abilities, as well as other health factors, are well documented in much of the emergency management and disaster literature (Annear et al., 2013; Davey & Neale, 2013; Hedlund, 2016; MOH, 2016). These vulnerabilities do need to be recognised and responded to in disaster contexts to ensure people receive the help they need. In addition, the current emphasis on positive ageing and maintaining independence, along with cultural norms of coping, could inadvertently cause people not to seek help (Tuohy & Stephens, 2011). However, the knowledge and life skills of older adults also need to be recognised, not only in the contexts of disasters, but generally in society, especially once people move into later old age.

The hardiness and resourcefulness cultivated within their families of origin and the context in which they grew up meant older adults were less likely to wait for help and instead found their own solutions. This implies they could also have suggestions or ideas to help others. Being solution focused and able to problem solve difficulties is a theme recognised by Tuohy and Stephens (2016), who observed that older adults often take daily action to try to mitigate impacts and risks associated with ageing such as falling and reduced mobility and are therefore actively engaging in problem-solving skills. The resilience of older adults (Annear, 2013) and the way they psychologically cope offer a potential resource on many

levels. These are the sorts of knowledge and skills of older adults that need to be explicitly explored and included in disaster planning.

The New Zealand MOH (2016) acknowledges that those in the 40–60-year age range experience the most difficulties because of a 'peaking' of individual, family, whānau and financial responsibilities in middle age (p. 19). The social work participants noted it was often younger people who struggled to know what to do, whereas the older adults had already found practical solutions. The kaumātua interviewed in this study, despite being in his seventies and having significant health problems, waded through the liquefaction to help a younger neighbour who had become very emotionally distressed. His wife immediately set about preparing food for others and provided psychosocial support to members of their community. Assistance from older adults could be well received by a younger population group, who may associate them with the role of parents or grandparents and hence be more receptive to their guidance or help.

In the introduction to this thesis, I shared the story of my 79-year-old father biking down to the military cordon in central Christchurch to offer to help shovel debris and being turned away. Christchurch was his city of birth and where he had lived all his life, and he wanted to contribute to its repair. He would have been alongside other people helping and this would have provided him with a sense of social connection. If the centre of the city was too unsafe at that time for people to enter, then perhaps the cordon personnel could have taken his name and phone number and connected him to another clean-up project elsewhere. Even if he had not been able to shovel as much as a younger person, he still could have helped. This would have given him a sense of purpose and connection; key features of the strategies described by the older adult participants to manage adversity. Sometimes professionals and family members, in a bid to protect older adults, inadvertently deny the older person the very thing that would help them.

A resource base of skills that retired professionals could offer in their neighbourhoods developed as part of disaster readiness would acknowledge the skills of older adults that could be utilised after a disaster. These could include anything from skills from practical trades through to the expertise of former nurses, social workers and pastoral professionals. In this research, the participants' backgrounds included farming, religious ministry, nursing, social work, cancer support work, leadership, cultural expertise, teachers and librarians.

They also had life experiences from raising families, significant life losses such as those of partners or children, managing with financial scarcity and living with health difficulties. Many could be said to have developed PTG from some of these experiences, and Harms et al. (2018) note that 'exploring people's experiences of PTG may provide a language of strengths and capacities and the mechanisms being actively used for recovery and resilience' (p. 426). Certainly, this study into courage has highlighted this type of language of strengths and capacities in facing adversity, and further conversations about longer term enduring and adaptation would draw this out further. Identifying what older adults in neighbourhoods could offer if they were able would provide a significant boost to psychosocial support to others, a key form of reducing distress and preventing negative long-term psychological consequences to well-being.

As part of emergency management planning, the views and skills of older adults need to be elicited. Being asked what they think would help a community in which they have often lived longer than most offers them inclusion and valuing of their knowledge. Being listed as part of a resource network of skills for a neighbourhood would also provide older adults with purpose and connection. In the response and recovery phases, they could then have a predetermined role to undertake. If vulnerabilities prevented them from doing this, a contingency could occur instead. Having an active role in psychosocial support or practical skills would be a key way to provide older adults with social connection and purpose.

Inclusion of older adults in social research

Alongside contributing to further conceptualisation of courage, this research sought to engage and bring forward the voice of older adults. The first focus group raised this issue with a participant by saying (before recording began) 'When you get older, people don't seem to think you have anything to offer' in relation to appreciating being invited to participate in the group. This study highlighted the benefits from engaging older adults in research and the contributions they can make.

Older adults are observed to be a less researched group, and this may also be based on perceptions of vulnerability or barriers to engagement. This study included people who had hearing and cognitive impairments, and who struggled with fatigue. These were managed by reducing the time taken for the interview, simplifying questions if required, and politely ascertaining and attending to hearing loss by sitting closer and speaking in a more

projected tone of voice. The knowledge gained from the participants and the stories, laughter, warmth and wisdom they provided were extremely enriching and rewarding.

Including older adults in research should always be a consideration, because not only do they bring lifelong learning and may be more reflective, they deserve to be included in society whenever possible. Their years of life experience, daily problem-solving capacities, determination and resilience, along with professional skills, mean this group should be more widely recognised and utilised. Just interacting with older adults could be a positive experience as seen in this comment by one of the social work participants:

> I always think the elderly is just such a welcome thing in my day to go and have a chat and find out what their things are is a kind of feeling that, I mean, they are important but there is a kind of feeling, I don't know, sometimes they make my life easier. (Heather)

My own experience with the first focus group provided me with a sense of calm and focus at a time when I was facing a challenging issue in my own life. Being in the presence of the older people I had just spoken with was comforting and grounding; it helped me feel more able to face my issue. They had navigated through life to reach older age, and their views and stories offered both spoken and unspoken reassurance. There was a sense of stability and calmness from their lived experiences and length of life that gave me motivation to keep going with facing my own difficulty.

The social work participants reflected on whether the next generations of older adults will be similar or whether the current older generation were uniquely shaped by their experiences and specific upbringing. This is a useful consideration and one that cautions forming a generalised perception of older adults. The participants in this study grew up with experiences of wartime conditions and times of economic scarcity. They were raised by parents whose own upbringing had been influenced by more Victorian era thinking. Those that grew up in New Zealand were still closely linked to a pioneering spirit from times of limited technology and access to the wider world. The ideas of 'making do' and 'getting on with it', especially in rural communities, were common themes and are still evident today, as noted by the social work participants. The values and beliefs of future generations as they age may or may not reflect some of the attitudes seen in the participants who took part in this study.

Supporting people to face adversity

The ideas shared by the research participants about how to help someone who is experiencing adversity (see Chapter 5) offers a number of ways professionals can support people. These strategies emphasise the importance of social connection and also reflect the traits and attributes the participants identified that support courage, such as positive thinking, faith, spirituality, inner strength, calmness, encouragement and having a purpose or task to do. Other ideas were asking for help, trusting in others, keeping up social connections, keeping things as normal as possible, kindness, reassurance and talking things through.

Overall, the idea of being there for others and staying connected with them was highlighted as a key factor in managing adversity. All of the older adult participants who took part in this study identified strong social connection as key to how they managed the earthquakes. Understanding the importance of social connection is an essential component of psychosocial support, evidenced within the ideas of psychological first aid and PTG (Smith et al. 2017). Isolation and loneliness are likely to reduce people's capacity to courageously face what is happening and may contribute to poorer psychological functioning in the longer term. Finding out who is important to someone and taking efforts to enable connection between them is a fundamental step in helping people face adversity.

This was evident in the Christchurch Hospital social workers' work in setting up and managing a relatives' centre for those who had experienced the February 22nd earthquake. The importance of messages of support and assistance both nationally and internationally also helped provide people with a sense of social connection. When people's worlds are violently disrupted, connection and anchoring to what has not changed is important to help them regain a sense of normalcy. Connections with family and friends, and receiving their care and support can help people to find their inner strength to cope with what is happening. Social work, in particular, always seeks to understand a person's social system, and understanding this is often the most important first intervention in adverse situations.

Supporting self-actualisation

An overarching implication from this study is the contribution courage could make to the process of self-actualisation. The concept of self-actualisation, most frequently associated

with the work of psychologist Abraham Maslow, contains the ideas of living out one's potential and capacity, being fully authentic and realising one's true self, and having meaning in life. To do this requires a conscious journey of exploration into all of who we are, including our fears, doubts and uncertainties. Having the courage to do this becomes a key factor in contributing to self-actualisation. Woodard (2010) comments that choosing to live courageously can result in a 'sense of wholeness, faith in living, a sense of identity, creativity, love, opening the opportunity for actualisation of one's true self' (p. 115) and to 'live life less afraid' (p. 119). He notes that:

> Self-actualised people are unafraid of the unknown, display calmness even in turbulent times, lack guilt, shame, and severe anxiety, and generally accept themselves for what they are. Self-actualised people are not defensive and dislike hypocrisy, game players, and any other attempts to impress others. They demonstrate a simple and natural spontaneity and 'play down' their unconventionality so as not to hurt others. They are spontaneous in their own style, and develop their own style by virtue of their self-knowledge. (Woodard, 2010, pp. 117–118)

Learning that contributes to personal development comes from new situations in which one's response is yet unknown. Jill, a participant in focus group 1 commented that 'When you are showing courage you are on a journey you haven't accomplished yet, showing courage is taking part in that journey.' This was also observed by Rose, another participant in the first focus group, who reflected on having to travel under a river every day by train in World War 1 when bombs were being dropped from above. She commented that she had to find a way to manage and doing that 'taught her something.'   Participants in both focus groups 2 and 3 also noted that courage was required and was present when people did something outside of their 'comfort zones'. Facing adversity often occurred in situations that were less familiar, and required moving past previously known limitations. These situations also provided an opportunity for people to about learn new aspects of themselves.

Always returning to the familiar or avoiding discomfort or fear does not lead to self-actualisation, only a confirmation of what is already known. The transformative nature of experience and the integration of learning from this into knowledge is denied, and a return to the known is the only journey taken. It is not in the known that people grow; it is in the unknown. Being able to respond to adversity courageously enables stepping into the

unknown, despite fear, uncertainty and vulnerability. By doing this people develop experience and learn something about themselves, another idea suggested by the older adult participants in this study. Learning is therefore expansive; it opens a person to both external and internal new information that expands self-knowledge and wider knowledge. New experiences require a pushing of previously thought limitations to learn new aspects of oneself. They also provide confidence to approach future challenges as noted by one of the older adult participants who said 'I found you go through a traumatic experience and you move on from it but looking back you think, oh well, I got through that so I can get through the next thing.'(Belinda).

Because courage is connected to a meaningful action, one that upholds beliefs or values, the deepening of core beliefs and values can occur. Alternatively, the questioning of a belief or value may also result, allowing for a personal challenge to fundamental life ordering principles. Jim, one of the key informants in this study, talked about going against family values in order to honour the wishes of his dying brother. He spoke about the vulnerability he experienced doing this but also the strength that came from doing what he believed to be the right thing for his brother, naming 'so that was courage of a kind, I had to do it my way.' Undertaking this type of deep personal challenge that generates uncertainty and vulnerability can lead to personal growth. Woodard (2010) goes on to suggest that:

> Perhaps this is why courage has been considered the quality of character that supports all other virtues, because it opens the possibility of becoming who one is, realising one's potentials, and lessening fear and anxiety by developing meaning in one's life. The courageous choice to be creates a path that has the potential to transcend the human dilemma and diminish fear and anxiety by helping a person realise a purpose greater than his or herself. (p. 123)

New experiences also enable understanding of the wider human condition, leading to greater interconnectedness and the recognition that the differences between people are not that significant. The journey of self-actualisation enables the finding of self and also humanity through unexpected connections. Self-knowledge supports social knowledge, and through social knowledge, we build self-knowledge. To do this does not always require engaging in the grand heroic acts often linked to courage; engaging in the everyday struggles that test people can be enough. Medina (2008) comments:

> Wanting to admit to ourselves and to those around us, more of what we hope for ourselves and know about ourselves and having the courage to try and achieve the personal goals that arise from this awareness, is not only the challenge of our times but the challenge of life itself – when faced with the choice, the decision not to sit it out, but to dance. This is everyday courage. (p. 296)

Articulating courage as a way of responding to adversity and being able to apply it offers a way to actively engage in every new life experience, to fully participate and to take risks. At times, this may require shifting previously held self-beliefs and self-perception and questioning one's core identity. Understanding courage and accessing this can propel people forward, often in the form of change and opening into learning and knowledge. The older adult research participants recognised that this could be through the smallest step of making a difficult phone call, or the commitment of staying beside someone who is dying. In the situations of the highest risk, greatest loss and potential failure, courage provides understanding of our core self. Life provides the invitation and courage enables the acceptance of this, helping people step forward into the next challenge as it arises. Courage is therefore critical to enable self-development and self-actualisation.

Recommendations for further research

The implications from the study, along with the possible applications of the process model of courage, raise four key areas that would benefit from further research.

1. The development of courage as an explicit concept within social work training

Social work as a profession would benefit from more explicit conversations about courage. Research into how social workers currently utilise courage in their work using the process model of courage would help articulate the concept of courage into social work practice. This material could then be used to inform teaching material to support social workers to demonstrate courage to face the often adverse situations they encounter. The introduction of mindfulness teaching into social work to help support students in stressful situations could inform a wider discussion about how to exercise emotional mastery as a part of courage. As seen in Figure 4, the next step on from courage, hardiness or mental toughness, is also worthy of further consideration in helping social workers manage the challenges of the profession. Understanding these concepts would also help enable social workers to assist people they are working with to manage adverse situations in their lives.

2. Identifying how supervisors explore and support courage

Research into the applicability of the definition and process model of courage within the supervision context would enable supervisors to support professionals to understand and demonstrate courage in their work. Helping supervisors to understand the model and then apply it in their work, followed by analysis of this, could provide a valuable addition to reflective practice models already utilised in professional supervision. This would support both the professional and the personal development of workers.

3. Training of social workers in health settings following a disaster

The social work participants involved in the hospital response to the Canterbury earthquakes recognised that medical personnel such as doctors had clearer systems and processes in responding to the disaster. This included having had training that they immediately accessed, namely in the emergency department. Social work, in contrast, was seen to not have such clear processes and this in itself became a stressor. One of the social worker focus group participants commented that prior to social work she had worked for many years as an air crew member on commercial aircraft and that the emergency management planning was entrenched every time they flew so it became automated. She reflected that at the time of the February 22nd earthquake she realised she had not had this type of training for her current social work role, which caused her to feel professional doubt and vulnerability. The need for training to develop these more 'automated' responses is noted by Hedlund (2016), who comments that 'training in emergency preparedness including operating in an expanded role was seen as a way to help people automate some responses if such a situation arose again' (p. 11).

Working outside of a normal scope of practice is recognised as a feature of emergency situations. An example given of this was a social worker in an emergency department setting at the time of the February 22nd earthquake in Christchurch who was required to assist with medical tasks because of the high influx of patients (Hedlund, 2016). This is supported by findings from the People's in Disasters Conference (2016) that acknowledged non-medical personnel were required to assist with other tasks they were less prepared for. Regular training of non-medical staff such as social workers in preparing to help with these types of tasks would help them have a more automatic way of responding.

Further research into the current tasks and roles of social workers in the health setting following a disaster could offer ideas into specific disaster training for social workers. This would in turn help mitigate some of the stress experienced by a lack of role clarity. It would assist with focus, clarity and purpose for social workers involved in the immediate response to a disaster, which in turn would help with confidence and competence in these situations.

4. Involving older adults in emergency management planning

The idea of involving older adults in a purposeful way in emergency management following a disaster requires further research, in particular, research into the willingness, capacity and capabilities of older adults to provide assistance following adverse events, and identifying what they think they could offer. Researching other places in the world where older adults do take designated tasks or roles would be helpful.

Research summary

In order to contribute to a conceptualisation of courage, this qualitative study followed a constructivist grounded theory design. The literature initially reviewed to help identify the focus of the study revealed a lack of consensus in defining courage and also an opportunity to explore the lived experiences of older adults. Data collection involved use of interviewing through focus group discussions and key informant interviews utilising an inductive approach by developing initial and focused coding, memos and themes. Once saturation was reached, further analysis was undertaken to identify conceptual categories that supported the development of a definition of courage. Key components of this were explored in relation to existing literature and the definition then discussed with the social work participants who took part in the study. Their ideas and examples provided an opportunity to apply the definition and this contributed to the development of a process model of courage.

The definition and process model were generated from the experiences and reflections of older adults living in a region that had been devastated by two major earthquakes and thousands of aftershocks. The participants who took part in the study of courage had lost their homes, prized belongings, neighbours, local shops, friends and, ultimately, everyday security. They had stoically dug their outside toilets after the earthquakes, baked for other

people when the power came back on and helped calm people much younger than themselves who were frightened, anxious and unable to problem solve.

The older adult participants had also lived in times of war and depression, and had built careers, lives and families. They had seen partners and children die, and were living the slow loss of friends through the journey of ageing. They had long lives to look back on and offer wisdom from, and they were humble and gracious in gifting their thoughts and time to this study. The participants talked of making decisions that scared them, of choices that helped them walk away from danger but into the unknown. One talked of holding her breath in an underground tunnel as the bombers flew over her in World War II, listening for the pause of the engines that indicated bombs would drop. They talked of the losses caused by ageing and what failing health and physical decline were taking from them. One shakily touched her heart and managed to say, 'I'm determined!', despite having suffered a serious debilitating stroke. They talked of the courage to give up tasks, to ask for help, to accept assistance.

The participants argued and laughed in the focus groups about what courage was. They puzzled over this concept so frequently used but not universally defined. Their words gave rise to a definition of courage illustrated with the richness of experience. They raised other questions: the absence of their voice in research, the lack of their involvement in emergency management, how their lifetime of skills and knowledge and careers could still be used to give them connection and purpose. As time went on, some of them passed away; six of the participants in this study have died since the interviewing and data collection phase. This study holds their voices and their ideas; the definition and process model of courage is ultimately theirs.

The social work participants took the definition of courage and first applied it to older adults through their experiences of working with this population group during the Canterbury earthquakes. They then used the definition as a lens to explore their own personal experiences, and finally, they applied it to the social work profession. The fear, doubt and uncertainty they shared in working in the first hours and then days following the February 22nd earthquake helped a process model of courage emerge from the examples they gave and the actions they took. The process model provides a stepped way to reflect and plan, to explain and help predict one's responses to adverse events.

Ultimately, understanding courage provides insight into and appreciation of human experience. The way people respond to adversity either involves courage or it does not. What is perceived as adverse is subjective to the individual, but as this study highlights, it generally contains emotions of fear, uncertainty, doubt and vulnerability. Courage is a conscious way of responding to these emotions, and enables the taking of action in spite of them. It helps in the journey of self-actualisation and is essential to self-development. Courage is needed in the domains of risk and vulnerability, where people are required to extend and advance themselves, to move into new experiences that bring growth and development. To live a self-actualised life requires courage; it requires people to learn about parts of themselves yet to be experienced and to connect with inner strengths and resources they may not have realised they have.

Courage is also required in the world on a larger scale. A world without courage would be one that lacked advancement and finding solutions to complex issues. Courage would have been needed for the first paddlers to cross the oceans to new lands, to help climb the tallest mountain on earth, and to visit the moon. Through the expansion of personal frontiers, new worlds have opened up and the human race has continued to evolve.

Sometimes the mountains that need to be climbed and the distant places that call for exploration are within people, and matter only to them. To sit with a loved one who is dying or to stand up for a cause deeply believed in helps people climb their own mountains and find themselves in new and unknown lands. Once people know they can reach these places, they learn that they can face other challenges that will arise in life.

Courage is not about achieving happiness; indeed, working through a challenge is often not a happy experience (Woodard & Pury, 2007). It can be raw and hurtful, and at the end there may not be a prize of any sort except a realisation that what was achieved was important. There can instead be a feeling of survival, of having toughened up, of having realised what matters in life and what does not, and to have lost something or someone. Courage is doing what is right according to personal, often complex sets of beliefs shaped by socialisation, life experiences, those who have gone before, culture and the attitudes inherent to the country one lives in.

The definition of courage and the process model of courage developed in this study provide a reflective framework to analyse one's behaviour and response to any perceived adverse situation. This will support professionals, especially social workers, to help with mastery of their own emotions in emotionally charged situations such as during and after a disaster. In its broadest function, understanding and applying courage in one's own life supports personal development and growth, contributing to the lifelong journey of self-actualisation.

The implications and recommendations for future research identify the utilisation of courage within social work and other professions. This is a twofold process for professionals, enabling them to help service users understand courage and apply this in their own lives, along with utilising it themselves. Wider findings from the study suggest the importance of explicit training in roles and tasks in disaster response, especially for those professions with less of a medical background. Finally, the importance of including older adults in disaster planning is a key recommendation from this study. There is also an important reminder to include older adults in research because they bring a lifetime of experience, wisdom and knowledge. Ultimately, courage supports self-actualisation, which is a journey to be undertaken by all people.

Charmaz (2014) emphasises that when applying a constructivist grounded theory design, the researcher is not a passive bystander in the development of theory and indeed can be transformed by it. Throughout the undertaking of this study, learning and writing about courage helped me face the decline and finally the dying of my father from vascular dementia. With significant cognitive loss, my father managed to write me a simple statement about what he thought courage was, and that was 'facing adversity', which, as this research has confirmed, is the core task of courage. Researching courage has given me an understanding of how to apply courage, and I find myself calling on this in many aspects of my daily life and in my work.

To conclude, courage is not only a means to perform outwardly often physical heroic acts; it is also a way to face the everyday adversity that can arrive in people's lives. Disasters shake the foundation of physical safety, while illness, change and loss cause emotional vulnerability and fear. Understanding what courage is provides a way to face these types of events, to confirm core beliefs and values, and to take up an opportunity for personal

growth and development. This study has provided further conceptualisation of an ancient virtue, and confirmed its importance in the world today.

Appendices

Appendix 1. Ethics approvals

Office of the Vice-Chancellor
Finance, Ethics and Compliance

THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

The University of Auckland
Private Bag 92019
Auckland, New Zealand

Level 10, 49 Symonds Street
Telephone: 64 9 373 7599
Extension: 87830 / 83761
Facsimile: 64 9 373 7432

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

21-Feb-2014

MEMORANDUM TO:

Assoc Prof Christa Fouche
Counselling, HumServ & SocWrk

Re: Application for Ethics Approval (Our Ref. 011127): Approved

The Committee considered your application for ethics approval for your project entitled **Facing being on shaky ground.**.

We are pleased to inform you that ethics approval is granted for a period of three years.

The expiry date for this approval is 21-Feb-2017.

If the project changes significantly, you are required to submit a new application to UAHPEC for further consideration.

If you have obtained funding other than from UniServices, send a copy of this approval letter to the Research Office, at ro-awards@auckland.ac.nz. For UniServices contracts, send a copy of the approval letter to the Contract Manager, UniServices.

In order that an up-to-date record can be maintained, you are requested to notify UAHPEC once your project is completed.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the UAHPEC Ethics Administrators at ro-ethics@auckland.ac.nz in the first instance.

Please quote reference number: **011127** on all communication with the UAHPEC regarding this application.

(This is a computer generated letter. No signature required.)

UAHPEC Administrators
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Counselling, HumServ & SocWrk
    Assoc Prof Elizabeth Beddoe
    Ms Nicola Weld

Additional information:
1. Do not forget to fill in the 'approval wording' on the Participant Information Sheets and Consent Forms, giving the dates of approval and the reference number, before you send them out to your participants.

2. Should you need to make any changes to the project, please complete the online proposed changes and include any revised documentation.

3. At the end of three years, or if the project is completed before the expiry, please advise UAHPEC of its completion.

4. Should you require an extension, please complete the online Amendment Request form associated with this approval number giving full details along with revised documentation. An extension can be granted for up to three years, after which a new application must be submitted.

5. Please note that UAHPEC may from time to time conduct audits of approved projects to ensure that the research has been carried out according to the approval that was given.

THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

19-Mar-2018

MEMORANDUM TO:

Prof Christa Fouche
Counselling, HumServ & SocWrk

Re: Application for Ethics Approval (Our Ref. 020709): Approved

The Committee considered your application for ethics approval for your study entitled **Facing being on shaky ground (2).**

We are pleased to inform you that ethics approval has been granted for a period of three years.

The expiry date for this approval is 19-Mar-2021.

If the project changes significantly, you are required to submit a new application to UAHPEC for further consideration.

If you have obtained funding other than from UniServices, send a copy of this approval letter to the Activations team in the Research Office at ro-awards@auckland.ac.nz. For UniServices contracts, send a copy of the approval letter to the Contract Manager, UniServices.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the UAHPEC Ethics Administrators at ro-ethics@auckland.ac.nz in the first instance.

Please quote Protocol number **020709** on all communication with the UAHPEC regarding this application.

(This is a computer generated letter. No signature required.)

UAHPEC Administrators
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Counselling, HumServ & SocWrk

Ms Nicola Weld
Assoc Prof Elizabeth Beddoe

Additional information:

1. Do not forget to fill in the 'approval wording' on the Participant Information Sheets, Consent Forms and/or advertisements, giving the dates of approval and the reference number. This needs to be completed, before you use them or send them out to your participants.

2. At the end of three years, or if the study is completed before the expiry date, please advise the Ethics Administrators of its completion.

3. Should you require an extension or need to make any changes to the project, please complete the online Amendment Request form associated with this approval number giving full details along with revised documentation. If requested before the current approval expires, an extension may be granted for a further three years, after which a new application must be submitted.

Appendix 2. Participant information sheets

1. Focus groups

School of Counselling, Human Services and Social Work
Faculty of Education, University of Auckland,
74 Epsom Ave, Epsom
Private Bag 92-601 Symonds St,
Auckland NZ
64 9 623889

PARTICIPANT INFORMATION SHEET
GROUP PARTICIPANTS

Project title: Facing being on shaky ground

Researcher: Nicki Weld

Researcher introduction

I am undertaking doctoral study through the University of Auckland through the School of Counselling, Human Services and Social Work in the Faculty of Education. I am originally from Christchurch and currently live in Wellington. I am a mature student and registered social worker who is studying part time. I am currently also a national social work advisor for Stand Children's Services, and a company director of CNZN Ltd.

Project description and invitation

My study is exploring the concept of courage and my chosen participant group for this is adults aged over 70 years who experienced the September 4th 2010 and February 22nd 2011 earthquakes and the subsequent aftershocks, identify as having managed these events, and continue to live in the Canterbury area. My aim is to explore how people face into adversity and how this relates to the concept of courage. I am also interested in the wider views people have about the concept of courage.

You are being invited as a possible research participant because of your experience of the Christchurch earthquakes. Your views and ideas about how to face into this type of adversity and other challenging events, along with your thoughts about the concept of courage will be a valued contribution to this research.

Project Procedures

I will be interviewing possible participants in small groups (3-5 people) with each interview taking approximately one hour. Interviews will be held at a place of convenience for participants. Initial

questions will explore how people managed the earthquakes as an adverse event, with the main discussion being about the concept of courage.

Because the interviews will be held in a group context, full confidentiality cannot be assured as other members of the group will hear your views, however on completion of the interview all steps will be taken to ensure your identity will be protected. Participants' real names will not be used at any time in the transcribing of the interviews so anonymity is preserved, instead, pseudonyms will be used in the report of the research and any subsequent publications.

The interviews will be audio recorded to help with accurate transcribing. An independent transcriber will be utilised to help with timely transcribing of the data. This person will sign a confidentiality agreement before starting the work. The audio recordings will be held for the duration of my study (6 years) and destroyed after this time.

A summary of the key research findings will be sent to participants if requested in the consent form.

Right to Withdraw from Participation

As a participant you can refrain from answering any of the questions during the interview process or choose to leave the room at any time during the session. You have the right to withdraw from participation in the study at any time leading up to the interview. Please be aware that once the data has been given this cannot be withdrawn.

Contact Details:

Nicki Weld The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. Email: Nicki.Weld@xtra.co.nz Mobile phone number**:** 0212972639	Associate Professor Christa Fouché The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. 48648 Email: c.fouche@auckland.ac.nz
Associate Professor Liz Beddoe The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. 48559 Email: e.beddoe@auckland.ac.nz	

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: humanethics@auckland.ac.nz.‖

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 21.2.2014 for (3) years, Reference Number 011127.

School of Counselling, Human Services and Social Work

Faculty of Education, University of Auckland,

74 Epsom Ave, Epsom

Private Bag 92-601 Symonds St,

Auckland NZ

64 9 623889

PARTICIPANT INFORMATION SHEET
INDIVIDUAL INTERVIEWS

Project title: Facing being on shaky ground

Researcher: Nicki Weld

Researcher introduction

I am undertaking doctoral study through the University of Auckland through the School of Counselling, Human Services and Social Work in the Faculty of Education. I am originally from Christchurch and currently live in Wellington. I am a mature student and registered social worker who is studying part time. I am currently also the national social work advisor for Stand Children's Services, and a company director of CNZN Ltd.

Project description and invitation

My study is exploring the concept of courage and my chosen participant group for this is adults aged over 70 years who experienced the September 4th 2010 and February 22nd 2011 earthquakes, identify as having positively managed this, and continue to live in the Canterbury area. My aim is to explore how people face into this type of adversity and how this relates to the concept of courage. I am also interested in the wider views people have about the concept of courage.

I will firstly be interviewing participants in small groups (4-5 people) and following these interviews I will interview five to eight individuals identified to as having worked in (or still working in) professions or occupations that will have provided previous experience of facing regular challenge and adversity, or having had life experience suggestive of requiring courage.

You are being invited as a possible research participant due to your life experience or having worked in a role that required both yourself and others to have to face into and manage adversity, along with having experienced the Christchurch earthquakes. Your perceptions and ideas will be a valued contribution to this research and will be sought on the data collected from the group interviews along with your own experiences and views on the concept of courage. The interview will take approximately an hour to an hour and a half of your time and will be held in a place convenient to you.

Project Procedures

Participants' real names will not be used at any time in the transcribing of the interviews so anonymity is preserved, instead, pseudonyms will be used. Initial questions will explore views on facing adversity and challenge with the main discussion being about internal strategies and the concept of courage.

With the written consent of participants, the interviews will be audio recorded to help with accurate transcribing. Transcripts will be provided to participants to ensure accuracy and for additional comment to be made if participants wish to do so. An independent transcriber approved will be utilised to help with timely transcribing of the data. This person will sign a confidentiality agreement before starting the work. The audio recordings will be held for the duration of my study (6 years) and destroyed after this time.

A summary of the key research finding s will be sent to participants if requested.

Right to Withdraw from Participation

As a participant you will have the right to withdraw from participation at any time. You can also choose to withdraw your data from the research up to one month from completion of the interview after which analysis will commence.

Thank you for considering taking part in this study.

Contact Details

Nicki Weld The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. Email: Nicki.Weld@xtra.co.nz Mobile phone number**:** 0212972639	Associate Professor Christa Fouché The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. 48648 Email: c.fouche@auckland.ac.nz
Associate Professor Liz Beddoe The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. 48559 Email: e.beddoe@auckland.ac.nz	

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: humanethics@auckland.ac.nz.‖

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 21.2.2014 for (3) years, Reference Number 011127

THE UNIVERSITY
OF AUCKLAND
FACULTY OF EDUCATION
School of Counselling,
Human Services and Social Work

School of Counselling, Human Services and Social Work
Faculty of Education, University of Auckland,
74 Epsom Ave, Epsom
Private Bag 92-601 Symonds St,
Auckland NZ
64 9 623889

PARTICIPANT INFORMATION SHEET
GROUP PARTICIPANTS

Project title: Facing being on shaky ground

Researcher: Nicki Weld

Researcher introduction

I am undertaking doctoral study through the University of Auckland through the School of Counselling, Human Services and Social Work in the Faculty of Education. I am originally from Christchurch and currently live in Wellington. I am a mature student and registered social worker who is studying part time. I am currently also a national social work advisor for Stand Children's Services, and a company director of CNZN Ltd.

Project description and invitation

My study is exploring the concept of courage and my chosen participant group for this was adults aged over 70 years who experienced the September 4th 2010 and February 22nd 2011 earthquakes and the subsequent aftershocks, identified as having managed these events, and continued to live in the Canterbury area. I spoke to 20 participants and have now developed a theory of courage that I would value the opportunity to test the applicability of within social work.

You are being invited as a possible focus group participant because of your experience of the Christchurch earthquakes and role as a social worker during these. Your views and ideas on the applicability of the theory of courage I have developed (both professionally and personally) will be a valued contribution to this research.

Project Procedures

I am looking to hold a focus group discussion with about five people taking approximately one hour. The focus group discussion will be held in Christchurch at a venue I will arrange. I will provide the theory of courage I have developed and the questions I would like to explore in advance, so people are able to reflect on these prior to taking part.

Because the focus group will be held in a group context, full confidentiality cannot be assured as other members of the group will hear your views, however on completion of the interview all steps will be taken to ensure your identity will be protected. Participants' real names will not be used at

any time in the transcribing of the interview so anonymity is preserved, instead, pseudonyms will be used in the report of the research and any subsequent publications.

The interview will be audio recorded to help with accurate transcribing. An independent transcriber will be utilised to help with timely transcribing of the data. This person will sign a confidentiality agreement before starting the work. The audio recordings will be held for the duration of my study (6 years) and destroyed after this time.

Right to Withdraw from Participation

As a participant you can refrain from answering any of the questions during the focus group process or choose to leave the room at any time during the session. You have the right to withdraw from participation in the study at any time leading up to the interview. Please be aware that once the data has been given this cannot be withdrawn.

Please email me if you would like to take part in this focus group discussion. My contact details are below. Please do not hesitate to contact me if you would further clarification on my research or the focus group process. Thank you for considering to take part in the focus group discussion.

Kind regards,

Nicki Weld

Contact Details:

Nicki Weld The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. Email: Nicki.Weld@xtra.co.nz Mobile phone number**:** 0212972639	Professor Christa Fouché The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. 48648 Email: c.fouche@auckland.ac.nz
Associate Professor Liz Beddoe The University of Auckland Private Bag 92601 Symonds Street Auckland 1050 New Zealand Tel: +64 09 623 8899 ext. 48559 Email: e.beddoe@auckland.ac.nz	

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: humanethics@auckland.ac.nz.‖

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 19th MARCH 2018 FOR 3 YEARs. REFERENCE NUMBER 020709.

Appendix 3. Consent forms

1. Focus group interviews

THE UNIVERSITY
OF AUCKLAND
FACULTY OF EDUCATION
School of Counselling,
Human Services and Social Work

School of Counselling, Human Services and Social Work
Faculty of Education, University of Auckland,
74 Epsom Ave, Epsom
Private Bag 92-601 Symonds St,
Auckland NZ
64 9 62388

CONSENT FORM
Group interview participant

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: **Facing being on shaky ground**
Name of Researcher: **Nicki Weld**

☐ I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

☐ I agree to take part in this research.

☐ I understand I will be part of one of three focus group interviews conducted with each being approximately 1 hour in duration.

☐ I understand that I am free to withdraw participation at any time up to the interview.

☐ I understand that confidentiality within the group interview cannot be guaranteed.

☐ I understand that I can refrain from answering any of the questions during the interview.

☐ I understand that data I provide cannot be withdrawn after the interview has been completed.

☐ I understand I will be audio-recorded.

☐ I understand that a third party who has signed a confidentiality agreement will transcribe the recording.

☐ I understand that data will be kept for 6 years, after which they will be destroyed.

I wish to receive the summary of findings.

☐Yes   ☐No

If 'Yes' please supply an email contact or physical address in the space below:

Name _____

Signature _____ Date _____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON
21.2.2104 FOR (3) YEARS REFERENCE NUMBER 011127

THE UNIVERSITY
OF AUCKLAND
FACULTY OF EDUCATION
School of Counselling,
Human Services and Social Work

School of Counselling, Human Services and Social Work
Faculty of Education, University of Auckland,
74 Epsom Ave, Epsom
Private Bag 92-601 Symonds St,
Auckland NZ
64 9 623889

CONSENT FORM
Individual interview participant

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: **Facing being on shaky ground**
Name of Researcher: **Nicki Weld**

☐ I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

☐ I agree to take part in this research.

☐ I understand that I am free to withdraw participation at any time up to the interview.

☐ I understand that I can refrain from answering any of the questions during the interview.

☐ I understand that data I provide cannot be withdrawn after the interview has been completed.

☐ I understand I will be audio-recorded.

☐ I understand that a third party who has signed a confidentiality agreement will transcribe the recording.

☐ I understand that data will be kept for 6 years, after which they will be destroyed.

I wish to have my transcript returned to me for editing purposes and will return this within two weeks of receipt.

☐Yes   ☐No

If 'Yes' please supply an email contact or physical address in the space below:

I wish to receive the summary of findings.

☐Yes   ☐No

If 'Yes' please supply an email contact or physical address in the space below:

Name _____

Signature _____ Date _____
APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON
21.2.2104 FOR (3) YEARS REFERENCE NUMBER 011127

School of Counselling, Human Services and Social Work
Faculty of Education, University of Auckland,
74 Epsom Ave, Epsom
Private Bag 92-601 Symonds St,
Auckland NZ
64 9 623889

CONSENT FORM
Group interview participant

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: **Facing being on shaky ground**
Name of Researcher: **Nicki Weld**

☐ I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

☐ I agree to take part in this research.

☐ I understand I will be part of one focus group interview conducted being approximately 1 hour in duration.

☐ I understand that I am free to withdraw participation at any time up to the interview.

☐ I understand that confidentiality within the focus group interview cannot be guaranteed.

☐ I understand that I can refrain from answering any of the questions during the interview.

☐ I understand that data I provide cannot be withdrawn after the interview has been completed.

☐ I understand I will be audio-recorded.

☐ I understand that a third party who has signed a confidentiality agreement will transcribe the recording.

☐ I understand that data will be kept for 6 years, after which they will be destroyed.

Name _____

Signature _____ Date _____

Appendix 4. Interview question guides

Focus group questions guide.

Begin by thanking people for giving their time to be part of the discussion. Hand out consent forms and pens and answer any questions about the process. Explain the digital voice recorder and that the recording will be transcribed with transcripts made available if people would like these. Explain that all names and identifying details will be changed to preserve anonymity.

Acknowledge that the group has in common the experience of facing the Christchurch earthquakes in 2010 and 2011 and all of the aftershocks which literally created the experience of living on shaky ground. Say that life can throw many things our way that can make the ground feel shaky beneath us like illness, sudden accidents, losses, and other really challenging events. Say this discussion is a chance for us to explore how we see the concept of courage in relation to these sorts of events. Check everyone is comfortable and ready and say we will now discuss six questions together (seek additional clarification on the questions as required).

1. How would you describe the concept of 'courage' to someone who had never heard of the term?

2. In terms of facing the earthquakes and the aftershocks, do you feel this required courage?

3. What other events in your life would you say have you required courage in facing them?

4. In applying courage to these events, what did you notice yourself doing?

5. If you had the chance to help people who had just experienced a disaster or were having to face something very difficult like that, what would you suggest they could do to help them face this?

6. Are there any final comments about the concept of courage you would like to make? Are there any final thoughts from anyone?

Check in how people are feeling from the discussion. If anyone is feeling distressed by the process or content, acknowledge their feelings, validate their strengths in contributing to the discussion, and check who they might have to support them on their return home. Offer the summary sheet of contact numbers of support agencies if required.

Remind people that the contact details of the researcher are on the Participant Information Sheet if people would like to offer any further thoughts or have any questions. Thank the group for their time and participation. Check everyone is able to get safely home. Leave before the group so they can naturally close their time in their own way.

Key informants interview questions guide

1. How would you describe the concept of 'courage' to someone who had never heard of the term?

2. In your life, when do you think you have been aware of using courage?

3. In applying courage to these events, what did you notice yourself doing?

4. The focus group participants suggested courage involved being calm and logical, and often involved an overriding of emotion. What are your thoughts on that?

5. In the focus group interviews people suggested courage can be conscious, in terms of a personal resolve, choice or act to see something difficult or unexpected through, what do you think of this?

6. Can courage also be unconscious, so an instinct perhaps more related to situations of bravery often where you put your safety second through an act of caring or love?

7. If someone is trained to do a particular job like you were, do you think they still need courage to do this?

8. Related to this, do you think courage can be learned or taught?

9. If you had the chance to help people who had just experienced a disaster or were having to face something very difficult like that, what would you suggest they could do to help them face this?

10. Are there any final comments about the concept of courage you would like to make?

Check in how the person is feeling from the discussion, if they are is feeling distressed by the process or content, acknowledge their feelings, validate their strengths in contributing to the discussion, and check who they might have to support them afterwards. Offer contact numbers of support agencies if required. Offer the summary sheet of contact numbers of support agencies if required.

Explain that the interview will be transcribed with a transcript provided to the participant. Reinforce on the Participant Information Sheet the contact details of the researcher if people would like to offer any further thoughts or have any questions.

Focus group 4 – theory summary and questions

Kia ora,

Thank you for agreeing to take part in the focus group of social workers discussing the theory of courage developed from my doctoral research with older adults living in a post –disaster environment (the Canterbury Earthquake sequence). The key components of the theory are summarised as:

Courage is a way of responding to situations that generate fear, vulnerability, doubt and uncertainty. It involves a conscious and intentional undertaking of perceived meaningful and important action. The decision to undertake this action is motivated by values, beliefs, morals, duty and responsibility. Courage is characterised through a number of traits, attributes and behaviours, such as logical thinking, calmness, determination, acceptance, endurance and perseverance.

1. What do you notice in this summary?
2. How might these components be applicable in your work?

We will be meeting on Friday the 18th of May from 1pm to 2pm at:

42 Stewart Street (last turn left off St Asaph St before Hagley Avenue and runs along the back of Hagley Community College). The building is on the left side of the street, a khaki prefab, just before the multi storied Bevan building.

Thank you so much for being willing to participate in the focus group, I look forward to our discussion.

Kind regards,

Nicki Weld

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