WOMEN'S PERCEPTIONS OF LIFE AFTER 70:
A PHENOMENOLOGICAL STUDY

By
THERESA ANNE SLOSS
B.Sc.N., The University of British Columbia, 1978

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Department of Nursing

The University of British Columbia
Vancouver, Canada

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ABSTRACT

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This study was designed to gain an understanding of how older women perceive their lives. In order to gain this insight the qualitative research methodology of phenomenology was selected.

Data collection and analysis occurred concurrently. Data were collected through fifteen unstructured interviews. Eight women whose ages ranged from 75 to 88, and who lived on their own in the community participated in the study. Each transcribed interview was analyzed separately and in relation to the other interviews. Emerging themes were validated and clarified in the second interview. The themes were synthesized and then integrated into the final framework called the cycle of contentment.

The cycle of contentment had four phases: having independence and connectedness (sources of contentment), experiencing threats, calling upon resources and redefining independence and connectedness. Contentment was a form of happiness preferred by the women and was characterized by calmness and freedom from uneasiness.

Independence and connectedness were identified as the two main sources of contentment. Independence was composed of self-reliance, not having to inconvenience others and of being in
control of daily events and personal affairs. Connectedness was equated with a sense of belonging with family and friends and being involved and aware of what was happening in the world. Unfortunately, life over 70 for these women was accompanied by many threats which disrupted their independence and connectedness and thus their contentment. The threats noted in the study were: the death of a spouse, death of friends, health problems and the adverse attitudes and actions of others. In response to the threats the women called upon their resources to counteract the impact of the threats. Two types of resources were noted in the study: external and internal. External resources included finances, family, friends and helpful neighbors. Internal resources included faith, memories, self-confidence, a fighting spirit and personal attributes which were somewhat unique to this stage of their lives. By drawing upon their resources it was possible to move to the next phase of the cycle, that of redefining independence and connectedness. This redefinition occurred in three ways. The women found new ways of experiencing independence and connectedness, they normalized common threats and they reappraised their situations. Once independence and connectedness were redefined, contentment returned.

These findings were discussed in relation to relevant literature. The implications for nursing practice, education and research were then identified.
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CHAPTER 1
INTRODUCTION TO THE STUDY

Introduction

Canadian society is increasingly successful in its endeavors to preserve and extend human life. This success is evidenced by the increasing numbers of older people, the majority of whom are women. To date, researchers have acquired a substantial amount of information describing the problems and illnesses associated with old age. However, little research exists about wellness in old age, or about the experience of living through old age. In order to expand our understanding of old age, there is a need to gain a more holistic understanding from older people's perspectives. This study begins to address that need. Its aim is to discover how a sample of women over 70, perceive their lives.

Background to the Problem

By the year 2021, one in every five Canadians will be over 65 years old. This is a significant increase from 1931 when 1 in every 13 Canadians was over 65 (Hees, 1987). Currently, a woman of 65 can expect to live for 19 more years; a man can expect 15 more years of life (Hees, 1987).

Since the 1950's, the ratio of women to men in the older age group has increased. While women 75 years of age and over outnumbered men 125 to 100 in 1956, by 1981 women in this group outnumbered men 195 to 100 (Stone & Fletcher, 1986). Thus, there are more very old women than men.
Unfortunately, much of the existing information pertaining to women who are now aged 65 and over is both erroneous and limited. Erroneous information arises from negative stereotypes which portray older women as physically unattractive, unproductive and dependent on others as they age (Cohen, 1984). Or, older women and men may be grouped together as a single homogeneous group all suffering from ill health, confusion and unhappiness (Chappel, Strain & Blandford, 1986). These negative stereotypes not only limit our understanding of how older women feel about living in old age, but can also interfere with the delivery of adequate health care (Rodin & Langer, 1980; Panicucci, 1983).

So little is known about women over 65 for several reasons. First, researchers now recognize that a number of previous studies suffered from a male bias (Eichler & Lapointe, 1985; Barnett & Bauch, 1978). This bias resulted from men having higher educational levels and occupying positions of power and status, which in turn allowed them to design, implement and interpret research studies from their own perspectives. In addition, many researchers incorrectly assumed that the findings of studies with exclusively male subjects could be generalized to the population as a whole. Gender was not considered a social variable for analysis (Eichler & Lapointe, 1985). Therefore women's perspectives tended to be ignored (Gillian, 1985).

Second, some people suggest that women have been excluded from research studies because of their perceived lack of status and power (Burwell, 1984). Feminist researchers are beginning to
look at older women's issues, but to date most energy has been directed toward the issues affecting younger women (Fennell, Philipson & Evers, 1988). Thus the failure to differentiate gender perspectives, a lack of recognition of female issues for study, and past exclusion from research all contribute to our limited understanding of today's older women.

Recent demographic data highlight two areas of concern. In 1982, 60% of the elderly unattached women in Canada existed at or below the poverty line (Gee & Kimball, 1987). These women have low incomes for a variety of reasons. Most obviously, married women frequently become widowed, and find that their income is drastically reduced. In addition, in previous decades many women remained in the home and cared for their families. They were rarely involved in out-of-home employment and thus were unable to accrue savings or contribute to their own pension plans. Finally, when women, either single or married, did work outside of the home, they almost invariably earned less than their male counterparts which reduced their ability to accumulate financial resources for old age (Gee & Kimball, 1987). Low incomes can often lead to diminished states of health and lowered self-esteem for older women (Gee & Kimball, 1987; Harvey, Barnes, Greenwood & Kabahenda-Nyakabwa, 1987).

A second further disturbing trend revealed by the demographic data, concerns chronic diseases. Although approximately 80% of older individuals are capable of independent living, 3 out of every 4 have at least one chronic health condition (Ministry of Supply & Services, 1982). After
they are widowed, many women live on their own. Although they do so despite chronic health conditions, there have been few attempts to understand the impact of these conditions on their lives.

Limited financial resources and chronic health problems are two easily recognized factors that can place older women in a high risk group. However, minimal attention has been directed towards identifying how older women draw on their inner resources and strengths which in turn enable them to cope with their situations. Therefore, a research study that allows and encourages older women to share their experiences and perceptions of living in old age is needed.

This lack of information about women over 70 is of serious concern to the nursing profession. In many areas of practice, the contact nurses have with older women, will only increase. As consumers, older women expect nurses to know about their health care needs and use this knowledge as a basis for providing assistance. However, nurses who do not have an adequate understanding of the older woman’s perspective cannot provide quality assistance. Nurses may unknowingly set goals which are either too high or that have no relevance for older women. Conversely, if nurses base their approach to care on their previous contact with very debilitated older people and believe this to be the norm, then goals may automatically be set too low for other older women. An older woman may be loath to raise the goal level as she may feel the nurse is the expert. Therefore, as the population of aging women is increasing, it is imperative
for the nursing profession to carry out research that will increase the knowledge base of how women perceive living in old age.

Conceptual Framework

The experience of life after 70 is a broad topic. Thus, it is important to have an organizing framework that will be appropriate for this age group, be flexible enough to incorporate the uniqueness of each woman's experience, and still encourage identification of shared phenomena. The concept of "critical period" in the UBC model for nursing (1987) is seen as capable of meeting these requirements and thus is used for this study.

According to the UBC model for nursing (1987), a critical period is an event occurring during the individual's life which requires that individual to develop and use suitable coping behaviors to satisfy basic human needs, achieve stability, and reach optimal health. There are two kinds of critical periods: "maturational events and unpredictable events" (U.B.C. model for nursing, 1987, p.40). This study focusses primarily on maturational events.

Within a critical period a maturational event is a predictable change that occurs in an individual's life. As a developmental stage, old age will have a collection of these predictable changes. They may include: "body change, geographical change, intrafamilial change, role change, social interaction change, and work and career change" (UBC model for nursing, 1987, p.40).
By contrast, an unpredictable event occurs with little or no warning. Examples of such unexpected events or changes are: "circulatory disorders, degenerative diseases, separation, and trauma" (UBC model for nursing, 1987, p.40). Several unpredictable events are associated with old age.

The model further suggests that all events or changes associated with the critical period have associated losses and gains which are understood on an individual basis. In general, during a critical period an individual may perceive a loss or a gain of "a valued person, some aspect of self, possessions, or privileges within their social context" (UBC model for nursing, 1987, p.41). As in each developmental phase of life, old age involves its own characteristic losses and gains.

Finally, the model considers expectations to be a component of a maturational event. An expectation is: "anticipated, hoped for, or perceived as required. ... Some expectations are personally derived, socially determined, and culturally dictated" (UBC model for nursing, 1987, p. 41). Therefore, it follows that older women have expectations about maturational events associated with aging. More information is needed about the maturational and unpredictable events in old age. Women's descriptions of changes or events that affect them and their responses to these events will help us to understand their experience of being over 70.

In summary, this framework provides a way of conceptualizing the developmental stage of old age as including a number of associated changes. Each change has associated
losses and gains. Maturational events are shaped by individual expectations. Because the losses, gains, and expectations are uniquely perceived, the way to understand them is to explore their meaning with the individuals who are experiencing the events of the critical period.

Problem Statement

As the number of older women increases, nurses will be coming into contact with them more frequently. At present there is limited information about the perceptions of older women regarding their experiences of life at age 70 and older. Without it, nurses will not have the understanding and knowledge necessary to adequately assist older women attain their desired level of health.

Purpose

The purpose of this study is to explore and to describe how women who are enculturated into Canadian society experience life after 70. The specific questions that directed the study are:
1. How do women describe the gains or positive aspects associated with this stage of their life?
2. How do women describe the losses or negative aspects associated with this stage of their life?
3. How do women's actual experiences of being 70 and over compare with their earlier expectations of themselves at this stage of their life?

Methodology

A number of factors were considered in choosing a methodology. First, little is known about the lives of women who
are 70 and over. As our knowledge is limited, it is too early to isolate certain factors or reduce women's lives into qualitative units. Second, as Eichler (1980) pointed out, it is important to choose a methodology that is not sexist. Third, much of the extant research involving older people has been done by younger researchers from their younger perspectives. Therefore the chosen methodology must allow women's perceptions, beliefs and experiences to unfold without the younger researcher's bias or direction. Given the above requirements, phenomenology, a type of qualitative research, is the methodology of choice. A description of the methodology and its application to the study will be outlined in chapter three.

**Definitions**

Critical period: An event occurring during an individual's life that requires the individual to develop and use suitable coping behaviors. The two types of events are maturational changes and unpredictable events. (UBC model for nursing, 1987, p.40).

Enculturation: The process whereby individuals are conditioned by, adjusted to, and integrated with the cultural norms of their society (Funk & Wagnalls, 1989, p.435).

Gain: "Having that which is or can be of value" (UBC model for nursing, 1987, p.41).

Growing old: For the purpose of this study, growing old represents a dynamic state of being in the later portion of the life cycle.

Health: "Health ... is a resource for everyday life, not the object of living. Health is a positive concept emphasizing
social and personal resources, as well as physical capacities" (Ottawa, Charter, 1986, p. 426).

Loss: "Being without that which has or could have meaning for an individual" (UBC model for nursing, 1987, p. 41).

Old Age: For the purpose of this study old age begins at the chronological age of 65.

Maturational Event: "Changes that occur with predictability during an individual’s life" (UBC model for nursing, 1987, p.40).

Unpredictable events: "Changes that occur with little or no warning" (UBC model for nursing, 1987, p.40).

Assumptions

There are a number of assumptions inherent in this study. First, it is assumed that women experience both gains and losses in the maturational events and unpredictable events associated with old age. Second, women will have had certain expectations about growing older. Third, women who are currently living alone have different experiences from those who are living with a partner or in an institution. Finally, it is assumed that the women are willing and able to talk openly and honestly, thereby giving an accurate account of their perception of reality.

Limitations

Informants in the study are women who live alone. They were selected from a specific metropolitan area and from a similar cultural group. The amount of data collected was limited by time and resources and thus, the conclusions of the study’s findings are limited to the informants in this study. Furthermore, the
experiences of these women may not be the same as those in future generations of older women.

Organization of the Thesis

The subsequent chapters describe both the process involved in answering the research questions, and an interpretation of the results. Chapter two presents literature that is pertinent to the research problem. Chapter three describes and explains the implementation of the methodology adopted for this study. The participants' accounts and findings are presented in chapter four. The findings are then viewed in light of relevant literature in Chapter five. Chapter six concludes the study by summarizing the findings and outlining the implications for nursing practice, research, and education.

Summary

Chapter one highlights the lack of information about women over 70 and outlines the reasons why more research is needed. It also describes the conceptual framework from the UBC model of nursing (1987), which was used as a guide for this study. The chapter also defines significant terms, and states some limitations. Chapter two reviews literature that is pertinent to the research problem.
CHAPTER 2
LITERATURE REVIEW

Introduction

The purpose of the literature review is twofold. First, from the descriptive research and literature, a profile of women who are now over 70 emerges. Second, the review uncovers relevant information that contributes to our understanding of life for women who are now over 70. Three bodies of literature and research are outlined in the second section. They are: the psychosocial theories on aging, research studies specific to older women, and finally general research studies which address the experience of life in old age.

Profile of Women 70 and Over

Women who are over 70 belong to what is termed a specific cohort group. A cohort may be defined as "the aggregate of individuals (within some population definition) who experience the same events within the same time interval. Each cohort has a distinctive composition and character reflecting the circumstances of its unique origination and history" (Ryder, 1985, p. 12).

Women who are now over 70 lived through the depression of the 1930's and two world wars. They witnessed great advances in technology. As young women, their roles and lifestyles were less flexible than women born in later decades. They generally married, had children, and then stayed home to raise the children. For the most part they were dependent on their
husbands for their socioeconomic status (Maxwell, 1988). They expected marital stability and aimed for financial security, home ownership and a better life for their children (Baker, 1987). Choosing a career and opting for single life was rare (Maxwell, 1988).

Demographic data provide information on this cohort's present status. In 1982, 78% of unattached women over 65 lived near or below the poverty line (Gee & Kimball, 1987). In general, as older women are living longer and as they have married men older than themselves, they are four times more likely than men to become widowed (Gee & Kimball, 1987). Older women frequently experience at least one major health problem. These problems can include heart disease, cancer, Alzheimer's disease, osteoporosis, and depression. They have a higher incidence of diabetes mellitus than men. They can also suffer from a visual or hearing impairment (Gee & Kimball, 1987, Doress & Siegal, 1987).

Although we have a number of facts about older women, the profile is incomplete; few studies examine how the older woman herself feels about her living situation. In an attempt to obtain a more complete profile, the researcher examined four psychosocial theories of aging.

Psychosocial Theories of Aging

The four psychosocial theories of aging are the activity, disengagement, continuity, and socio-environmental theories. These theories are frequently cited in the literature about aging.
The work of Cavan, Burgess, Havighurst and Goldman (1949) and Havighurst and Albrecht (1953) is credited with creating the foundations of the activity theory (Gubrium, 1973). The goal of the Cavan et al., study (1953) was to define and analyze the nature, pattern and problems of personal adjustment to aging. The study found that two main factors influenced the person's ability to adjust to old age: previous personality and activity levels. Adjustment was determined to be difficult because "older people no longer occupied a respected position, had no recognized function and no sanctioned pattern of activity" (Cavan et al., 1953, p.10). The researchers concluded that a person's personality affected their adjustment, and that personality remained constant throughout an individual's life. They further concluded that people who maintained their activity levels were better adjusted.

In the second study by Havighurst and Albrecht (1953) the researchers found that the adjustment and activity scores of the participants were highly correlated. They hypothesized that people who are more mentally, physically, and socially active are better adjusted.

These studies were a beginning step towards the understanding that some older people enjoy a wide variety of activities after retirement, and do in fact enjoy life in old age. However, these studies seemed to imply that all people must be active to be happy.

The next theory is the disengagement theory which is based on a study by Cumming and Henry (1961). Cumming and Henry
explained how young and old people differ in their involvement with life. They concluded that older people disengage from life. They stated:

"Aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to. When the aging process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by greater distance and altered type of relationship" (p.15).

Their study implied that all older people naturally withdraw from society as they age, but the study did not explain why some older people disengage more than others. Finally, there was a failure to identify factors that may cause an extreme disengagement process.

The third theory, the continuity theory, evolved from a study by Neugarten, Havighurst and Tobin (1963). They concluded that personality factors were the important variables in adjusting to old age because neither the activity nor disengagement theories could adequately explain the results from their study. Their findings showed a high correlation between social interaction and social well-being, although they also found that some older people had a low social activity role and yet were highly satisfied with life.

By examining patterns of aging, Neugarten et al., (1963) were able to identify four personality patterns: integrated, armoured or defended, passive-dependent and unintegrated. This study suggested that "in normal men and women there is no sharp discontinuity of personality with age but instead increased continuity" (Neugarten et al., 1963, p.177). Thus we can infer
from this study that men and women will not suddenly change as they grow older.

The final study is labelled the socio-environmental theory. The study was constructed to understand the social behaviors of the aged (Gubrium, 1973). The socio-environmental theory encouraged society to view older individuals not in isolation, but within the context of their environments.

Gubrium (1973) believed that the activity and disengagement theories were useful in limited circumstances but were not conceptually linked. He conceptualized the environment surrounding older people as having both a social and individual context. The social context included activity norms and certain behavioral expectations from society. On the other hand, the individual context included activity resources which consisted of state of health, financial solvency and the state of social support. If a person had many activity resources their behaviors could be much more flexible.

Gubrium (1973) further proposed that both the social and individual components of an individual's environment had an impact on a person's morale. Morale was based on how persons judged themselves and their attitudes towards themselves. The judgements were in turn affected by the social and individual contexts. If the individual felt that society expected a certain type of behaviour, but they did not have the activity resources available to perform the behaviors, then their morale would be lowered. Therefore Gubrium (1973) concluded that it was impossible to determine how people felt just by observing their
activity alone. It was necessary to consider the context or environment in which that activity took place.

The above studies and theories provide varying perspectives on different aspects of aging. These research studies have been criticized for their lack of clearly defined concepts, for their inconsistent use of terms and for the inability of other researchers to replicate the studies in their present form (Burbank, 1986; Katren, 1954). In general these studies fail to provide a clear, comprehensive and holistic understanding of the aging process. Furthermore, from the previous information describing the male bias in the research, the findings of the studies as they pertain to women become even more suspect. The general theories fail to provide any specific insight into the perceptions of women who are over 70. Information more pertinent to older women can be found in the specific research on women and aging.

Research on Women

A literature review on older women by Robinson (1986) spanning a 16 year period from 1969 found very little literature on women and aging. She found neither research on women's attitudes toward aging nor studies that looked at health and health promotion issues for older women. The nursing research focussed on disease and institutionalization. Robinson (1986) identified support networks, caregiving relationships and retirement as the three main subject areas in the research. The results are summarized below.
In the social support network literature, Robinson (1986) found that both life satisfaction and psychological well-being were strongly related to women's satisfaction with intimate relationships. Widowed childless women had a lower sense of well-being than widowed mothers.

In the caregiving literature, Robinson (1986) identified the two difficulties most often cited by older women who were caring for a spouse or family member as lack of finances and social isolation. This literature also examined the beneficial aspects of supportive counselling and support groups for older caregiving women.

Robinson's (1986) review of the literature on retirement for women pointed out that, in general, women were happier than men with the retirement phase of their lives. This adjustment may be partly related to the fact that many women left the work force a number of times (if they were in it at all) to raise their children. As a result, they had gradually learned to adjust to many different situations over the years. Robinson's (1986) three subject areas, social support, caregiving, and retirement are important but still provide insufficient information on the lives and experiences of women who are over 70. Next, the research on widows is examined for relevant data on older women.

Harvey et al., (1987) studied widowhood in Canada. In their article, they first summarized the research findings from other widowhood studies that were performed in the United States, Canada, Europe and Britain. Then, they presented their own
research findings. From the existing literature, they found that people with adequate incomes, who were healthy, relatively well educated, and had a close confidant, coped better with widowhood than people who were poor, uneducated and unhealthy. For some women, widowhood created a situation whereby they became aware of their own personal strengths.

The morale of some widows was affected by activity levels and income. Women who were involved with more activities had a higher morale. Some women suffered from a lowered morale because of their reduced incomes rather than because of their change in marital status.

The data for the Harvey et al., (1987) study were drawn from the data in the 1978 Canada Health Survey. They found that married people in general had a higher morale than widowed people. Income did not show a strong independent effect on morale. On the other hand, good health was positively correlated with morale. The researchers also found that living alone did not have a detrimental effect on mood. Unfortunately, the data did not indicate how long the people had been widowed, which could be an important variable for study. Although this study does help us to understand factors that may affect a woman's ability to cope with widowhood, her perspectives on being a widow remain unknown.

An ethnographic study by Matthews (1979) identified the strategies older women used to maintain their self identity in what Matthews determined to be a sexist and ageist society. The researcher concluded that women relied upon compliance,
avoidance, reciprocity, monitoring warning signals and continuity. Women who had little power and few resources to offer as exchange in a relationship often turned to compliance. Avoidance was used to prevent potentially embarrassing situations. Reciprocity or being busy and doing things for other people helped them to maintain their self identity. The women monitored their health to help prevent a long and lingering death. Continuity, the final strategy, was described as staying in familiar surroundings with people that they knew.

In general Matthews' study helps us to understand the need for continuity in older women's lives, especially in the areas of relationships, activities and identification with a home area (Fennell, Pillipson & Evers, 1988 p.105). However, an understanding of how women perceive living in old age still remains elusive. Fortunately, with the current interest in longevity, recent studies have been completed which provide insight into the aging process. This general research is described next.

Recent Information on Aging

Over the past decade, a number of qualitative research studies have provided insight into how older people experience old age. For example, a grounded study by Kaufman (1986) showed that older people's identities were not defined by their age. Older individuals did not see themselves as old, but rather as being in the period of old age. Kaufman (1986) further concluded that life was not a trajectory of rise and then
decline in old age, but was a continuous process with meaning at all stages.

Other studies show the importance of reminiscing in aging. Previously, older people who reminisced were portrayed as living in the past, which was equated with unhealthy mental behaviour. Now it is understood that reminiscing or recalling the past is a normal and healthy way of making sense of and putting their lives in order (Breystpraak, 1984, Burdman, 1986).

The common image of all old people being forgetful, confused, and senile is no longer automatically accepted as a normal state. A closer unbiased examination of older people showed that depression, excessive medication, and malnutrition could cause confusion (Griffith Kenney, 1986). Therefore, confusion is not normal and warrants investigation.

Many younger people assume that older people are not very happy. Depression was cited as a problem for women (Gee & Kimball, 1987). However this does not mean that all older women are depressed. A Canadian study by Connidis (1987) found that there are both positive and negative aspects of aging for people over 65. Her study found that 90% of her sample liked something about their age, while only 10% of the sample claimed that they did not like anything about their age. In addition, 34% found nothing to dislike about their age. Areas of likes included greater freedom and fewer worries. However, common dislikes included effects created by declining physical functions and poor health. Therefore, we can assume there are some positive aspects about being over 70 but there are also some concerns.
A Vancouver study in 1985 provided insight into how men and women over 65 perceive health. Statistics show that many older people suffer from at least one chronic disease. This phenomenological study on well seniors' perceptions of health demonstrated that they do not view health as simply freedom from illness (Thorne, Griffin & Adlersberg, 1985). The participants in the study experienced chronic illnesses, physical discomfort, and movement limitations. However, the study showed that they experienced health on three levels of awareness: physical comfort and abilities, connectedness and competence, and a sense of meaning. This study validates the idea that older men and women have unique perceptions about their health and other aspects of their lives.

These recent studies provide some insight into the world of the older person. They demonstrate that when older participants are encouraged to share their perceptions, new and more accurate information can emerge. The findings from these studies challenge many of the traditional beliefs about aging. However, the knowledge specific to the experiences and perceptions of women over 70 remains limited.

Summary

This chapter has examined three bodies of literature and research in order to discover more about women over 70. The psychosocial theories offer limited information. The research studies on older women provide background on social support, caregiving, retirement, strategies for protecting self identity, and widowhood. More recent studies begin to delve into the
perceptions of older people and challenge many of the beliefs about old age. Although the studies are useful, they still do not yield a complete, holistic understanding of how women experience life after 70.
CHAPTER 3
METHODOLOGY

Introduction

Chapter three provides a broad overview of phenomenology, the research methodology employed in this study. It also outlines the specific direction for informant selection, data collection, and data analysis. Finally, it presents the study's ethical considerations.

Overview of Phenomenology

Phenomenology is an inductive, descriptive research approach (Omery, 1983). Its goal is not to validate preconceived ideas or expectations (Omery, 1983). Rather, it aims is to describe certain human experiences as they are lived and understood. (Georgi, 1985; Oiler, 1986; Parse, Coyne, & Smith, 1985). This method enables the researcher to gain an understanding of how those involved interpret and give meaning to a given situation (Rist, 1978). The data are deliberately subjective as only the participants know what is relevant and important to them. The researcher's task is "to let the world of the describer, or more concretely, the situation as it exists for the subjects, reveal itself in an unbiased way through the description" (Giorgi, 1975, p. 74). The researcher's knowledge must be held in doubt. Biases must be acknowledged. Only then can the researcher take a fresh look at the subject so that new understanding can be reached (Oiler, 1986; Giorgi, 1985).
The study begins with a series of interviews. The account unfolds through the participant's verbal descriptions which are then analyzed. The researcher must ensure throughout the interviews, that what he/she hears is correct. This is accomplished by validating the data with the participants (Knaack, 1984).

Credibility and auditability are the factors which determine the validity and reliability of the narration in a qualitative study (Sandelowski, 1986). She asserts that a study is credible if the informants verify the truth of the findings. A study is auditable whenever all the steps are clearly outlined, the data analysis is clearly articulated and it is evident why certain conclusions are drawn from the data. Giorgi (1985) states that "other researchers must be able to see what the original researcher sees even if they do not agree with it" (p. 96). Also, others who are experiencing similar circumstances should be able to confirm the findings in the research analysis (Knaack, 1984).

To obtain the type of data needed for the study, phenomenology uses theoretical sampling. A theoretical sample is selected according to the theoretical needs and direction of the research, and consists of individuals who are able to articulate their views clearly and who are receptive to being involved in the research (Morse, 1986). With this overview of the methodology, the next section describes the implementation process.
Selection of Participants

Following the principles of the theoretical sampling technique, the researcher chose women who could provide the most insightful information for the study. To guide this selection, specific criteria were outlined.

Criteria for Selection

The criteria for selecting the participants included the following:
1. each woman was aged 70 or over.
2. each woman lived on her own in the general community.
3. each woman was enculturated into Canadian society.
4. each woman was fluent in English.
5. each woman lived in the lower mainland.

Selection Procedure

The participants were recruited directly through the researcher and through an informal network of colleagues and acquaintances. It was believed that an informal network could provide a selection of suitable participants living on their own throughout the community. The researcher contacted these colleagues and acquaintances, described the purpose of the study and outlined the selection criteria. Those who knew of a potential participant were given a letter of information and a Consent to Contact form (see Appendix A). They, in turn, talked to potential participants, explained the study, gave them the letter of information and requested that the woman either return the consent to contact form, or contact the researcher directly by telephone. Seven of the participants were obtained this way
and one was recruited directly by the researcher. Mutually convenient times to conduct interviews in the women's homes were arranged. At the first home visit, the researcher explained the purpose of the study, discussed what participation would involve and answered any questions. The Consent to Participate forms were then signed (see Appendix B). A total of eight women took part in the study.

Characteristics of the Participants

The eight women ranged in age from 75 to 88. Six women were born in Vancouver, one in Ontario and one in England. All were widows. The length of time they had been widowed varied from less that 1 year to over 35 years. All of the women were mothers.

Two of the participants had university degrees. Six had worked outside the home in various capacities while two had been full time homemakers. They all lived in private dwellings, either rented or owned, and were well established in their neighborhoods.

All but one woman reported at least one health impairment. These included arthritis, cardiovascular diseases, impaired vision and hearing. One woman had injuries from an automobile accident. Three of the women received homemaker help through the Long Term Care Program. Two of the women attended an adult day care program, three days a week.

Data Collection and Analysis

Data collection and analysis are discussed separately. However, during the study, these two processes ran concurrently;
the data were analyzed throughout the collection phase and the results of this analysis influenced the ongoing data collection process.

The interviews were semi-structured, the researcher asked open-ended questions to elicit the participant's views. The researcher's intent was to obtain as much information as possible without steering the participant in a predetermined direction. The three trigger questions used to initiate the interviews arose from the literature (Connidis, 1987) and UBC model for nursing (1987), (see Appendix C). Although the same trigger questions were asked of everyone, not all of the interviews were identical. In general, the researcher followed the lead of the informant who in turn responded to the researcher. In this way each woman helped to direct the data collection.

The first round of interviews with each subject was used to collect general information. Between the first and second interviews, the researcher transcribed each tape verbatim. After interviewing each woman once, the researcher constructed a framework to identify themes and relationships. This framework guided the second interview in which the researcher asked for clarification, validated the emerging themes and obtained more complete information about each woman's perception of being over 70. Data collection continued until "the data was deemed complete, without gaps, made sense and had been confirmed" (Morse, 1986, p. 184). Since the researcher accomplished these criteria upon the completion of second interview with each
participant, no further interviews were conducted and no new subjects were added to the study.

The accounts were constructed from the 15 interviews which lasted between one and a half to two and a half hours each. One of the woman became ill and was unable to participate in the second interview.

Data Analysis

The intent of the data analysis was to understand more about how these women perceived their lives. To gain this understanding the data were analyzed using the steps outlined by Giorgi (1975, 1985). The steps are summarized. After the tapes from each interview were transcribed, the initial step was for the researcher to read each entire transcript to get a sense of the whole or the general picture that the woman was presenting. Then before taking the specific aim of the study into account and inadvertently interpreting the accounts in a specific way, the researcher identified the natural meaning units that were presented in the accounts. The dominant themes which ran through the accounts were then identified. Finally, the data were examined with the specific purpose of the study in mind. The question was asked, what did each statement tell the researcher about the experience of aging? Many small pieces of information gradually fit into a larger design which in turn fit into an overall structure or framework. This final step is what Giorgi described as tying all the themes together into one non-redundant theme. The final structure helped to describe how this
group of women perceived their lives when they are over 70. The results of the data analysis are discussed in chapter four.

Ethics and Human Rights

The ethical and human rights of the subjects were protected in the following ways:
1. The University of British Columbia Behavioral Sciences Screening Committee for Research and Other Studies Involving Human Subjects gave written approval to carry out the study.
2. The participants had the option of returning a Consent to Contact form, or contacting the researcher directly for an interview.
4. The purpose of the study, the role of the participants, the type of data to be collected and what would happen to the data were clearly outlined for the subjects.
5. The participants were informed that they were free to withdraw from the study at any time. They could refuse to answer any questions, have the tape recorder stopped, or request that any portion of the tape be erased.
6. The participants were advised that their decision to not participate or to withdraw from the study would not jeopardize their treatment or care in any way.
7. The participants were assured of confidentiality. The taped material and transcripts contained no identifying factors. All of the participants were given an identity code number which was known only to the researcher.
8. The tapes were to be destroyed or erased at the end of the study.

9. Consent to Participate forms were signed by the participants prior to commencing the interviews.

These nine precautions helped to ensure that the ethical rights of the women were protected.

Summary

Phenomenology was the research methodology selected to guide this study. In conjunction with this approach, the eight participants who ranged in age from 75 to 88 were selected for their ability to provide accurate and lucid accounts of life over 70. Data were collected through 15 in-depth interviews. Data analysis took place concurrently with and subsequent to the interviews. The results of that data analysis are presented in chapter four.
CHAPTER 4
RESEARCH FINDINGS

Introduction

The purpose of Chapter Four is to report the research findings. The eight women in this research study told many stories that described various aspects of their lives. From their stories, a number of themes emerged. The researcher synthesized and integrated these themes into a framework called "the cycle of contentment" (see Figure 1 overleaf). Within this cycle there are a number of phases. In order to understand the overall cycle, the researcher has described each phase in detail. It is important to note that these findings relate only to the eight women who participated in the study. Therefore, references to "the women" refer only to the women in this study unless otherwise stated.

Contentment

One of the first themes to emerge was contentment. Contentment seemed to be a state of mind which these women presently desired. It was loosely defined as a form of happiness characterized by calmness and freedom from uneasiness. The following quotes describe individual participants' desire for contentment (I. and R. indicate Interviewer and Respondent respectively).

R. I don't think happiness is the end all for every stage of life and I think as you get older contentment is the more important. I am very contented with my life.
Figure 1

The Cycle of Contentment

EXPERIENCING THREATS
- death of spouse
- death of friends
- health problems
- attitudes of others

CALLING UPON RESOURCES

EXTERNAL & CONNECTEDNESS
(Sources of Contentment)
- finances
- family
- friends
- neighbours

INTERNAL
- faith
- memories
- self-confidence
- fighting spirit
- personal attributes

REDEFINING INDEPENDENCE & CONNECTEDNESS
- normalizing threats
- new ways of achieving independence & connectedness
- reappraising situation
Another woman said:

R. As we get older, we don't feel we need those exciting things that meant so much before.

Another woman was asked:

I. Is contentment more important than happiness?

R. If you are content, you are happy. Contentment is an extended form of happiness. If you are going to divide them then you would make happiness a real big deal.

And finally:

R. It's not an excitable happiness because my life is calm now. Some people might say boring but to me it's not boring. .... There is nothing pressing me now. There is no stress.

Excerpts from the transcripts indicate that contentment was not perceived as a static phenomenon. One 79 year old woman said:

R. I think you've got to keep growing. There is something calling me on for another way, another period of time, not as long, but nevertheless interesting.

It became apparent that contentment was a desired state of mind that each woman desired. However, contentment did not mean the cessation of personal growth, nor was it possible to associate a specific activity level with contentment.

Further analysis of the participants' stories revealed two other themes that were conceptualized as "independence" and "connectedness". Independence and connectedness appeared to be two sources of contentment. Independence was characterized as self-reliance which meant not having to bother or inconvenience other people and being in control of their personal lives and daily activities.
One woman described her view of independence:

R. Ah well independence is something that ah I'm not being a bother to anybody else. I like self-reliance.

I. Self-reliance, so independence is self-reliance?

R. Absolutely, to me it is.

This same woman had been dependent upon others following an automobile accident. Her description of her experiences as both an independent and a dependent person, enhances our understanding of the importance of independence and thus its link to contentment. She concluded:

R. So that is the one thing that I've always dreaded was the fact of having been so independent. I can't stand the thought of having to rely on somebody else. I've had enough of that in the hospital, telling you when to get up, when to go to bed, when to take a pill and I'm not very good at taking orders. ... One thing I dread is getting to the point of having to ask favours of people. I can't stand favours.

I. So independence is pretty important to you?

R. My God it's my life. Without that you would be lost. If you give up that you've got nothing to fight with. I think keeping your independence as much as you can is of a tremendous help because without that you could end up in a nursing home and be totally dependent on other people. This is something that you hate to give up, that last little bit of independence.

Obviously independence was a vital component of her life and a source of contentment. For some women, independence meant not being a bother to their families. An 80 year old woman described her view of independence.

R. Independence is not having to put anyone else out or be in the way or interfere with the family.

Finally, independence was characterized by having control over their lives in that they were able to manage daily events
and personal affairs. One woman described the difficulty she experienced when she lost some of her control. She said:

R. I had a bad fall and that really upset me because I was not able to function on my own. I had a woman come in and get the meals ready and she’d have to be here an hour or two and that kind of thing. It really upset me not to be in control of everything myself. I like as you probably know by now to be in pretty firm control. That’s the way I am, I haven’t any intention of trying to change it.

The women in this study valued their independence very highly as it was a source of contentment. However, it proved to be no more so than "connectedness". Connectedness was characterized by a sense of belonging with other people and continued involvement with life. This sense of belonging occurred through relationships and involvement with their family and friends. One woman best illustrated this in her description of her relationship with her daughter at this stage in their lives.

R. You are not like mother or daughter. You are more just like friends. Now that they’ve got children, I’ve got closer to them. I really enjoy my grandchildren.

Another woman said:

R. We [daughters and herself] are buddies.

Another woman talked about her involvement and dependence on her peers.

R. Now I belong to a group at the church. We got quite dependent on each other and most of them widowed since I was. They are good friends and caring people and people who kind of, well if I don’t turn up at church, phone and ask what happened, are you okay?

Having a relationship and involvement with friends was important but it was also important to be connected to, and
participate in, world events and everyday life. One woman of 79 described her feelings:

R. I always feel that every new experience, I don’t want to say no to. It does make life more interesting, that is part of the fun of living. I’ve got my fingers in quite a few pies. I feel that there is a lot that I want to do that I’m not going to have enough time to do, so I try to do all that I can.

Involvement with life did not always mean active physical involvement. Involvement occurred in a variety of ways. One woman said:

R. I realize my limitations right now. I can’t go out and skip around. ... I don’t think my views have changed too much. I read the paper from one end to the other, I do watch all the news and I know what is going on. I like time to myself. I never get bored because I read a lot.

I. So you are still very involved right now?
R. Mentally yes, but not physically.
I. So the way that you are involved does change?
R. Oh yes, yes.

Involvement may also mean being aware of and appreciating nature. The researcher asked one woman:

I. What would I see if I were standing in your shoes?
R. All right you are standing in my shoes and you are just thrilled by what you see. You love the mountains, you love the trees and you love everything about it, and I love life and I love living. I can go and just watch the river and the birds down there. I have a feeling of peace and happiness. I don’t think I will get over the love of life and living, so many of those wonderful things.

All of the women in the study experienced a sense of belonging with their family and friends. They continued to be involved with life and nature, but the manner and mechanisms of their involvement appeared to change as they grew older. Through
further analysis, it became apparent that contentment and its sources, independence and connectedness, were pivotal parts of a larger dynamic process. Thus, it became clear that contentment consisted of a number of phases. The researcher labelled them: having contentment, experiencing threats which disrupted contentment, calling upon resources to counteract the threats, and redefining independence and connectedness. By redefining their independence and connectedness after experiencing threats, the women were able to return to a state of contentment. These phases constituted the larger process of the cycle of contentment. The remainder of the chapter describes the phases in detail.

Threats

The women's state of contentment was disrupted by a number of threats, some of which created irreversible changes. These threats interfered with the women's independence and connectedness. The threats identified in this study were: health problems, death of a spouse, death of friends and the attitudes and actions of others.

Health problems made it more difficult for many of the women to continue to manage on their own or to socialize with their friends. Health problems interfered with their ability to have independence and connectedness, thus causing discontentment.

One woman described the impact of angina on both her independence and connectedness:

R. I have angina and that slows me down... I can't do things when I want. I might just take the notion and
I've always been independent. I might just walk or I might phone someone and say do you want to meet me for tea. But I can't do that because I haven't got the strength.

This woman told the researcher that she felt that she had lived too long, an indication of her discontentment. The researcher asked another woman of 75 who had a number of health problems, how her life was different now compared to when she was 60. She said:

R. That's one thing at age 60 I had so much to do, so many involvements, and now I am left with very few, not because the opportunities aren't there or my friends aren't there. It's the fact that I am not physically able to do it.

I. Is it any different keeping involved now than compared to maybe 20 years ago?

R. In a different way because 20 years ago I was doing activities much different, more active. You did things that I couldn't dream of doing today because I haven't got the capacity.

Another woman described the consequences of a health problem that affected her independence. She was no longer able to do her gardening. She said:

R. It is [the garden] the one thing that I treasure most in all of my life I think at the moment, but I'm going to leave it because it's got too much for me.

Health problems proved to be a major source of discontentment for the women in this study.

Another serious threat to the women's independence and connectedness was the death of a spouse. Women who had depended on their husbands to manage their financial affairs found themselves without the expertise they needed to manage on their own when they became widows. One woman described her situation.
R. I'm one of those wives who had someone to look after things [finances and investments] for her and I didn't bother with it. He would say, "I looked into this and it seems safe and reasonable". I said "sure dear," and it would go in one ear and out the other. Now I realize I should have listened. I would have been better off now had I taken more interest and faced the fact that this [his death] could have happened to me.

Other women depended on their husbands for companionship. With the husband's death, they were left alone and lonely. One woman described her feelings:

R. You are not looking for sex but you are missing the love and the arm put around you and the thoughtfulness of being with you and the closeness.

Husbands were also depended on to provide practical assistance, such as driving at night. Thus the death of their husbands could narrow their social world. One woman gave the following example:

R. When you've been used to a husband and a car to drive you, it's an entirely different life and when you get on your own, you aren't able to depend on anyone for transportation. I have to spend more time in the house. I had a great deal of evening entertainment in those years. Now it's become a seldom thing really, it's a turn around. Sometimes I get bothered by it.

The death of spouses can create a serious threat to women's ability to maintain their independence and connectedness. The participants had to find new ways of being independent and connected in order to regain a sense of contentment.

Losing friends also interfered with the women's contentment. After age 70 they lost many friends within a relatively short period of time. One 88 year old woman described what happened when she updated her telephone book.
R. So many of my friends have passed on. I was trying to make a new telephone directory and I crossed out this one and this one, my close friends.

Another woman said:

R. My friends are going, leaving for some reason and another and it’s going to be less and less togetherness. In the past two years for instance I’ve lost three or four of my very close friends that have died on me and so things are going to change with or without your permission. That’s the way life goes on.

One final threat to the women’s contentment was the attitudes and actions of others. The women related how other people could interfere with their independence and connectedness. Their actions could be well-intended or simply based on ignorance. For example, one woman described the caring actions of her daughter.

R. My daughter takes the mother role. Mother go and sit down, I’ll do it. Come on Mom take it easy. This is very protective. It makes you laugh, you feel quite as able as she to get in there and do something for supper when the family is coming home but she would rather see you sit and rest. So you give in to make her happy.

This woman felt that she was capable of being independent, but her daughter’s protective actions inadvertently interfered with that independence.

Another woman described the actions of strangers at a bus stop. The strangers assumed that she needed help, but they unknowingly interfered with her ability to maintain her independence. She said:

R. The other day I was waiting at the bus stop. Immediately their eyes go down to that walking cane and I need it because I can’t be without it. Immediately two people jumped to my rescue, one helps me with one arm and I felt dreadful. You know I realize they thought they were being helpful but I could have done with less of it. A little bit of help
but people, mostly people are very kind but they rather overdo it. I thought oh my God, maybe I look about a hundred and one years old and they think I need all this assistance. I really resent too much of that. You see if they would only let me try.

A 80 year old woman described how a bus driver’s impatient attitude affected her:

R. What really upset me was one day I was on the bus and the bus was crowded and I had to be kind of back and when it came time for me to get off I pulled the big thing, and by the time I got up to the door to get off the bus driver had started the bus. I said, "Oh I want to get off here". And he gave me the dirtiest look. He said, "You mean to tell me it took that long to get from there to here?" I said, "I've got a bad knee and people were there and I couldn't get through. If I could have got here any sooner I would have". But oh he was so nasty. He said, "Well in that case you shouldn't be riding the buses". Oh I felt terrible. I felt for awhile I would rather walk than ride on a bus. I just hated to get on and off the buses. That one bus driver just turned me off getting on buses. I would rather walk than get on a bus.

This woman no longer uses public transportation and thus has to rely on others to help her complete her errands. In her case, someone else's thoughtless words have impaired her ability to maintain her independence.

The data in this study identified a number of threats to the women's independence and connectedness. These threats included health problems, the death of a spouse and friends, and the attitudes and actions of others. In order to counteract these threats, the women drew upon their resources, the next phase of the cycle, so that they could return to a state of contentment.

Resources

The women's stories described what the researcher conceptualized as external and internal resources. External
resources included financial security, the support of family, and the companionship of friends, and accessible neighbors. In contrast, internal resources were more intangible; they arose from within the women. These resources included strong faith, memories, good health, enhanced self-confidence and self-identity, and a fighting spirit. The women also described a number of personal attributes which acted as resources. Both external and internal resources played important roles in counteracting the threats to contentment.

**External Resources**

All of the women claimed to have adequate financial resources. Their stories revealed that they used their money differently as they got older. One woman described how her need for material things had changed. She said:

R. When you are young, all you can think about is having your family, getting a home and having nice things, but once you’ve got them all, you’ve got them.

Adequate finances were an external resource that enabled the women to purchase services that helped them to retain their independence and connectedness. One woman described how having enough money allowed her to entertain her friends in a modified way. She said:

R. It’s [preparing meals] just a little more difficult than if there were the two of you. So I just ask the [family and friends] for dinner and take them out. Fortunately, I am financially able to do it.

Another external resource was a supportive family. A supportive family provided extra assistance which helped some of the women to remain in their own homes. An 80 year old woman
described her close relationship with her children who provided practical help and made her feel secure. She said:

R. I’ve been close to my kids. There’s not a day goes by that I don’t hear from one of them, always. If it’s not in the daytime, it’s usually at night. If I need anything that’s it.

Friends were also important resources. One woman said:

R. I still have these friends that I worked with so many years ago. We laugh and talk about the old days and how much we were paid. ... I love them all really, they are important to me.

Another woman said:

R. I have lots of good friends, I am truly blessed with good friends.

Neighbors were also important resources for women who had lived in the same neighborhood for years. Although they did not provide actual assistance, the women could call upon them for help. One woman described the role of her neighbors. She said:

R. If anything did go wrong, I know I’ve got all these old neighbors that I could always get in touch with somebody. I know I’m not on my own really.

The external resources of financial stability, support of family, companionship of friends and accessible neighbors assisted the women in modifying the negative impact of the threats described in the previous section. The resources appeared to augment their ability to maintain their independence and connectedness so that they could return to a state of contentment.

**Internal Resources**

Internal resources were different from the external resources but they also helped to counteract the threats to the women’s independence and connectedness. Their stories revealed a
number of assets that were different from the concrete, tangible external resources. Internal resources were less visible and appeared to originate within the women. In this study, internal resources included strong faith, memories, good health, enhanced self-confidence or self-identity, a fighting spirit and finally a combination of personal attributes that the women acquired in later life.

Strong faith appeared to assist the women to strive for and regain a state of contentment following a threatening event. One woman provided the following description of her faith:

R. Well I feel and I always have felt since I was a child that I have help from either within or a higher being. So I have faith that whatever I am given to bear, I have the strength to go on.

Another woman said:

R. I couldn’t give up, [after her husband died] I know some people do. No something is pushing me always supporting me. Which I believe is my faith. Come, move on.

This faith appeared to provide the women with strength and guidance enabling them to feel that they could go on with their lives.

Memories were another important internal resource. Memories enabled the women to reminisce and remain connected with the past. As well, memories were used in a therapeutic way. One of the women described her view of memories.

R. Well memories are so important that if you were down, you can think of all the nice things and all the pleasant things and all the nice places you went and how nice you got along together. So you’ve got no regrets....It’s the memories and the pleasantness and the different things that you did together that helps you when you are down and alone.
Memories then, helped each woman to remain connected to her past. They reminded them of happier times. They were also used to replace the physical presence of a dead person which reduced the pain associated with the grieving process.

Enhanced self-confidence and a strong self-identity was another internal resource. The women appeared at ease with themselves and self-assured. A 79 year old woman said:

R. It’s [self-confidence] growing like mad. It’s beautiful. I suffered from a lack of confidence for so many years even as an adult. I’m afraid I feel very confident. I guess possibly my age has a bit to do with it because if they don’t like it, so what?

Another woman of the same age added:

R. By the time you are nearly 80 you are what you are and people know what you are and you don’t have to be concerned about what people think.

At this time in their lives they seemed to have more opportunities to express their self identity. One woman said:

R. I don’t think I am really much different inside me that I have always been. But I’m a lot freer to express what I am than what I used to be. Because I don’t have to listen to anybody else. I don’t feel bound by anyone else’s pattern and I don’t have to say, yes, that is very nice, unless I feel that.

These women described their new sense of self or self-confidence as growing after the age of 70. They appeared to have the freedom to make choices based on their own needs and thus enjoyed personal independence.

Another internal resource the women valued highly was their good health. The women were very aware of their need for good health and the importance of maintaining it. One woman said:
R. I try to take very good care of my life, my health. I think you need your health. You have to be more careful with your health when you live alone.

Although most of the women had some type of health problem, they focussed on their remaining good health.

One woman said:

R. I'm the healthiest of all my friends. I realize that I am well for my age and I don't know how long it will last, but I don't have to fight the battle of physical disability.

Another woman of 79 said:

R. I'm blessed with good health and that is a tremendously grateful thing as far as I am concerned.

Good health was a precious resource for these women; they were aware of the consequences of losing it.

To overcome threats to her independence it seemed important for each woman to have a strong fighting spirit. One woman described how attitude helped her to regain her independence after a major health problem. She had been admitted to a rehabilitation facility. She said:

R. I had two choices, fight and get out of that wheelchair or sit back with the droolers.... There would only be one choice that I would make. ...I had to fight myself to get back into it [being independent] but you know I did it.

Without her fighting spirit, this woman implies that she would have lost her independence which would have compromised her contentment.

The women also relied upon a combination of other personal attributes to help them meet the challenges that accompanied the threats to their independence. The women implied that they had
acquired these attributes as they grew older. They described their attributes as follows:

R. ... I know I'm more patient when things don't come. You learn to wait. You learn to endure. You don't know how a thing is going to turn out and whether it's a health problem or whether it's just something you just sit and try and work your way through and then some times, and you realize there is value and growth in waiting.

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R. It [life over 70] takes away the sense of urgency that we have when we are younger.

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R. I see things with a little bit more compassion than I did.

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R. I think I am more patient and I hope I am in many ways, more wise.

And finally:

R. You get very philosophical when you get old you know. You say well it's [death] going to come someday but when? I'm not going to sit down waiting for it. ... you mellow with age. ...You see things in a softer way. You don't live life so dramatically or get such crazy notions.

One of the personal attributes the women had was the ability to differentiate between chronological age, an aging physical body and a sense of inner self that remained ageless.

R. I shall be 75 in a few days time. Only when I put it into words do I realize that it is on the up and up. Basically, I never think about old age, because the number of years that you've got on you has any connection really. You don't necessarily fall apart because you are going to be 75.

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R. I'm 80 but I don't feel old.
R. The calendar tells me that I'm an old person, but I don't feel old.

The women described their aging physical bodies.

R. It's a downhill thing physically. You are wearing out.

R. You don't do things as well or as fast as you used to. The fact that I forget things...the fact that I could maybe have a little more trouble taking the top off a jar than I would have ten years ago. The frustrating little things are the things I think of as aging.

The women had the ability to differentiate between their aging bodies and their sense of inner self. One 79 year old woman said:

R. I don't think [plastic surgery] would be justified in my case, but it would be lovely because I would be as young as I feel when I looked in the mirror.

Another woman described the contrast between her external aging body with her internal self.

R. You see yourself in a window and you think who is that old woman, and it is yourself.

The women's ability to not feel old despite the fact that their bodies were getting older was an important resource. For their stories revealed that to be old was itself a threat. Being old was associated with possessing fewer abilities, having less control and being less involved.

One 80 year old woman described old as:

R. ...one morning you go to get out of bed and you can't get out of bed, then you say well I must be old.

Another woman added:

R. When I begin to feel that I have to have special
attention shown to me, then I will think that I’m old.

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R. It doesn’t all of a sudden happen unless you have a very bad accident and you are incapacitated.

And finally:

R. I think an old person is a person that has allowed themselves to become old not only in years, but in feelings and attitudes and things like that.

The women’s ability to differentiate between their aging physical bodies, advanced chronological age and their ageless inner self was another resource of great importance. These personal attributes were important to the women for they could be drawn upon to help the women redefine their independence and connectedness.

This study revealed many resources available to these eight older women. External resources appeared to assist the women in modifying the impact of threats to their independence and connectedness. Internal resources arose from within the women and appeared to be more specifically associated with being an older woman. By drawing upon all of their resources the women were able to move towards redefining their independence and connectedness, the next phase of the cycle in the return to contentment.

Redefining Independence and Connectedness

The fourth phase of the cycle begins with choosing to overcome the impacts of the threats in order to return to contentment. The following quotes describe this choice.
R. Now I think all of us come to crossroads in our lives where we make a choice of which way to go or what we do in a situation, that we know there has to be a change in what we do.

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R. You must carry on. You can't call it quits just like that, you have to go on. It might be a little harder but it doesn't hurt you. You might figure, oh it takes you a bit more time and a little bit more patience but if you make up your mind, you can do it.

Not all women made a choice to regain their independence and connectedness. One woman who had reluctantly agreed with her children that she should retire described what she did soon after retirement:

R. I just didn't get up. Oh I'd get up for my meals and get bathed and that, but I didn't try. I just laid there and read and my daughter and her husband would come in and this was their doing. I was quite capable of doing my own. Now I have homemakers.

This woman allowed others to be responsible for her. She did not try to regain her independence.

After they chose to return to a state of contentment, the women described a number of actions that the researcher labelled "redefining independence and connectedness". The researcher identified three ways of redefining independence, including finding new ways to be independent and connected, normalizing threats that accompany aging and reappraising the situation.

Even women who had been confronted by threats which caused irreversible changes were able to regain their independence and connectedness. One woman described how she depended on her husband for companionship and support. After he died, she wanted
to continue living in the house but she had to do so alone. She
described how she was able to become independent.

R. I had a job of accepting how I was going to manage
being alone by myself at night and the security of
coming into the house and everything will be all
right. So I had to think of things that bothered me
and figured the best way to solve it by putting bars
on the bathroom and bedroom windows so that I could
have fresh air. Make sure that it was well locked up
inside and at the top of the stairs so that I felt
more secure and then I was all right. I felt quite
safe.

Another woman described how a health problem interfered
with her ability to socialize with her friends. Aided by her
physician, she chose to attend a seniors' day care centre where
she became involved with new friends. She described her
situation.

R. The doctor said that I've got to get out... I used
to like bowling but I can't do that anymore....I do
like the centre because as I say it's got me out and I
have met you know some really nice people, all
together different than the bunch I used to go with.
It is something to look forward to. We go for lunch
and once a month we go on a trip and we go someplace
for a nice lunch.

Both of these women found new ways of being independent and
connected. The researcher noted in a previous section, that the
women lost a number of friends in a relatively short period of
time. This was a threat to their connectedness that they were
able to normalize. Several women described how they resigned
themselves to losing friends. They looked upon the death of
their friends as a loss but they also remembered and appreciated
what their friends had given them when they were alive. One
woman said:

R. You see when you live to be nearly 80, you develop
a resignation about losing friends. You know it is
going to happen. You see it all around you. You have lost a lot of them.

And another woman remarked:

R. I get phone calls at night and some of them are sad and I see so and so is gone. You have a little silent tear and then you realize that you enjoyed their company while they were there.

Personal attributes and memories, two powerful resources, assisted the women in normalizing the loss of their friends.

The final way of redefining independence and connectedness occurred when the women reappraised their situations. In most cases this meant finding the positive aspects of the situation. One woman described how where once she felt all alone, she was now able to concentrate all her energies on caring for herself. She said:

R. It's different and you miss these other people in one respect, but on the other hand, you have something else there you see. It's got its compensations. It's not right for a person your age. At my age when you are tired and have to, and should be able to, allocate all of your own strengths according to your own needs and wishes, it's quite different from the time when your strength goes to looking after somebody else.

Another woman described how she realized that it was better that her husband had died before her, because he would not have been able to look after himself. She said:

R. I've got to realize one was going to go first. I just got to accept it and I am pleased in a way that my husband went first. I know he wouldn't manage the way that I do because a man is not adept at the same things.

She also added:

R. I am right now I have a little time to get adjusted and I am enjoying myself. I don't mean it wrong but I make my own decisions. I do what I want when I want. I get what I want when I want. I've got to accept that my partner isn't there so I have to do it
myself...It's a sense of satisfaction when you make up your mind yourself.

Reappraising her situation involved making a choice that enabled this woman to maintain her independence. Another woman did not dwell upon the loss of her house and garden but rather viewed the situation as one where she could maintain her independence by making her own choices and being in control. She described her circumstances:

R. I'm going to leave it [the garden] because it's too much for me. ... I am moving the way that I want to. When I move, I'll do it in an organized and reasonable manner, having decided what I want to take with me and what I don't want to take. Yes, that is my plus to do it in my own way. I am going to miss this very much because I've been here for twenty-two years. I want to make the move when I want to and in the circumstances that I choose. Then I will have the ego satisfaction even if I'm not going to be all that happy for awhile in an apartment.

Another way of reappraising a situation was by choosing to live in the present, rather than dwell on an uncertain future. One woman stated:

R. Now I just enjoy one day and I am thankful for that day, if I get another day fine. I just seem to take time as it goes along. It's more or less day by day now. I don't make any plans.

These women's stories demonstrated how they tried to find the positive aspects of a potentially distressing situation in order to redefine their independence and connectedness. When this stage of the cycle was completed, the women returned to a state of contentment. This contentment was different than at the beginning of the cycle but it was contentment nevertheless. After describing a number of threatening events, one of the women described her life in this way:
It's different and it is narrower. It can be just as fulfilling and content you know.

**Summary**

Chapter four has presented the process the researcher labelled the "cycle of contentment" which originated from the themes that arose out of the women's stories. Contentment was a cyclical process that involved having contentment, losing it and regaining it. The phases in the cycle of contentment included: having independence and connectedness, experiencing threats, drawing upon resources and redefining independence and connectedness.

Contentment was a form of happiness the women desired. It was characterized by feelings of calmness and freedom from uneasiness. It seemed that after age 70, contentment was easily disrupted by a number of threats such as the loss of a spouse and friends, declining health and the attitudes and actions of others. In response to these threats the women drew upon their resources.

External resources included: adequate finances, and the support of family, friends and neighbors. Internal resources included: faith, memories, good health, enhanced self-confidence and self-identity, a fighting spirit, and a number of personal attributes that the women acquired as they got older. These resources modified the impact of the threats and assisted the women to redefine the meaning of their independence and connectedness.

The researcher identified three ways of redefining independence and connectedness. They included: finding new ways
of experiencing independence and connectedness, normalizing common threats that occur in old age and reappraising situations. When independence and connectedness were redefined, the women were content once more.
CHAPTER 5
DISCUSSION OF FINDINGS

Introduction

The overall purpose of chapter five is to discuss the findings of the study. This discussion is divided into three sections. The first section illustrates how the questions that directed this study can be answered based on the findings of this study. The second section analyzes the usefulness of the concept of a critical period from the UBC model of nursing (1987), as a theoretical framework for the study. The final section compares this study’s findings with those of other researchers. This examination illustrates how current knowledge of older women can be enhanced by eliciting their perspectives.

The Research Questions

The cycle of contentment provides information that answers two of the three research questions. The first research question was: how do women describe the gains or positive aspects associated with this stage of their life? This study showed that contentment itself can be considered a gain. Other gains were identified in the third phase of the cycle of contentment, drawing upon resources.

In this phase a number of internal and external resources were identified. The women’s internal resources were the gains or positive aspects associated with life over 70. The women inferred that by living for a number of decades and experiencing many things, they acquired these internal resources which in
some cases were unique to this stage of their lives. They valued their faith, memories, enhanced self-confidence, and fighting spirit. They were proud of their personal attributes which were made up of wisdom, patience, tolerance and their ability to differentiate between their aging bodies and their ageless inner selves. The study showed that their internal resources played a vital role in assisting the women to redefine their independence and connectedness so that they could return to a state of contentment.

The second question was: how do women describe the losses or negative aspects associated with this stage of their lives? The second phase in the cycle, experiencing threats, provided the answer to this question.

The major losses at this stage of their lives included: the death of a spouse, death of friends and health problems. The study showed that in life over 70 these losses seemed to occur with great frequency.

The third question was: how do women’s actual experience of being over 70 compare with their earlier expectations of themselves at this stage of their life? The findings in this study could not answer this question. The women were unable to recall or verbalize any previous expectations about what their life would be like when they were over 70. This finding may be attributed to the fact that these women are part of the first large cohort group to reach advanced age. Many of them lived longer than their parents did and they outlived their spouses. Although there have been many research studies and vast amounts
of statistical data collected in the past few years, these women did not have access to this information. Therefore, both the lack of older role models and a paucity of pertinent information may have contributed to this finding.

The information from the cycle of contentment was able to answer two out of the three research questions. Contentment and the acquisition of internal resources seemed to be the most important gain or positive aspect of life over 70. The major losses were the death of a spouse, the death of friends and the increase in health problems. This group of eight women could not articulate any previous expectations regarding what their lives would be like and thus were unable to make a comparison between their expectations and actual experiences of being over 70.

Theoretical Framework

The theoretical framework was based on the concept of a critical period from the UBC model for nursing (1987). This framework was useful for two reasons. First, its implementation identified the importance of seeking the women's perspectives. Second, it was useful in designing the research questions.

An unexpected finding was that the women could not articulate any previous expectations about this maturational event. However, now that they are in this maturational event they do have expectations. For example, in terms of body change, they expected that their bodies would wear out and they would slow down. In terms of role changes, they no longer expected to have to look after their children. The expectations around
social interaction changes included the acceptance of the fact that more of their friends died as the women grew older.

In summary, the concept of critical period was a useful framework for directing the researcher to seek the women's perspectives. The framework was also useful in designing the research questions.

**Cycle of Contentment**

The third section of chapter five discusses the findings from the cycle of contentment. An exploration of the literature revealed that many of the findings that were fundamental in conceptualizing the cycle of contentment were also noted in other research studies. As the researcher could find no literature that explained the cyclic process of contentment, each of its four phases is considered separately.

**Contentment**

The overall theme in the cycle of contentment was, naturally, contentment. Other researchers have noted the importance of contentment. George, (1986), in reviewing the literature on life satisfaction, concluded that, "Euphoria is the prerogative of youth, whereas contentment is the reward of old age" (p.6). Two recent Canadian studies found that the majority of the older respondents were content and satisfied with their lives (Connidis, 1987; Gooding, Sloan, Amsel, 1988). In popular literature, contentment again emerged as a theme. In writing a personal journal describing her life at 70, Sarton (1984) stated "I am coming into a period of inner calm" (p. 334). Therefore, both popular literature and research supported
this study's finding that contentment can be a desired state of mind for older women.

The women's preference for contentment highlighted a major difference between their lives now compared to when they were younger. It seemed that their desire for contentment and its associated calmness and freedom from uneasiness was a natural progression of events; they could use this quieter time to reflect on and make sense of their lives. Washbourn (1977), in her quest to understand the wholeness of the woman's experience, said "The crisis of old age is not undergone in a day, it is a lengthy process of bringing together, of fitting the pieces of the past into a whole" (p.146). It seemed that the women's preference for contentment was necessary if they were to complete the work of old age with a sense of peace.

Independence and Connectedness

This study demonstrated that independence and connectedness are two of the possible sources of contentment. This was similar to, and yet different from, the findings of other studies which linked independence and connectedness to morale, a sense of well-being, life satisfaction and happiness.

Larson (1978) found that the loss of independence and a reduction in social interaction adversely affected the older person's morale. A Canadian study on widowhood showed that independence and social involvement contributed to higher levels of morale (Harvey et al., 1987).

Two qualitative studies involving older people also identify the importance of both independence and connectedness.
A qualitative study by Myerhoff (1978) showed how that while a group of older Jewish people had a strong desire for independence, they still desired their sense of cohesion and sense of community which could be likened to a sense of connectedness. A second qualitative study by Erikson, Erikson, and Kivnik (1986) described the older person's desire for independence and connectedness. Erikson, who was in his nineties at the time the study was conducted said "It is fascinating that we as a people should cling so tenaciously to our pipe dream of independence as we become increasingly dependent on our interconnectedness" (p.328).

These research studies confirm that independence and connectedness are both important to older people. However, in the cycle of contentment, both the nature of independence and connectedness, the dynamic relationship of independence and connectedness to contentment, are more clearly demonstrated. By obtaining the women's own perspective, this study has helped us to understand how contentment can be disrupted by threats.

Experiencing Threats

Experiencing threats is the second phase in the cycle of contentment. Numerous researchers have identified a number of threats to the older person's well-being and morale. One of the major threats was poor health. Lohr, Essex and Klein (1988) explained that health problems could reduce an older individual's ability to communicate and interact socially. Washbourn (1977) noted that a physical decline may be especially
difficult for women because they have spent a great part of their lives doing things for other people.

Researchers noted other threats: low incomes, lack of social interaction, loneliness, and loss of support and the negative attitudes of others (Connidis, 1987; Harvey et al., 1987; Larson, 1978; Martin Matthews, 1987; Matthews, 1986). The women in the study did not identify low income as a threat to them personally, however they acknowledged that they were fortunate to have enough financial resources. The other threats mentioned above are similar to those that can threaten the women's connectedness. The women in the study helped us to understand the impact of these threats more clearly.

One of the threats discussed by the participants in this study was the conduct of others. Rodin and Langer (1980) conducted a number of studies which showed that other people's attitudes and actions could decrease the older person's feeling of control which in turn reduced his or her self-esteem. A reduced self-esteem could lower a person's ability to maintain their independence and connectedness.

The findings of this study showed that although people may think that they are assisting an older woman, they may in fact be interfering with her independence.

Both the published research studies and the women in this study identified many similar threats. However, by gaining the women's perspectives, threats were seen in a larger context. The study showed that the threats interfered with the women's
independence and connectedness and the women could offset the threats, by calling upon their resources.

Resources

Drawing upon resources is the third phase in the cycle of contentment. Information regarding resources tended to identify factors that contributed to the older person's satisfaction and well-being. However, unlike the cycle of contentment, many of these studies did not identify these factors as resources, and consequently they did not differentiate between external or concrete resources, and the more intangible internal resources.

Good health was identified in several studies as a major contributor to well-being (Connidis 1987; Larson, 1978; George & Landerman, 1984). Other factors identified included adequate finances, social support, family support, and dependence upon religion (George & Landerman, 1984; Harvey et al., 1987; Martin Matthews, 1987).

Lazarus and Folkman (1984), conceptualized resources in a manner similar to the cycle of contentment. These researchers did not believe that a person coped a certain way because of their personality traits. They believed that the way a person coped was dependent upon how the situation was perceived by the person coping and that people coped better if they had a number of resources. They identified these resources as "health and energy, existential beliefs, problem solving skills, social skills, social support and material resources" (p.179), all of
which are very similar to those described in the cycle of contentment.

Other qualitative studies provided information regarding internal resources (Coleman, 1986; Connidis, 1986; Erikson et al., 1986; Myerhoff, 1978). Perhaps qualitative studies are best suited to revealing inner resources because these resources are difficult to see and therefore must be identified by the older people themselves. In the Erikson et al., (1986) study, people described themselves as "more tolerant, more patient, more open-minded, more understanding, more compassionate and less critical than they were when they were in their younger years" (p. 60). These statements were strikingly similar to the ones identified in the cycle of contentment.

In a Canadian study by Connidis (1987), older people described liking their increased personal freedom, reduced responsibilities and enhanced self-confidence. Again, these findings were noted in the cycle of contentment.

Few studies acknowledged the fact that women differentiated between their aging external bodies and their ageless inner selves. However, a grounded study by Kaufman (1986) found that "when old people talk about themselves, they express a sense of self that is ageless, an identity that maintains continuity despite the physical and social changes that come with old age" (p. 7). The cycle of contentment furthers our understanding of this finding. If older people are judged on a physical basis alone, their other capabilities and resources may be overlooked.
Although widowhood can be a time of grief, this study found that a number of women increased their self confidence as a result of having to make their own decisions after they were widowed. A study by Martin Matthews (1987) concurred with this finding; it concluded that some widows gain a sense of satisfaction when they are able to overcome the grief of widowhood and move on to feeling confident about making their own decisions.

Memories are another important resource identified in the cycle of contentment. Other qualitative studies highlight the importance of memories and reminiscing for the older person, but memories are not identified as resources (Coleman, 1986; Erikson et al., 1986; Myerhoff, 1978; Recker, Peacock & Wong, 1987). The Erikson, et al., (1986) study indicated that memories could help older people fulfill their sense of intimacy by remembering their dead loved ones. It also concluded that memories and reminiscing could assist an older person to successfully reevaluate and resolve past unachieved psychosocial stages. Myerhoff's study, (1978) focussing on older Jewish people showed that they used their memories to help them stay connected with their past and to help them carry on their Jewish traditions. Therefore, these studies supported the importance of memories as a resource.

In general, the qualitative studies identified a number of factors that were similar to the internal resources outlined in the cycle of contentment. If we can see these resources as part
of a cycle, we can begin to understand how they can be used to meet the challenges and threats associated with old age.

Redefining Independence and Connectedness

Redefining independence and connectedness was the fourth phase in the cycle of contentment. The women in this study completed the fourth phase in three ways. They found new ways to experience independence and connectedness, they normalized the events or changes that they encountered regularly at this time in their lives, and they reappraised their situations. Although the general literature did not use the terminology "redefining independence and connectedness," a number of studies revealed similar findings.

For example, other researchers have noted that older people normalized threats in that they had greater acceptance of their own death, and the death of friends and they recognized that health problems were inevitable with increasing age (Costa, Zonderman, McCrae, Cornoni-Huntley, & Barbano, 1986; Matthews, 1986; Recker et al., 1987,). These studies, however, placed more emphasis on naming the threats than showing how the people overcame the threats. The cycle of contentment showed that women drew upon their resources, especially their personal attributes to normalize the threats.

Other researchers have shown that reappraising a situation was an important process for older people. A study by Lohr et al., (1988) found that positive cognitive coping, a form of reappraisal, was effective for women who experienced many deteriorating physical conditions. For these women, positive
comparisons with peers and a focus on the good aspects of their health helped them to cope with their physical condition. Other researchers described the process of reappraising one’s situation as finding a new match between aspiration levels and abilities (Fooken, 1981) or thinking about the whole of one’s life rather than focussing on one particular aspect (George, 1986).

Recent research on coping processes has enhanced our understanding of the reappraisal aspect of the findings in this study. The research identified two forms of coping, emotion focussed and problem focussed. The literature showed that when a person was faced with a challenge or a situation that cannot be changed, emotion-focussed coping was more effective. It diminished the threat by changing the meaning of the situation without changing the objective situation (Lazarus & Folkman, 1985). In challenging situations that can be changed, problem-focussed coping was more effective. (Folkman, Lazarus, Dunkel-Schelter, Delongis & Gruen, 1986; Lazarus & Folkman, 1985). The literature emphasised defining the problem, generating alternative solutions and choosing the best alternative (Lazarus & Folkman, 1985).

A study by Folkman, Lazarus, Pimley & Novacek (1987) examined age differences in relation to stress and coping processes. They found that older people used proportionately more passive, intrapersonal, emotion-focussed forms of coping (distancing, accepting responsibility and positive reappraisal) than did younger people. However, older people used more
confrontive coping in health encounters than did younger people (p. 182).

These findings were consistent with the findings in the cycle of contentment. Many of the women used emotion-focused forms of coping when they were faced with situations that could not be changed, and problem solving coping when they felt that a situation could be changed.

The women in this study recognized that certain threats were irreversible. They were wise enough to know that if something could not be changed, the only reasonable thing to do was to reappraise the situations so that they could return to contentment and get on with their lives. They were able to turn to their unique combination of resources, often acquired late in life, that were especially suited in assisting them to cope with the threats.

Summary

The first section of chapter five described how the study’s findings answered two of the three research questions. The second section outlined how the conceptual framework, based on the nursing concept of a critical period, was useful in directing the researcher to seek out the women’s perspective and in designing the research questions.

In the third section of chapter five, findings in the cycle of contentment were compared to other research findings. Although the literature did not describe the cycle of contentment, a number of research studies validated the findings in each phase of the cycle of contentment. The results from this
study showed the relationship between a number of factors that many researchers have looked at in isolation. This study extends our knowledge because it clearly defines each factor and then shows the linkages between them.

The cycle of contentment provided a window through which we can see how the eight women in the study perceived certain aspects of their worlds. Through the cycle of contentment we learned that from the outside looking in, the women may have appeared old and frail, but from the inside looking out, they did not see themselves as such. Contentment was the form of happiness that they preferred. Although they are confronted by many threats which challenge their contentment, the cycle of contentment showed that they possessed an unique repertoire of resources. These resources reduced the impact of these threats and helped them to redefine their independence and connectedness. This study has shown that by seeking the women's perspectives, we can see that a preoccupation with the illness associated with old age might cloud our vision of the naturalness of old age and the strength and resources that these women possess.
CHAPTER 6
SUMMARY, CONCLUSIONS AND IMPLICATIONS FOR NURSING

Introduction

This study explored how older women perceive their lives. The demographic data show that as the year 2000 approaches, the number of older women living on their own will steadily increase. Older women are likely to experience increasing health problems. Therefore, nurses can expect to come into contact with more and more older women, in both institutional and community settings. At present, the information available to nurses about older women is primarily limited to disease processes. This study evolved from a need to begin to redress that imbalance, to learn more about older women in general, but more specifically to understand how they perceive their lives.

A literature search revealed few studies focussing specifically on older women. Of the studies that did exist, most examined institutionalized older women in poor health. Widowhood studies provided additional information, but generally concentrated on the impact of the death of the husband. However, the qualitative studies involving both men and women did offer insights into health, aging, and the likes and dislikes of the older citizen. Nevertheless, there appeared to be no subjective account of women’s experience of aging. This study attempted to rectify that situation.

Phenomenology proved the most practical method for conducting this research; it is an effective way of gaining a
broad perspective about a little-known research topic. Furthermore, because the aim of phenomenology is "to understand the experience as it is lived" (Omery, 1983, p.50), it was compatible with the conceptual framework that guided the study. The concept of a critical period from the UBC model for nursing (1987) identified the importance of seeking the women’s perspectives and was useful in formulating the research questions.

The researcher recruited subjects in the study, who lived alone in the community, through an informal network of colleagues and friends. The eight women who participated were all widows and mothers. Their ages ranged from 75 to 88.

Intensive interviews which were tape-recorded and subsequently transcribed provided the data for this study. Seven participants were interviewed twice. One woman became ill and was unable to participate in a second interview.

The researcher selected Giorgi’s (1975, 1985) phenomenological method as a guide in analyzing the data. Within the women’s stories, the researcher identified the natural meaning units. From these units essential themes emerged. These themes were synthesized and then integrated into a final framework called the "cycle of contentment". Through this framework it was possible to gain insight into how these older women perceived their lives.

The cycle of contentment had four phases: having independence and connectedness (the sources of contentment), experiencing threats, calling upon resources, and redefining
independence and connectedness. Contentment in this cycle was described as a feeling state that was characterized by calmness and freedom from uneasiness. It was these women's preferred form of happiness.

Independence and connectedness were two sources of contentment. Independence was composed of self-reliance, of not having to inconvenience others and of being in control of daily events and personal affairs. Connectedness, on the other hand, was equated with a sense of belonging with family and friends, and being involved and aware of what was happening in the world. Unfortunately, the women found their independence and connectedness easily disrupted by threats.

Threats were experienced when a spouse or friends died, when there were health problems, and when the women were exposed to the adverse attitudes and actions of others. Ultimately the threats created discontentment. In response to discontentment the women made a choice about whether or not to draw upon their resources.

There were two types of resources: external and internal. External resources included finances, family, friends and neighbors. Internal resources included faith, memories, self-confidence, a fighting spirit and personal attributes. Internal resources were usually intangible and thus difficult for an outside person to identify. By drawing upon both types of resources, it was possible for the women in this study to move to the next phase of the cycle, that of redefining independence and connectedness.
This redefinition took three paths: finding new ways of experiencing independence and connectedness, normalizing the threats that occur regularly in old age and reappraising the situation. Once independence and connectedness were redefined, contentment returned.

This study drew a number of conclusions:
1. Women over 70 experience life differently than they did when they were younger.
2. Women do not consider themselves to be old based on their chronological age alone.
3. The women in this study prefer contentment over a more excitable or euphoric form of happiness.
4. Two sources of contentment are independence and connectedness. The meaning of independence and connectedness are subjectively determined.
5. The women’s contentment could be easily disrupted by a number of threats including: the death of a spouse and friends, health problems and the conduct of others when it interferes with their independence and connectedness.
6. When contentment is lost it can be regained if the older woman draws upon her resources in order to redefine independence and connectedness.
7. Women can have external or internal resources. Internal resources are extremely valuable, but since they are intangible, they are difficult for an outside person to identify.
7. Women who are able to redefine their independence and connectedness can return to contentment.
Nursing Implications

The findings of the study suggest a number of implications for nursing practice, nursing education, and nursing research. The following section presents these implications.

Implications for Nursing Practice

The nurse can use the findings from the study in each phase of the nursing process. As independence and connectedness are important sources of contentment, the nurse will need to assess the woman's perceived level of independence and connectedness. If the woman is not content, the nurse should assess for the presence of threats. The nurse can then determine what resources the woman has available to help her offset the threats. As internal resources are difficult to identify, the nurse will recognize the importance of spending time talking with the woman in order to identify the resources.

In planning the care, the nurse and the older woman may identify that some of the woman's resources need supplementing. For example, the woman may want to be discharged home from the hospital but because she has little money and no family support, the nurse may involve community agencies to provide the assistance that the woman needs to continue living independently in her home. The nurse may also want to incorporate some of the woman's resources into the nursing care plan. For instance, a woman who has just lost her husband may have many memories that would help her work through the grieving process, but she needs to be able to talk about them. Therefore, the nurse can encourage the woman to verbally share her memories.
The nurse can also help the woman to redefine her independence and connectedness by helping her find new ways of experiencing them. The nurse may encourage the woman to attend a seniors' day care or a seniors' wellness group.

Finally, in evaluating the nursing intervention the nurse can determine if the woman perceives that she has independence and connectedness and thus contentment. If the woman does not have contentment, then the nurse should reexamine each phase of the cycle of contentment to determine where the woman is in this process.

Next, this study's findings show that the attitudes and resulting actions of others can interfere with a woman's independence and connectedness. Therefore, nurses should identify and examine their own beliefs about and attitudes toward older women. They should also try and understand more about how the older woman perceives her life. With this information, the nurse can identify any biases that could interfere with his or her ability to deliver effective nursing care and begin to work in collaboration with older women for goal setting purposes.

Health is a valuable resource for the participants in this study. Although the women have a number of health problems, they focus on and take care of their remaining good health. Therefore, nurses should focus not only on the older woman's health problems, but should also help these women to maintain and enhance their health. The focus of care should be directed
towards both primary and secondary prevention thereby enabling the women to maintain their independence and connectedness.

Implications for Nursing Education

Many of the implications for nursing practice discussed in the previous section are relevant to nursing education. This study shows that women over 70 can remain independent and involved with life. Although the women may be physically old and frail, they do not see themselves as old. Therefore, it may be useful for nursing students to have their first contact with healthy older women rather than ill and debilitated older female patients. This contact would enable students to differentiate between old age and illness in old age.

The study demonstrates the importance of seeking older women's perspectives. Although the women experience a number of chronic health problems they do not necessarily consider themselves to be unwell. They want to have their independence and connectedness. Therefore students could be taught that when they are dealing with chronic illness, the emphasis is not on cure but on helping the woman regain her independence and connectedness. Only by obtaining the women's perspectives can the student determine whether the women have regained their independence and connectedness.

Students can be taught the importance of identifying the women's internal resources. This study identifies a number of intangible inner resources that may be present in the older women. The students can use this information when they are engaged in a nursing assessment.
Finally, as there is such an emphasis on youth in our society, nursing students, like practicing nurses, should identify their beliefs about old women and picture themselves in that position. Then they must be taught how to elicit information from the older woman so that they can understand how each older woman perceives herself. From these experiences the students can be taught to recognize how their own beliefs can influence their delivery of care.

Implications for Nursing Research

This study provides an initial understanding of how older women perceive their lives when they are over 70. It also helps to identify the need for more studies. This study explores one group of older women. Further studies are needed that focus on women from different ethnic groups, different socio-economic levels, and women living alone with a variety of health impairments.

The cycle of contentment has been identified and described; however, each phase of the cycle warrants further examination. For example, this study acknowledges the importance of internal resources, but the ways these resources can be recognized and incorporated into the nursing care of older women requires further research.

Future studies could increase the understanding of discontentment. Longitudinal studies would be useful to gain insight into how the cycle repeats itself year after year as the woman ages. They could provide insight into why some women are unable to return to contentment.
This chapter concludes the research study. The findings have been summarized. Implications for nursing practice, education and research were outlined.
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APPENDICES
APPENDIX C

SAMPLE TRIGGER QUESTIONS FOR THE INITIAL INTERVIEW

1. When you were younger, what did you think it would be like to grow old?

2. Is growing old similar to what you thought it would be?

3. What do you like about being your age or what do you consider the gains of being your age?

4. What do you dislike about being your age or what do you consider to be the losses associated with your age?

5. What information would you like to have had about growing older when you were young?

6. What would you like health professionals to know about growing older?