THE PSYCHOLOGICAL CONTRIBUTIONS OF PHYSICAL ACTIVITY
TO THE MIDDLE-AGED WOMAN

DISSERTATION

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for the Degree Doctor of Philosophy in the Graduate
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by

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* * * * *

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DEDICATION

To

John W. Hendrix, Ph.D.
September 26, 1917 - May 22, 1989
Teacher, Adviser, Friend
ACKNOWLEDGMENTS

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CHAPTER I
INTRODUCTION

Background

The positive contribution that physical activity has to offer to the well-being of middle-age women is an issue which has not been examined in the literature thus far. Middle-age in general is a period of life which in the past has received a great deal of attention as a transitional period with the potential for crisis. However, in the more recent literature the negative stereotype attributed to this period of life has been reexamined and the present perspective is one of promise for continued growth and potential for a very positive transition period. The focus of this research in this period in life and the positive contribution physical activity, as operationally defined, has to offer to middle-aged women.

The terms "mid-life crisis" and "menopause" have been used by adults for many purposes. The events marked by this period are often made light of as one is asked to simply excuse "menopausal mom." Middle aged adults attribute various mood swings, physical ailments and signs of memory loss to the aging process and accept them as
something that is natural, out of their control and therefore acceptable.

The transitional years of middle-age are challenging, curious times. The sudden desire of the 48 year old bank vice-president to make a drastic career change; the 42 year old housewife who enters graduate school in psychology because she no longer sees a need for her home economics degree and the wife of 27 years who finally leaves her abusive husband when the children are out on their own are all examples of common experiences. Ten or fifteen years ago the idea of instituting such major life changes would have been discouraged, if not laughed at. Fortunately for this generation and for future cohorts literature is showing that an individual's search for self and for life satisfaction continues throughout the life span and that periods of growth require periods of transition and change. Consequently the life events most typical to the mid-life transition are better accepted today and more channels for support exist in effort towards a healthier transition.

Although it is now widely acknowledged that the middle years, for both men and women, are a time of development and change rather than stability and decline, relatively little is known about these years. Neugarten (1968) commented on the state of knowledge about human adulthood:
"Not only is there a paucity of data, but more important, we are without a useful theory" (p. 78). Barnett and Baruch (1978) described the middle years as a "largely unexplained phase of the human life cycle." Particularly with respect to women, theoretical work is in its infancy and empirical findings tend to be scattered and noncumulative. Yet, the need for knowledge about the middle years in women is increasingly urgent. A longer life span and overpopulation, combined with women's increasing educational attainments and labor force participation, have made obsolete much of previous research and theory. Moreover, there is evidence, although not completely consistent, that women are especially vulnerable to distress and dissatisfaction (Barnett and Baruch, 1978).

Middle age can be a phase of the life cycle during which health is good, there is more money than ever before, and when there is more time to enjoy one's self than there has been in many years. However, in respect to women, menopause, the empty nest and other life events often mark this period as one of "middlescence": the opportunity for going on with the identity crisis of the first adolescence (LeShan, 1973). Because so much of the woman's life is dedicated to caring for others (i.e., husband and children), she often puts her "self" on the back burner during the period of time in which the children are in the home. As the middle years typically find the children
leaving the home and the onset of menopause often at the same time, it is only to be expected that the middle years present a time of transition; a time of self-examination and a time of questioning one's self-worth.

The importance of leisure, recreation and physical activity to the middle aged women is an issue which has not been addressed specifically in the literature. There is abundant literature which indicates that physical activity has positive contributions to offer to well-being, in general. Perhaps the most valuable of this literature is that which indicates that active involvement in physical activity can provide opportunities:

1. to maintain or improve physical fitness.
2. to maintain or improve a positive sense of self-image as a result of improved physical conditioning.
3. to reinforce and strengthen one's self-efficacy as a result of the freedom physical activity offers to do as one pleases, when one pleases and to make great accomplishments through self-improvements.
4. for social interactions and the development of friendships with people of common interest.
5. for challenge, to learn new skills and to learn more about oneself during a period of life when one may be seeking a bit of "newness" as a result of perceived monotony or boredom.
6. to see oneself as effective and perhaps making valuable contributions to his or her self.

To date, most of this literature has dealt with young, school-age children and most recently the elderly. This may be the result of the ease with which these two segments of the population can be reached for research purposes. It may also be a result of the unfounded assumption that only these two age-groups have sufficient free time as the adult years are filled so full of more important tasks. It is even true that many middle-aged women may agree with this assumption as they feel the pressures to commit themselves totally to advancement in a certain career and commitment to the development of the family and care for the spouse and children. The potential role conflicts which may arise and the many years of self-deprivation which may result can contribute to a decline in general well-being.

The contributions that participation in physical activity has to offer include an improved sense of well-being as the middle-aged woman makes an active commitment to her self physically, mentally and emotionally. Participation in such activity will vary with each individual in regards to the type of activity (group or individual), the amount of time spent, the duration and the intensity of the activity. Such aspects will vary with the desires and needs of each woman as well as any constraints which may exist, whether physically, mentally or socially impressed.
Statement of the Problem

Mid-life is a period of transition and change. In research, it has been referred to as "middlescence" in comparison to the turmoil of adolescence. Mid-life allows the individual the opportunity for introspection and a dedication to the self. It presents such critical life events as menopause, children leaving the home, physical decline and possibly the care of aging parents. The realization of one’s mortality is faced at this point. The positive contributions that physical activity has to offer to the self-concept, body-image, self-efficacy and sense of growth of the mid-life woman are the focus of this study.

In depth discussion of the most current critical life events and the resulting stress and potential for both trauma and growth will help to describe the mid-life experience as perceived by this sample. The purpose is to examine the role which leisure and physical activity play in the lives of mid-life women and the contributions to the constructs mentioned above.

Barriers to participation both as perceived by the individual and by an objective other have been identified, discussed and suggestions have been made where possible. The identification of such barriers will be useful to educators, mental health professionals, leisure counselors and other support personnel. Knowing more about these factors will help in the planning of programs and
facilities with this segment of the population in mind.

The results of this data may help define the mid-life transition in realistic terms thus dispelling the many myths which exist that perceive this period as necessarily negative and inevitably traumatic.

Research Questions

1. Mid-life is a period of change. Change can be both growth and decline. Is physical activity one of the factors that contribute to a positive transition period?

2. What is the impact of physical activity on the middle-aged woman who is dealing with those life events specific to the middle years?

Discussion of Terms

MID-LIFE and MIDDLE AGE, although often used interchangeably, refer to different concepts. Midlife refers to a stage of life in respect to life events which may or may not occur as expected. Middle age is used in reference to age in years and for the purpose of this study, refers to people between the ages of forty to fifty-five.

PHYSICAL ACTIVITY includes regular participation (3-7 days per week) in one or more activities which include physical exertion for a minimum of 30 minutes, in
duration. Examples include walking (nonstop), jogging, swimming, cycling, playing tennis and/or golf.

LEISURE is the term chosen to describe a multitude of activities. In the literature it is defined as a block of time, an activity or a state of mind. For the purpose of this study it will be defined to include any activity in which one chooses to participate during free time which may or may not be considered physical activity as defined above. Leisure includes hobbies or interests such as bridge, crafts, reading, the arts and others.

SELF-CONCEPT is understood to be the combination of "all the internal beliefs and attitudes an individual holds about the self. These attitudes and beliefs determine who we are, what we think we are, what we do, and what we become" (Fitts, 1971).

SELF-ESTEEM is viewed as the largest and most important part of the self-concept, the motivating process which maintains and enhances the self-concept. Rosenfeld (1965) defines self-esteem as the respect one has for oneself and the extent to which one feels worthy, recognizes self-limitation and expects things to improve.

BODY CONCEPT is a construct generally defined as an expression of ego and personality in the world, highly flexible and mainly thought to be subject to constant revisions. It includes all possible body-regarding attitudes, consisting of four primary facets: body
description, body acceptance, ideal body and body description-ideal discrepancy.
CHAPTER II
REVIEW OF RELATED LITERATURE

Introduction

Research that examines the mid-life transition as experienced by women and the relationship between participation in physical activity as it contributes to the psychological well-being of the middle-aged woman is reviewed in this chapter. The review is divided into three sections and a summary. The first section discusses the middle years in female development as it has been studied over the years.

The second section focuses on literature that addresses the potential positive contributions that participation in physical activity has to offer to the psychological well-being of the middle-aged woman. The third section reviews literature discussing qualitative research methods in psychology, social sciences and physical education.

The Middle Years

Literature in the area of adult development is made up of a variety of perspectives. The individual approaches of Neugarten, Vaillant and others; the life span approaches of Brim and Kagan, Dohunwent, Holmes and Rahe; the transition
approaches of Leventhal and Chiriboga; the stage approaches of Erikson, Gould and others and; the age approach of Levinson, et al. present a continuum of views (Schlossberg, 1981). One common thread among these approaches is that each individual passes through a life cycle which belongs to that individual. The literature directed at specifically middle-age has changed drastically in the recent past. At the turn of the century, for example, the average life expectancy for women was only 49. It is easy to see why this period and specifically the event of menopause took on an aura of terminal conditions. Myths, taboos, and old wives' tales were accepted as fact and were firmly entrenched in women's minds. This aura has been slow to disappear. In fact, literature through the 1950s and 1960s was still considering middle-age and the event of menopause to be a beginning of the end.

More recently, however, research has begun to question the most basic assumption about both the physiological and psychological aspects of this stage in a women's life. With the explosion of scientific and especially medical knowledge, concrete, reality-based information is now available. Fully one third of a women's life can now be expected to be postmenopausal, and that is just too much time to relegate to a second class existence or to a half-life of creeping senescence. The years from 50 to 75 and more can be expected to be calm and happy years in
which a woman has time to enjoy the benefits of her life's work (Millette, 1983).

Historically the literature has taken the approach that middle-age is a stage which is predictably prone to crisis. Throughout the life-cycle individuals were thought to develop according to a growth plan, a period of growth, first, then a stationary period and ultimately decline (Buhler and Masserik, 1968).

Buhler and Masserik (1968) identify five biological phases which begin with a period of growth without reproductive ability, then; a period of growth with the onset of reproduction, then; a period of reproductive ability and stationary growth, then; a period of beginning decline and loss of reproductive ability by the female, and finally; a period of further decline, following a loss of reproductive ability in one or both sexes.

The period from 35-55 has generally been referred to as midlife (Eigner, 1984; Dosey, 1978; Levinson, 1977, and Hunt and Hunt, 1975) and is

a time when mortality becomes a tangible issue, along with actual effects of aging, the realization that the child-bearing years were over or would soon cease. A sense of urgency might reign: to change, to do what has not yet been done. An existential realization of basic aloneness dawns, the knowledge that neither love nor friends can mitigate one's isolation. With this understanding, the struggle to become autonomous may bring a new round of adolescent fear, depression and confusion (Eigner, 1984, p. 53).
Clausen (1972) also identifies a cycle common to all which has been called the

'family cycle,' in which one moves from dependent family member to independent individual, spouse, and parent and then (potentially) back to 'empty nest,' to widowhood and possibly dependency (p. 458).

The term used to identify the shift or change from one life situation to the next is "transition" and has been the focus of a great deal of the literature.

Tarvis (1986) defined transition as "an event or nonevent that changes our lives, our relationships, our daily routines, our assumptions about ourselves, and our roles" (p. 244). Tarvis (1986) went on to identify the difference between anticipated and unanticipated transitions and one's ability to adapt more easily to the former. Similarly, Schlossberg (1981) defined transition as occurring whenever "an event or nonevent results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationship" (p. 49).

Schlossberg (1981) goes on to say that

stress reactions may result from (1) the general absence of change or new life events, (2) the failure of an expected event or change to occur, or (3) the mitigation of events or circumstances formerly considered stressful (p. 49).

Schlossberg's model includes the individual's perception of the particular transition, the characteristics of pretransition and posttransition environments and
characteristics of the individual as determinants of the individual's ability to adapt (see Appendix I). Transition is seen as

not so much a matter of change as of the individual's perception of change. Adaptation to that transition is a process during which an individual moves from being totally preoccupied with the transition to integrating the transition into his or her life (p. 49).

A transition may provide both an opportunity for psychological growth and a danger of psychological deterioration. Actually "it is not the transition itself that is of primary importance, but rather how that transition fits with an individual's stage, situation, and style at the time of the transition" (Schlossberg, 1981, p. 5). Ease of adaptation to a transition depends on one's perceived and/or actual balance of resources to deficits in terms of the transition itself, the pre-post environment, and the individual's sense of competency, well-being and health (Schlossberg, 1981).

Taylor (1983) states that in respect to transition it is argued that the adjustment process centers around three themes: A search for meaning in the experience, an attempt to regain mastery over the event in particular and over one's life more generally, and an effort to restore self-esteem through self-enhancing evaluations. It is maintained that successful adjustment depends, in a large part, on the ability to sustain and modify illusions that buffer not only against present threats but also against possible future setbacks" (p. 1161).

Tarvis (1986) identifies seven psychological themes that will recur through life as people face transitions.
They are:

Belonging - Are we part of things or marginal?
Mattering - Do we make a difference?
Autonomy - Do we have control over our lives?
Competence - Are we skilled, mastered?
Intimacy - Do we have meaningful attachments?
Identity - Do we have a sense of who we are?
Renewal - Do we feel rejuvenated?  

(p. 245-6)

Neugarten (1965) in her work with the middle aged adult describes such adjustments as

executive processes. Specifically, the executive processes of personality in middle age are self-awareness, selectivity, manipulation and control of the environment, mastery, competence and the wide array of cognitive strategies (p. 98).

She describes the successful middle-aged person as no longer "driven," but as now the "driver."

Adaptation to transition depends in part on the degree of similarity or difference in one's assumptions about self and in one's environment (especially the interpersonal support system network of relationships) before and after the transition. Factors which affect adaptation include role change-gain or loss, Affect-positive or negative, Source-internal or external and Timing - on or off time (Schlossberg, 1981).

In reference to the transition to middle age, it is certainly true that for some, the transition is painful, frightening, and even destructive; these are the people who are unprepared to assume their new roles, people whose very identity and value depend on youthful beauty or athletic
ability, people who still believe all the old depressing traditions about middle age. But it is their own value systems, and not the actual conditions of middle age, that are responsible for their experiencing this juncture as a crisis (Hunt and Hunt, 1975).

Van Hoost (1985), found that the best adjustments to middle-age is made by people who openly admit to changes in themselves and who are willing to face the future. Previous experience and one's view of life in general are identified as affecting the way a person adapts to events and transition during the life-span.

Whether the "change of life," as this transition is often described, is to be graceful or turbulent is as intricate and important a problem of personality as are the other problems which individuals encounter and create in other spheres of their experiences. "The training for the solution of this problem should begin in early childhood, that is, during the early formative period of the personality" (Sicher, 1949, p. 408). The child who learns to see difficulties as a challenge to progress; who considers the growing-up process as the flux of changing achievements, will always be willing to use his creative power in a constructive way. "Such a child will develop the cooperativeness necessary to respond in a positive manner to the three great problems of life: Society, Love, Work" (Sicher, 1949, p. 408).
Schlossberg (1981) identified several factors which affect one's ability to adapt and the resulting crisis or lack thereof. Concerning the environment, both pre- and post-transition, he identified Interpersonal Support Systems, Institutional Supports (churches, community) and Physical Setting (climate, urban/rural, workplace) as major factors. Concerning the individual, he identified Psychosocial Competence, State of Health, Race/Ethnicity, Socioeconomic Status, Value Orientation and previous experience with a transition of a similar nature.

Mid-life has been defined in many different ways. Sheehy (1976) identifies age thirty-five for women as the age when mid-life is entered. She attributes this to six factors:

1. thirty-five is when the average mother sends her last child off to school;
2. thirty-five begins the dangerous age of infidelity (presumably on the part of the woman);
3. thirty-five is when the average married American woman reenters the working world;
4. thirty-five is the average age at which the divorced woman takes a new husband;
5. thirty-five is the most common age of the runaway wife;
6. thirty-five brings the biological boundary into sight (p. 352).
Lewis-Ore (1935) also defines midlife as starting at thirty-five and ending at fifty-five stating that "35 is approximately half of the life span of the average American woman. The age of 55 is commonly after the onset of menopause" (p. 16).

Middle age has been described as a period of heightened sensitivity to one's position within a complex social environment; and that reassessment of the self is a prevailing theme. Neugarten (1968) mentions this period as a period of "self-utilization" which is a sensitivity to the self as the instrument by which to reach goals.

During the past generation, for the first time in the modern era (and probably for the first time in human history), middle age has been perceived as potentially one of the best periods of life (Hunt and Hunt, 1975). Le Shan (1973) refers to the "wonderful crisis of middle age" (p. 5) and notes that "Its challenges are the greatest opportunity one has ever had to become most truly alive and oneself" (p. 2).

Jung (1971) describes this as a time in which some people turn away from concern with other people's opinions of them, to concern with the growth of the self-or, to put it another way, with their "good opinion of themselves" (p. 78). It is in this period of the life line that introspection seems to increase noticeably and
contemplation and reflection and self-evaluation become characteristic forms of mental life.

Neugarten (1968) identifies wisdom as one facet of psychological development which heightens during the middle years. She defines wisdom as "the ability to make the most effective choices among the alternatives which intellectual perception and imagination present for one's decision" (p. 89).

It might be conceived that the optimal course for people who reach this first stage of physical decline is to switch from physique-based values to wisdom-based, or mental-based values, in self-definition and in behavior. Neugarten (1965) notes that people who age most successfully in this stage, with little psychic discomfort and with no less effectiveness, are those who calmly invert their previous value hierarchy, now putting the use of their 'heads' above the use of their 'hands,' both as their standard for self-evaluation and as their chief resource for solving life problems (p. 89).

Middle age is too often discussed as the period when one stops growing up and begins to grow old. Tarvis (1986) stated that the mid-life crisis is actually an "artifact of the media" the life span approach is encouraged rather than expecting disasters at certain intervals. He noted that most people face transitions all through life and that no period is "naturally" more traumatic than others, and that understanding what change is and what to expect can help. In fact, Tarvis (1986) points out that young adults (20-28
years old), both men and women, experience more transitions in a more concentrated period of time than any other age group.

Eigner (1984) suggests that mid-life may be the proper time to confront one's finiteness:

the fantasies and illusions about what is possible in life, the goals, roles, choices and relationships that are realistic, a last chance to resolve the lifelong struggle between relational dependence and individuation" (p. 76).

This confrontation with mortality may be the worst thing about middle age, in that it ends not with a bang, but a whimper. It leads to old age and the imminence of our own death (Hunt and Hunt, 1975).

The most widely discussed emotional problems faced by middle-aged women are those associated with the menopause and with the so-called 'empty nest syndrome.' Other problems are related to the effects of aging on physical health and appearance, including declining energy, physical illness and disability, and threats to the body image following surgery for breast and cervical carcinoma and hysterectomy, which are so common in middle age (Simon, 1968, p. 12).

Sicher (1949) noted that

'change of life' coincides with coming into adulthood of the woman's children. To know that one is useful, is needed, is as necessary to one's health as is the feeling of belonging. But at the precise time when the woman feels that her youth is gone, the feeling that she is no longer of use to her children also strikes her and she may develop the idea that she is superfluous. Physical discomfort is often used, pathetically, to regain the feeling of importance. At this point being needed becomes being in need (p. 406).
More than 35 million American women are now forty-five years old or older, that is 32% of all females (Mehamed, 1983). Fortunately, compared to a decade ago, the perspective of menopause has changed. What used to be referred to as "climacteric insanity" (Skane, 1880, p. 358) and the reference to menopause as the cause of most admissions of women to mental institutions (Stern, 1876) are no longer valid. It remains true that women experience more stressful events over their life span than men because women have more changes in the course of their lives. However, Neugarten (1965) points out that menopause is not necessarily the important event in understanding the psychology of middle-aged women that we might have assumed.

Lewis-Ore (1935) points out that "the first and most important influence leading to mid-life redirection has been the effect of the women's movement upon the work role and life-styles of women in our society" (p. 7). He further says that counselors are just beginning to be aware of the need to understand midlife change and that a major direction in mid-life counseling will be toward working with these women to develop appropriate career and life-styles patterns.

Female authors and theorists such as De Beauvoir (1965), Deutsch (1945), and Benedek (1950) have discussed a woman's possible reaction to aging and menopause. Most discussion in the past identified menopause as the most significant
event during middle age. However, more current literature would disagree with this claim. All indications (National Women’s Health Network, 1980, Budoff, 1984; Gray, 1981; Gerome, 1984; and Van Hoose, 1985) show the actual event of menopause to be a welcomed end to menstruation and not the traumatic life event as defined in the past.

"Otherwise called the climacteric, from Greek 'Klimakter' meaning 'top rung of the ladder,' menopause was historically viewed to reveal the complex way that our culture affected our bodies" (Mehamed, p. 161).

The top rung of the ladder is a privileged spot—a jumping off place to a new level. Cross-cultural studies indicate that in many traditional societies, the status of women rises dramatically after menopause. Post-menopausal women function as midwives, matchmakers, conductors of ceremonies, and healers. The Bangali woman is no longer in 'purdah,' and obtains the keys to the kitchens and storerooms, symbolizing her command and authority. In traditional China, the older woman wielded tremendous power over her sons and daughters-in-law who resided with her. Not surprisingly, menopause problems are rare in China. And anthropologist Estelle Fuchs states that some Welsh women believe that hot flashes carry them quickly and safely through the menopause. Among these women, not to have them is embarrassing and they sometimes complain that they are 'not very good at it' (Mehamed, 1983, p. 161).

Although the terms menopause and climacterium are often used interchangeably, the former should be reserved for one aspect of that period, the cessation of the menstrual flow, while climacteric or climacterium encompasses the more general bodily and emotional processes which usually coincide with menopause or follow it, and which are not
necessarily causally related to it" (Benedek, Neugarten and Kraines, 1965).

Malloway (1975) identified the following physiological changes with the menopause: Vasomotor instability (hot flashes), menstrual irregularities, atrophic vaginitis, osteoporosis, coronary artherosclerosis, skin and muscle changes, insomnia, fatigue, nervousness and anxiety, emotional instability and depression (p. 1006). Those ova that were decreasing since the birth of the female, (half a million at birth, seventy-five thousand by puberty) have been depleted by the end of the climacterium.

"'Change of life' is not only a period of changing glandular function but also a postulate to change from a life, that, in the opinion of the individual, contained meaning and value, to one that appears destitute of both" (Sicher, 1949, p. 400). It is not known whether these psychological changes are precipitated by the hormonal imbalance, or whether they are related to the aging process and to adjustment to the changing life of the middle years. Most probably it is a combination of these factors (Malloway, 1977, p. 1007).

Helene Deutsch (1945) also discusses the relationship between psychological and physiological changes. She notes that during the preclimacterium there is frequently a return of creative drives. Some women desire to be pregnant once more; there is an apprehensive feeling about
the "closing of the gates." Deutsch makes an interesting parallel between puberty and preclimacterium, both characterized by the expectation of a profound biological transition.

Women become more suggestible and more given to fantasies, just as in puberty. The frequent depressions during the climacterium may be avoided through the influencing of the endocrine apparatus (Deutsch, 1945, p. 360).

A great deal of the literature has examined women and their perspectives on menopause. The expectations of women as they approach menopause, the observations of those experiencing the event and the hindsight of those who are postmenopause have all contributed a great deal to the more positive approach to menopause taken recently.

Sociologist Bernice Neugarten (1968) found great variation in women's expectations of what menopause would bring. This uncertainty about what to expect troubles many women more than the actual symptoms. Neugarten's data showed that "loss of reproductive capacity was not an important concern of middle aged women at either a conscious or unconscious level, nor was there a relationship between climacteric and personality measures" (p. 54). The research of Neugarten and her associates suggested that the most upsetting thing about menopause may be its anticipation. However, recent studies (Militte and Watson, 1983 Van Hoose, 1985, and Budoff, 1984) show women
paying less and less attention to the events before, during and after it occurs.

Meltzer (1974) noted that younger women generally hold more negative views in regard to menopause. Middle-aged women appeared to recognize a "recovery" after menopause, while the majority of younger subjects did not.

Dosey (1978) points out that "much of the misunderstanding and misconception leading to the fear of the climacterium is handed down from mother to daughter. However, Simon (1968) found that most women tend to minimize the significance of the menopause itself in producing anxiety or stress, indicating instead that their greatest concerns are related to situational or adaptational changes occurring during this stage of their lives (p. 13).

Sheehy (1976) points out that the woman may hide the fact that she is climacteric due to social pressures. Her findings indicate that those women who have undergone the climacteric can, with proper information, move to self-renewal in the years following the climacterium. She seems to indicate the climacterium is a period of disability; yet many women go through this period with no-one aware that she is doing so.

Eigner (1984) also found a tendency towards denial or hiding the fact that the woman is experiencing menopause or mid-life turmoil in general. Eigner's data showed that "the concern with youthfulness grew progressively greater with each older group and that the greatest concern with
attractiveness was among middle-aged women. Yet, these
same women reported themselves to be happy" (p. 56).
Eigner described this sample as "psychologically
distressed, depressed, phobic women" (p. 56) and speculated
that they would describe themselves as happy regardless of
their true state.

Clearly, the pre-menopausal personality of the person
is important in accounting for the severity of menopausal
symptoms. Clausen (1972) argues that we may assume that
most women have come to terms, at least to some extent,
with the fact of aging long before they pass through
menopause. Optimistically, he adds that the middle years
"often seem to bring a more realistic appraisal of one's
world and one's self" (p. 494).

Self Concept, Self Esteem and Body Image

A great deal of literature has focused on the areas of
self-concept, self esteem, and body-image. Specifically,
research concerning middle-aged women has concentrated on
these areas and the effects of the mid-life transition on
these characteristics.

Self-concept has been defined in the literature in
several different ways. Ibrahim (1976) defined
self-concept as a composite of numerous self-perceptions.
It is a hypothetical construct encompassing all of the
values, attitudes, and beliefs toward oneself in relation
to environment. In this definition, the self-concept
influences, and to a great deal determines, perception and behavior.

Eigner (1984) defined it as "a construct composed of the totality of one's thoughts and feelings having reference to oneself as an object" (p. 97).

Zion (1965) would add to Eigner's definition that the self-concept "consists of four primary facets: self-description, self-acceptance, ideal self, and self-description - ideal discrepancy" (p. 491). This perspective introduces the discrepancy between one's self-description and one's ideal self which is depicted in a great deal of research with menopausal women and women who experience "mid-life crises."

Tarvis (1986) equates the two terms "self-concept" and "self-image" and describes them as the package of beliefs about yourself that you carry around inside, and which you take for granted as the real truth about yourself. In addition to having a set of ideas about who we are, each of us has a set of ideas about who we should be - our ideal self. Typically, we constantly compare our image of who we actually are to our image of who we should be (p. 35).

Fitts (1971) describes three basic elements to the self-concept:

1. the imagination of one's appearance to the other person;
2. the imaginings of the other person's appraisal of that appearance; and
3. some kind of self-value feeling such as pride or shame (p. 12).

Fitts notes that "psychological adjustment exists when the concept of self is such that all the sensory and visceral
experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self" (p. 69).

Fitts (1971) draws reference to James (1890) who "described the infant without a self at birth. He suggested that the self develops to become the sum total of 'I,' the knower or experiencer, and 'me,' the self that is known or experienced" (p. 12).

In reference to middle-aged women and specifically to menopausal women, researchers identify this period as a threat to the self-concept for those to whom reproduction and motherhood have been the major symbols of personal worth (Simon, 1968, and Neugarten and Kraines, 1965).

The one real challenge in dealing with self-concept as a variable is that it is very difficult to collate and integrate the existing self-concept research. Furthermore, since little is known regarding the psychometric characteristics - reliability, validity, or normative data- of such instruments, the meaning and usefulness of studies using them is limited (Fitts, 1971, p. 40).

Eigner (1984) identified self-esteem as the largest and most important part of the self-concept and defined it as "the motivating process which maintains and enhances the self-concept" (p. 72).

Rosenberg (1965) defined self-esteem as "the respect the individual has for the self and the extent to which one
feels worthy, recognizes self-limitation and expects things to improve (p. 35).

Tarvis (1986) states that self-esteem is the measure of how much we like and approve of the person we perceive ourselves to be, "the reputation you have with yourself" (p. 38).

Generally, values, goals and standards are initially incorporated from others and esteem can be earned only by measuring up to the demands and expectations of others; thus the initial source of self-esteem is esteem from others. This was Maslow's original position. Literature contends, however, that esteem also emanates from the self. "Whenever the behavioral self engages in self-actualizing behavior one is meeting one's non-physiological needs, protecting one's self, loving, and otherwise actualizing one's abilities" (Pitts, 1971, p. 19). Esteem is earned as one achieves certain goals, operates by certain values, or measures up to certain standards. These goals may be internal, external or both.

How a woman reacts to the menopause, and mid-life transition in general, depends a great deal on her feelings about herself and her womanhood, as well as other sources of self-esteem (Galloway, 1975). To maintain self-esteem during the climacterium women may become involved in pretending eternal youth. If they do not, the negative self-concept to which many women subscribe in the mid-years
may result in dissatisfaction and emotional trauma. This is considered a result of the image of femininity imposed by our society (Dosey, 1978).

Dosey (1978) found that women who described themselves as having high self-esteem showed significantly less total climacteric reaction than women with low self-esteem. "Self-esteem was found to be significantly related to negative physiological and psychological reactions" (Dosey, 1978, p. 56).

Victimizing events often reduce self-esteem even when the individual had no responsibility for bringing about the event, as is the case with the mid-life transition and its precipitating events (Taylor, 1983, p. 1161).

Tarvis (1986) identified the following effects of low self-esteem: negative body image, taking self-hatred and expressing it to the world (hating others often serves the purpose of distracting them from their own deep rooted self-dissatisfaction), the feeling that they must have a romantic relationship in order to be worthy and complete. Tarvis also points out that preoccupation with one's flaws is "particularly female" and a great contributor to low self-esteem.

Eigner (1984) found that among his sample of middle-aged women "understanding body-concept was nearly inextricably linked to self-concept" (p. 132). He found
that women have a more clearly differentiated body-attitude and tend to value their bodies more than men.

Eigner (1984) refers to Mehamed's finding that the older woman's body image, during mid-life and beyond, wavered like that of a teenager, but that older women, unlike adolescents, weren't motivated or rewarded for claiming their new identity. Consequently, from living with the fact of being constantly viewed and evaluated, signs of aging made many women conspicuous consumers of cosmetics and plastic surgery.

Body concept is a construct generally defined as an "expression of ego and personality in the world, highly feasible and mainly thought to be subject to constant revisions. It includes sensory, environmental, interpersonal and personality factors" (Eigner, 1984, p. 89).

Zion (1965) identifies four primary facets to body concept. They are body description, body acceptance, ideal body and body description discrepancy. Zion explains that the body description discrepancy is the key to examining both positive and negative body concept.

"Each individual gradually constructs a picture or model of himself which becomes a standard against which all body movements and postures are judged" (Eigner, 1984, p. 11). It appears that the security one has in one's body is related to the security with which one faces one's self and the world.
Both Eigner (1984) and Mehamed (1983) found that change in body concept after marriage may be explained as a status change involving the expectations that women become "neuter beings." "Because fat is considered unattractive in our culture, being overweight reveals our own lack of esteem for our bodies. In 'letting ourselves go' we let go of our hopes for being powerful, sexual, socially desirable human beings. We join a caste of second class citizens called 'matrons,' for which the passport is a 'matronly' figure" (Mehamed, 1983, p. 173).

Eigner (1984) found that the best guarantee of high self-concept was a stable family life. He also identified two main variables in developing good body concept—

1. how parents responded to weight and physical maturation of daughters,
2. mother's comfort with her own body and the psychological adaptations she taught her daughter (p. 96).

Self-concept, self-esteem, and body concept are three of the most crucial areas for consideration when examining the mental health of women as they approach the potentially rocky years of middle age. A second huge area for study is that of roles, role confusion, and sex roles. A woman's role is not one, but several; mother, wife, etc., and at the very least she has a work role as homemaker. The woman's role may demand different responses at different times, that is, a change within each role. Mainly, the
woman's role is often dependent upon other people's needs (Lewis-Ore, 1935).

The conflict between self and other constitutes the central moral problem for women, posing a dilemma whose resolution requires a reconciliation between femininity and adulthood (Gilligan, 1979). Lewis-Ore (1935) also points out that "women are dependent upon others for definition of their role and that this confusion may likely affect the self-esteem of some women" (p. 41). It is precisely this dilemma - the conflict between compassion and autonomy, between virtue and power which the feminine voice struggles to resolve in its effort to reclaim the self and to solve the moral problem in such a way that no one is hurt (Gilligan, 1979).

"The family is where we learn to be what we are, we face the problem of how to balance independence with autonomy. Women have found that individualism is in conflict with service to others" (Tarvis, 1986, p. 17). Self-sacrifice is often discussed in the literature as a major factor in middle-aged women (Tarvis, 1986; Sicher, 1949, Dosey, 1978). Tarvis (1986) refers to it as "de-selfing" which means that too much of the self (the 'I') is sacrificed in the service of a relationship.

Sicher, 1949, states that

it is unfortunate that many women learn too late that an exclusive devotion to their family and an inadequate attention to their own mental and psychic development may lead to a tempestuous menopause, when they find
themselves bereft of the only role they have learned to play: 'mother!' (p. 87).

When motherhood has been a major source of self-esteem for a woman, the climacteric reaction may become greater as the children leave the home. The female who had found self-esteem in an area other than motherhood would have a less severe reaction to the climacterium" (Dosey 1978, p. 17).

Dosey (1978) noted that those women who have been overprotective of their children are more likely to have a depression in their 'post-parental' lives. He concluded that role loss is correlated with depression and that middle-aged, depressed women have often suffered the maternal role loss. He also found that "women with no children in the home had the lowest mean of climacteric reaction" (p. 65).

Certain subtle assumptions about women are widely shared and reflected in research, although not always stated: "that the mind-body relationship is somehow closer for women than for men; that biological influences are thus stronger for women" (Barnett, 1978, p. 79). Because of this view, a woman's life is too often seen only in terms of her reproductive role; menopause and the 'empty nest' become the major events of the middle years.

Mehamed (1983) points out that "the female role itself predisposes itself to sickness. Illness, both physical and mental, in women can be considered an exaggeration of
traits that in their milder forms are considered to be normal female behavior. Thus women who are deeply dissatisfied with their role have two options: to leave the role and be considered less feminine, or to exaggerate the role and become frankly sick" (p. 159).

Women too often accept the diminished functioning that age brings more philosophically than men can. But losing their youthful looks often triggers deep irrational feelings of losing everything. This anxiety is considered normal in women, and the entire beauty industry is based on it (Mehamed, 1983).

Mehamed (1983) wrote about the "enshrinement of fertility" as being at "the core of differing standards for aging women and men. A man's 'prime' corresponds to his economic peak at age forty or even later. But a woman's 'prime' corresponds to her reproductive peak in her twenties. Women get pushed into the category of nonpersons our society calls older people twenty years or so before men do" (p. 62).

Simon (1968) points out that middle age is likely to bring far-reaching changes in activities and relationships because of the different standards discussed above. "With increasing amounts of leisure, for some may come boredom, frustration, anxiety, and depression. Women who see themselves in secondary roles in our present culture (this is especially common in well-educated, middle class women)
may feel an inner sense of lack of accomplishment, a sense of competitiveness with their husbands" (p. 102). Eigner (1984) found that women who were quite self sufficient before marriage might become helpless after fifteen or twenty years of marriage. He further proposed that women regressed in personal development and self-esteem "during the early and middle years of adulthood, whereas men gain ground in these respects during the same years" (p. 60).

Although Barnett (1978) found that analysis of mental health data suggests that women are no more disturbed than men it is often assumed that women are more prone to mental disorders, or are more apt to report mental problems. Barnett (1978), Mehamed (1983) and others found that women do suffer more from specific disabilities such as depression, neurotic disorders and functional psychosis.

Mehamed (1983) points out that a clear relationship between menopause and the onset of depression has never been demonstrated, yet menopause (or what it signifies) can exacerbate a preexisting depressive state. In fact, depression and agoraphobia are both identified in the literature as "normal" for women, especially older women (Mehamed, 1983 and Stern, 1946). Women are expected to like to stay home, to feel uncomfortable in public places without escorts.

It should come as no surprise that depression is more prevalent among those demands (Tarvis, 1986) and mastery
centers around gaining control over the event and one's life. It is exemplified by, but not exclusively served by, beliefs about personal control (Taylor, 1983).

Tarvis (1986) discusses a positive way to work toward improvement of self-concept, self-esteem and general satisfaction and lists the following as important realizations. First, change is possible. Second, change takes time. Third, you are not alone. Fourth, self-criticism leads to a critical look at the world and fifth, be compassionate with yourself (p. 312). He concludes that the more one knows about the self and changes the less traumatic will be those changes.

Literature dealing with women and the middle years has taken a more positive perspective recently. Rubin (1979), Sheehy (1976) and others are moving towards caring for the self first and others after. The following section looks at the leisure literature and its potential as a contributor to the mental health of middle-aged women.

Leisure, Physical Activity and the Middle Years

In essence, the young adult years are years of growth. However, as one approaches the middle years something mysterious happens. Suddenly that self is put on the back burner and priorities shift from internal to external. The spouse and children become number one on the list, followed closely by the institution for which one works. The majority of middle aged adults consider themselves "too
busy making a living" to be "wasting" time in leisure pursuits (Stevens-Long, 1984).

Donohugh (1981) reports that Americans spend nearly half of their free time in work-related activities or around the home in activities that enhance status in much the same way as their work does. Nearly another half is spent passively watching T.V., spectator sports and the like. Less than three percent of middle aged Americans' free time is spent in active or creative pursuits (Donohugh, 1981). The reasons behind these statistics are complex and deeply rooted in psychological, sociological and even biological factors. Bennett (1985) identifies many constraints on leisure during the middle years. In a nutshell, these constraints arise from the following:

1. Although the individual still "feels the same," during middle age a new sense of urgency to reach goals and leave one's mark pervades.

2. For middle-aged persons who are uncomfortable with the odious prospect of many years of enforced leisure (retirement), dedication to employment may soothe the guilt induced by visions of future idleness.

3. Work and nonwork roles acquire complex meanings over time in terms of their usefulness within society. Naturally, these enforced and unexpected role changes require time for sorting out and seeking new meanings.

4. Leisure will be constrained during any critical midlife event that requires time to grieve and adapt. To the extent that the individual lacks the appropriate resources to become reconciled to the new conditions, leisure may be modified for the remainder of life.

5. The negative perspective of both the individual and society toward the physical features of aging affects the entire being during midlife.
6. Age-linked pressures to "act your age" present another constraint. These pressures can be self-imposed as a result of real or perceived under-performance: "I'm just not as young as I used to be."

Bennett's conclusion that "Playful leisure can become an unfulfilled fantasy when the rhythm of time is disrupted by stressful problems that spill into life's hours" (Bennett, 1985, p. 329) addresses the life events which interrupt normal existence. Although such events may occur at any age, many are predictable and unavoidable during the second half of life. These stressors can include change in spousal relationship, midlife marital maladaptation, unexpected responsibility as caregiver, death of parents, children or friends, personal illness, being fired or rehired, job change, change in residence and others.

As Donohugh (1981) points out, Aristotle called leisure a state of mind or a quality of feeling. Leisure is a state of being in which activity is performed for its own sake or as its own end. True leisure allows the individual to know oneself, to know others, and to know nature. Too often people urge themselves to do; leisure allows one to be (Donohugh, 1981).

Kelly (1978) noted that all definitions of leisure include the central element of freedom of choice. Social research has persistently attempted to identify factors that shape those choices. Social psychologists have concentrated on elements of the personality, personal value-systems, and self-perceptions as a consequence of
findings which imply that such personality factors are more
determinative than social factors. Leisure, then, is
choice and opportunity. It is the openness in all that is
framed and molded and limited in life, and it may be a
crucial expression of selfhood. As such, it would seem to
be crucial for those who seek to reshape their own lives

Kelly (1975) identified three types of leisure:
Unconditional leisure, activities chosen for their own
sake, for their intrinsic value and satisfaction;
coordinated leisure, activities related to work yet are
freely chosen and without penalty for non-participation
and; complementary leisure, activities chosen with the
expectations of work, family, or community roles central to
the decision - they enhance and are constrained by other
roles.

In his research with middle aged adults Kelly (1978)
found these meanings and satisfactions to be associated
with leisure: "Mastery and Accomplishment,
Self-Enhancement, Self-Expression, Activity, Excitement,
Belonging, and Service" (p. 327). Havighurst (1978)
performed a similar study with men in an effort to define
the relationship between meaning and leisure. He found
that there are systematic relations and there are certain
kinds of leisure that are engaged in primarily for the sake
of sheer pleasure, while others are chosen because they give new experience, or a chance to achieve something.

Havighurst (1978) also points out that generally speaking, good personal adjustment, complex life-style and higher socioeconomic status are correlated with the following characteristics of leisure activity: autonomy, creativity, enjoyment, prestige-giving, novelty, vitality, and expansion of interests" (p. 151).

More specific to middle-aged women Orthner (1975) pointed out that

it is during critical periods of interactional alteration that leisure patterns become especially significant. During leisure time, when anxieties are reduced, the individual is more free to redefine situations and open herself to new behavioral interpretations. Leisure activities may, therefore, act as shock absorbers during periods of relational change and as stabilizers over the entire relationship (p. 93).

Leisure offers the opportunity for redirection of the self to the self. During those years spent raising children, mother often forgets her own interests, skills, and talents. Middle age and the empty nest offer the opportunity for reminiscence and reawakening of those interests which have been on the back burner for so long.

Menopause can be an important life event at this time of the life cycle and physical activity during leisure may have a great deal to offer. Menopause brings with it physiological changes which may disrupt the equilibrium of the middle aged woman. Rubin (1979) in her work with
middle aged women notes that the resulting hormonal changes can cause body weight changes, emotional mood swings, hot flashes, and other symptoms which we have been socialized to indicate the onset of old age. Rubin continues to point out that "perhaps most beneficial to the menopausal woman is the contribution that physical activity has to make to an individual's self-efficacy and self esteem" (p. 47). During menopause the woman feels a bit of a loss of control over herself, biologically. Rubin (1979) and Neugarten (1965) both point out that in the case of the middle aged woman experiencing menopause, activities of physical activity such as walking, jogging, swimming, and tennis are activities that can improve self-image and body image both of which may be suffering a bit.

Leisure, Family, Roles and Development

The ability of leisure to influence the family may be increasing (Orthner, 1975, Kelly, 1978). Orthner (1975) and Kelly (1978) have examined closely the contributions that leisure activities have to offer to the strength of the family as it passes through its cycle. They have found that "leisure activities somehow influence a marriage, these influences are generally positive, and marital recreation should be encouraged, especially if done together" (Orthner, 1975, p. 91).

Orthner (1975) further states that during the middle adult years (18-23 years of marriage) "the association
patterns are similar to those of early marriage with individual activities negatively related and joint activities positively related to marital satisfaction for both husbands and wives" (p. 100). The concept of shared activities takes on more meaning during this latter period than in early marriage. Ortner (1975) states

in the latter period, children are being launched, the marital dyad is having to be reestablished, occupational adjustments may be made by the wife, physiological changes, such as menopause, are occurring, the husband may be anxious about reaching the peak of his career, and so on. In effect, a relational identity crisis is most likely to occur in the initial phase of dyadic formation and in the reaffirmation of the dyad at a later period. The data indicate that it is at these times that leisure can be a most influential determinant of the ability of a husband or wife to arrive at a satisfactory adjustment (p. 100).

Hawes (1978) found that among a group of women ages 25-55 the most important satisfactions are "peace of mind," chances to learn new things, and chances to get the most out of life while "I can still enjoy it." A chance to escape home or family pressures also is important. The results found by Rapoport and Rapoport (1975) would agree with these of Hawes and elaborate by noting that "the impact of the climacterium seems to be greater for women who have not developed outside interests, hobbies or occupations with which to provide psychological development and social integration after their children (and/or their husbands for widows or divorcees) have left home. For such women, it is particularly crucial that new resources of
self-esteem, psychological investments and incomes be found.

Physical activity has been identified by Mehamed (1983) as an essential component in any regime of self-care. The value of physical activity for everything from appetite regulation to the prevention of heart disease to the treatment of depression has been widely disseminated" (p. 180).

Tarvis (1986) echoes the same advocacy of exercise as beneficial to mental health. "Exercise can help your mental health, in fact exercise is probably the closest thing to a cure-all that modern science has to offer" (p. 340). Exercise is identified by Tarvis as having other benefits that go far beyond thinness. "While many people start to exercise to lose weight, they stick with it because they feel better or because they are convinced they are actually healthier. Exercise is a way to use the body enjoyably, not a grim exercise in self-deprivation" (p. 340).

Exercise should be a lifetime commitment. "Over the past few years psychologists have found that exercise can be good therapy, not only for people who are clinically depressed or anxious, but also for people who have the normal blues, blahs, decisions or stresses of everyday life" (Tarvis, 1982, p. 346).
Mehamed (1983) describes our bodies as "records of our lives as we have lived them up to now. They record not only inevitabilities, but also choices" (p. 177).

Our feelings about ourselves affect our posture, breathing, and muscle tone. Even our hormone levels have been shown to be responsive to our thoughts. Our beliefs about aging can affect our very cells. Conversely, the actual state of our bodies holds and grounds our body images (p. 177).

The preceding two sections have examined the literature which examines two important realms which this researcher feels need to be combined. There is a great deal of material which deals with middle aged women and the issues important to them as they face the mid-life transition. However, among the wealth of research which examines the positive benefits of leisure, physical activity and exercise very little speaks specifically to the positive contributions that physical activity has to offer the woman as she faces her mid-life transition. It has been the goal of this researcher to examine the effects that such participation can have on the self-concept, self-esteem and body-image of the middle-aged woman. First, it is important to review the literature which deals with the methods of research most appropriate for this type of project.

Qualitative Research and the Interview

In recent years the effort to define and assess psychological well-being and positive mental health
particularly as the concepts relate to quality of life in later years has been widespread. Cannell (1953), Carlsmith (1976) and others have identified qualitative methods of data collection as most appropriate when dealing with attitudes, perceptions and behavior of individuals. Crano (1973) points out that interviewing provides a means to study sensitive topics while, at the same time, avoiding the distorting effects which can be produced in the research laboratory. He also states that the interview approach can be attempted in almost any situation amenable to more general observational techniques.

"Within the broad category of verbal measures, there are two main varieties - the questionnaire and the interview" (Carlsmith et al, 1976, p. 189). They further point out:

The great advantage of an interview over a questionnaire is that the interviewer, merely by being present, can succeed in inducing the subject to pay heed and therefore stands a better chance of getting a serious, honest response. In addition to increasing the subject's motivation to respond carefully and honestly, the interview also makes it possible to ensure that the subject fully understands the questions and responds in the desired amount of depth and detail. In an interview, the precise meaning of the question can be emphasized, the subject can be exhorted repeatedly to think carefully before answering, and the experimenter can repeat sections which are unclear to the subject" (p. 191).

An interview will refer to a face-to-face verbal interchange, in which one person, the interviewer, attempts to elicit information as expressions of opinion or belief
from another person or persons (Lindzey, 1954). It can be viewed as a form of observation technique in which "linguistic" data constitute the primary dependent measure. It is the dependence upon verbal or linguistic responses which constitutes, at one and the same time, the major strength and the major drawback of this technique.

Crano (1973) identifies three different types of interviews, the Exploratory, the Structured-Nonscheduled and the Structured-Scheduled. The exploratory interview is used most effectively for hypothesis clarification and is described as non-structured, free-response observational investigation. Although this type makes only minimal demands in terms of data quality, it calls for the most highly qualified, technically competent researchers (Crano, 1973).

The Structured-Nonscheduled interview assumes that some form of initial exploratory investigation has been completed and that potentially relevant relationships between variables have been identified. The task of the interviewer is clearly specified, the methods employed in obtaining the relevant information are not.

The Structured-Scheduled interview structures the general area of interest and provides the schedule of questions through which the investigation has been completed and that potentially relevant relationships between variables have been identified. The task of the
interviewer is clearly specified, the methods employed in obtaining the relevant information are not.

The Structured-Scheduled interview structures the general area of interest and provides the schedule of questions through which the investigation is to be accomplished.

Lindzey (1954) states that a semi-standardized interview may be best and that the research worker's choice of structure will depend very much upon the stage of development of the subject matter area in which he is working. Lindzey (1954), Crano (1973), Cannell and Kahn (1953) and others all list various advantages and disadvantages of both standardized and unstandardized. In fact, Crano (1973) states that "scientific respectability is not defined by the particular method by which data are collected, but rather by the appropriateness of these techniques to the specific research setting in which they are employed" (p. 166).

Some behavior, because of conventions about privacy or other reasons, is hardly accessible to observation, so that the interview is the only source of information available. However, the interview is not without its disadvantages. Carlsmith (1976) identifies three main problems with verbal measures. First, they are measures of what the subjects say about themselves. Second, the subjects almost always know that something about themselves is being measured at
that moment. Third, the verbal measure is less involving. The subjects are not totally wrapped up in what they are doing, and they have time for the sort of rumination that might lead to distortion of answers.

In addition Lindzey (1954) points out that when the interview occupies the central position as a study’s primary instrument of data collection, the problems of standardizing the interviewing technique and measuring reliability and validity become of greater importance.

The salience of a verbal measure raises additional problems. In questioning the subject, how much should the experimenter emphasize the importance of the subject's answers? If the measure is to have impact, so that the subject is involved and takes the questions seriously, the importance of the answers should be stressed.

Lindzey (1954) points out that the one problem that has been most fully studied is interviewer bias. Interest in the problem grew out of the observation that the set of answers reported by one interviewer would differ from the set reported by another interviewer, even when the samples were comparable. Lindzey (1954) identified the following six sources of error:

(1) the appearance and manner of the interviewer
(2) the way in which the interviewers word or deliver the questions
(3) the interviewer’s own attitudes
(4) the interviewer's expectations of the respondent’s attitudes.
(5) interviewer variations in the fullness of probing
(6) interviewer variations in the recording of respondents' answers (p. 475).

On the part of the respondent, initial resistance in an interview situation can be triggered by a person's sense that the stranger coming to her door may infringe on her privacy by asking personal questions. It is easier to reject the stranger. Also, there is always the threat that the subject may give an answer that is socially desirable or likely to be rewarded by the experimenter. Another problem is the inability of the respondent to provide certain types of information while the implication exists that the respondent should be in possession of an adequate answer and that if he can not answer, he is somehow discredited (Cannell, 1953).

Perhaps Eigner (1984) summarized the choices and strains inherent in the use of either qualitative or quantitative measures best:

In many ways the real trade-off between quantitative methods and qualitative methods is a trade-off between breadth and depth. Qualitative methods permit the evaluator to study selected issues in depth and detail; the fact that data collection is not constrained by predetermined categories of analysis contributes to the depth and detail of qualitative data. Quantitative methods, on the other hand, require the use of standardized stimulus so that all experiences of people are limited to certain response categories. The advantage of the quantitative approach is that it is possible to measure the reactions of many subjects to a limited set of questions, thus facilitating comparison and statistical aggregation of data. By contrast, qualitative methods typically produce a wealth of detailed data about a much smaller number of peoples and cases" (pp. 97-98).
The criteria of directness and economy, and the ability to collect data about beliefs, feelings, past experiences, and future intentions have widened the range of application of the interview. The following section will continue to elaborate on the interview as an appropriate measure of self-concept, self-esteem and body-image as the middle-aged woman faces that period of transition. It will also examine the actual process, the qualities of the interviewer, methods of choosing and wording questions and other issues pertinent to the intended methodology.

The Interview

The interview has been identified as one of the most appropriate methods of studying self-concept, body image and self-esteem (Fitts, 1971, Lindzey, 1954 and Cannell and Kahn, 1953). In an interview, the interviewer can ask about past events, expectations of future events, and about a wide variety of situations, and the respondent can report what he has done or would do in these circumstances. In this way, the research worker can cover a larger sample of behavior than would be possible with other methods, and can learn something fairly quickly and easily about how the behavior he or she is studying varies with changes in the individual situation (always assuming that the respondent can report accurately) (Lindzey, 1954).
Crano (1953) states that:

if we can assume that more lengthy responses are more complete, understandable, and less ambiguous than shorter ones, than the value of this method is readily apparent. And, in most cases, this assumption would seem to be a valid one (p. 194).

As compared to other methods of study, the interview offers the opportunity to follow-up an incomprehensive or contradictory response with a probe for further clarification or a question which redirects the subject’s attention to the information the experimenter is looking for. The interview is better suited than the questionnaire to situations in which the experimenter wants to use open-ended questions to ascertain the subject’s overall reaction to the topic at hand, interpretation of events, and the underlying perceptions which led to this interpretation (Carlsmith, 1976).

The reliability and validity of the interview will depend totally on the specific set of questions, the interviewer(s) and the environment in which the interview is conducted. Validity, according to Lindsey (1954), depends upon the nature of the particular interview technique, the subject matter of the study, and the circumstances in which the interview occurs. But research workers using the interview must face the question of whether answers in an interview have any relation to actual behavior, the underlying attitudes which govern behavior,
or the factual events concerning which they are asked to report.

The unstructured interview is considered to be very much like a real life conversation; presumably it permits the respondent to follow his or her natural train of thought, and therefore tends to bring out material which is more likely to enable the research worker to predict what the respondent would do or say in real life situations. Fitts (1971) identified the interview (as a form of self-report) as the best way of assessing the self-concept.

Carlsmith (1976), Crano (1973) and Cannell (1953) have identified some of the problems with the interview. First, contemporary social science does not provide the interviewer with adequate methods for dealing with all the variables at work in the interview. To some extent this might be thought of as a symptom of the "youthful inadequacy of social science in general and social psychology in particular" (Cannell, 1953, p. 333).

Other problems stem from the fact that subjects may be motivated to provide data that will confirm (or disconfirm) the experimenter's hypothesis, and so they will try to "psych out" the experiment and answer the questions accordingly. The advantages of the interview depend on a good interviewer (Carlsmith, 1976). Some precautions necessary include wording the questions so that the subject can understand and answer them and so that they do not
threaten the subject's self-esteem by making them appear incompetent, inconsistent, or immoral.

The reliability and validity of social data depend not only on the design of the questions but also upon the manner of administering the instrument, the technique of interviewing. This section will discuss the important characteristics of the interviewer, the process of interviewing and the design and selection of the interview questions.

Much of the available literature consists of rules of thumb, presented as lists of "do's" and "don'ts" for the interviewer. However, Lindzey (1954) identifies a few scientifically established generalizations concerning the usefulness of different techniques. First, the interviewer should retain a certain amount of reserve. Second, he or she should not be "wooden" and third, it is a cardinal principle that the interviewer not reveal his/her own attitudes on the subject matter of the study, never show shock or disapproval.

There are a number of studies which document the importance of the interviewer's attitudes and biases in determining the results of the interview (Cannell, 1953). However, social science has not yet provided a comprehensive, integrated theory which enables us to understand completely the communication process and the interaction between the interviewer and the respondent.
Yet, in considering the interviewer as a scientific technician and the interviewing process as a scientific technique implies that we are able, through the application of a specific instrument in a specific manner, to achieve identical results in given situations.

The use of this technique depends a great deal on the relationship between the interviewer and the interviewee. The behavior of each member of the pair is determined to a considerable extent by his or her perception of the other: perception of the other's status and power position, the other's probable views, and the other's similarity to people with whom he or she interacts or would like to interact (Lindzey, 1954).

The interviewer must be able to channel an individual's responses along lines of specific theoretical importance even though he or she has no prespecified questions to assist with this task.

Whether interviewing people in their well-appointed living rooms or in stifling prison closets, the researcher seeks information by presenting an aura of concern that may disarm even the most suspicious respondents (Glazer, 1982, p. 54).

Researchers hope that such an attitude will alert those under study that the researcher identifies with their difficulties and can be trusted not to exploit them in the cause of the research. Such bonds of reciprocity do not prevent pain, however, or reduce the obligation of the
researcher to support the respondent in dealing constructively with unresolved feelings.

The researcher must give the respondent an assurance of confidentiality, an assurance that the researcher can be trusted to protect the respondent's anonymity before potentially interested outsiders. This verbal contract serves to insulate the relationship.

Cannell (1953) noted that the relationship in many ways resembles the counseling relationship. Rogerian counseling depends heavily upon the characteristics of an effective counselor including:

(1) a warmth and responsiveness which expresses itself in a genuine interest in the client and acceptance of him as a person.
(2) permissiveness in regard to expression of feeling.
(3) freedom from any type of pressure or coercion (Cannell, 1953, p. 338).

The interview imposes some demand upon its users, one of the most important being a recognition that data quality is intimately related to the goodwill of the respondent. The establishment of goodwill or rapport is a task of considerably great magnitude. The establishment of rapport is clearly not a scientific procedure in the sense of being capable of objectifying statements. It is rather a skill which depends primarily on the knowhow, experience and sensitivity of the interviewer.

Interviewers who are confident and expect to get respondent cooperation usually have the fewest refusals (Lindzey, 1954). Yet, despite fieldworkers' enthusiasm and
commitment to their research, they must provide respondents with the opportunity to refuse to participate. This will be made available during the initial telephone contact.

The use of a questionnaire or interview schedule is advocated in the literature as serving two purposes. First, it translates the research objectives into specific questions, the answers to which will provide the data necessary to test the hypothesis or explore the area set by the research objectives. The second function is to assist the interviewer in motivating the respondent to communicate the required information (Cannell, 1953). The flexibility of the interview technique is not sacrificed by the use of questions with standardized wording, since the interviewer can always tailor the situation to the individual subject by repetitions and follow-up questions.

The problem of soliciting questions and wording them properly is essentially the problem of translating the objectives of the study into the concrete set of stimuli which will determine the nature of the final data. The interview schedule must be designed with this point as well as the following tips in mind.

(1) The interview begins with questions designed to develop active interest on the part of the respondent.

(2) Questions should be limited to a single idea or single reference.

(3) Research has demonstrated a rather strong positive relationship between question length and length of response.
The words chosen should be within the range of the respondent's vocabulary, but also his or her colloquialisms and cliches should be known and used meaningfully.

The funnel approach (asking the most general or unrestricted questions first and following with successively more restricted questions) is a good rule of thumb.


It is important that the interview schedule be pretested to test clarity and effectiveness of questions as well as to be sure no pertinent topics have been left out.
CHAPTER III

METHODOLOGY

A discussion of the methodology for this research will focus on subject selection, instrumentation, data gathering and data analysis.

Subject Selection

As a result of an in-depth review of the literature, and a pilot test (see Appendix I) the age-group of 40-55 was chosen for this research project. Thirty women from this age segment were interviewed. This sample was what Patton (1980) refers to as a convenient sample. He describes sampling by convenience as a type of purposeful sampling and states that it is used when one wants to learn something and come to understand something about certain select cases without needing to generalize to all such cases. Because the literature pertaining to this group of women is so scarce in examining the psychological effects of physical activity this researcher will make no effort to generalize to all middle-aged women.

Because hard-core experimentation or hypothesis-testing was not undertaken, systematic sampling techniques were viewed as unnecessary. Crano (1973) states that:
the specific method by which a respondent sample is chosen is often dependent upon the particular research problem. It is usually the case, however, that a potential population of respondent is first identified, and then divided into theoretically meaningful strata (p. 172).

The sample varied along a continuum from totally inactive to the active (as defined in Chapter I). A large majority of the women were chosen from a list of names generated from a variety of sources at The Ohio State University. The remainder of the sample was solicited through advertisements in and around the Columbus area including women's organizations and churches.

As potential subjects were identified initial contact was made by mail. The introductory letter was sent to the homes of these women describing the project and asking for volunteers. As subjects responded, they were contacted by phone to arrange a time and place for the interview, both of which were convenient to the subject. From those who responded, the researcher chose participants based on the intention to spread the ages out to include the full range from 40-55 years.

Instrumentation

The approach chosen to collect this data is what Patton (1980) refers to as the Interview Guide approach. With this method topics and issues to be covered are specified in advance, in outline form and the interviewer decides the
sequence and wording of questions in the course of the interview.

As discussed by both Patton (1980) and Crano (1980), the strengths of this method are many. The outline increases the comprehensiveness of the data and makes data collection somewhat systematic for each respondent. Also, logical gaps in data can be anticipated and closed. Thirdly, interviews remain fairly conversational and situational. The weaknesses identified include the possibility that important and salient topics may be inadvertently omitted. Also, interviewer flexibility in sequencing and wording questions can result in substantially different responses, thus reducing comparability. However, this can be controlled for by designing the guide in a more structured manner as is true in the case of this study.

The shaping and asking of questions was a critical element in these interviews. The work of several authorities was crucial to developing the interview questions. Spradley (1979) describes three categories of questions: descriptive, structural, and contrast, subdividing those categories into more than 25 types of questions.

As cited by Hughes (1988), Sudman and Bradburn (1987) provide valuable clues to the art of asking questions, and
the guidelines to framing and posing good interview questions in this study were drawn from their expertise.

1. Questions should be grounded in the primary research questions being explored.

2. The level of threat of a question is related to how strongly the respondent feels there is a right or wrong answer to it.

Clues for posing non-threatening questions about behavior:

3. Provide memory cues (lists, examples) for aiding recall.

4. Make questions as specific as possible.

5. The more recent and most significant events will be recalled with most accuracy.

6. Select words carefully to insure that all respondents will agree on their meaning.

7. Longer questions improve recall and include memory cues, give time for thinking, and invite a longer response.

Clues for posing threatening questions about behavior:

8. Use terminology that is familiar rather than clinically correct language that is seldom used.

9. Deliberately load questions to avoid the impression of criticism or judgement of the behavior.

10. Respondents often resent the use of reliability checks during the same interview.

11. At the close of the interview ask questions to determine how threatening the questions were perceived to be.

12. Open questions are more useful than closed ones regarding frequency of socially undesirable behavior.

13. Consider alternatives to questions, such as card-sorting.

Clues for posing questions about attitudes:

14. Consider the value of explicitly stating alternative responses rather than open-ended questions.
15. Avoid questions that introduce multiple concepts that do not have a single answer.

16. Consider possible responses to bi-polar as well as unipolar questions and ask the questions that are more likely to elicit useful responses.

17. If general and specific attitude questions are related, ask the general questions first.

The interview guide used by this researcher was designed to cover the following topic areas: personal background, physical condition, participation in activity (physical or otherwise), middle age, body concept and general self-concept. The outline of questions was written by the researcher who then piloted the guide with 4 women. The resulting data was examined by a panel of 3 experts at The Ohio State University. This panel reviewed the guide and pilot data to determine how well the research questions are addressed. In addition, the guide was reviewed by 4 graduate students who examined how each question refers to the issues being (See Appendix I).

Data Gathering

Data were gathered through one interview with each subject over a period of ten weeks. With three exceptions the interview took place in the participant’s home setting. The three exceptions took place in a private room or area of the participant’s work place. Although a guide was used the participants were encouraged to respond beyond the scope of the questions whenever they wished.
Prior to the interview the issues of anonymity and confidentiality were discussed with each subject and reiterated in writing in two consent forms which they were asked to read and sign prior to participation. Each session was tape recorded for the convenience of the researcher and to alleviate the distraction of constant notetaking.

Demographic questions sought the following information: age, date of high school graduation, progression from high school to present (college experience, career history), marital status and history and family status.

Other questions used in the interview paraphrased and built on the following questions:

**PHYSICAL CONDITION**

How would you describe your general health throughout your life on a scale of 1 to 10?
How is your health now, during this particular stage of your life?
What specifically do you do in effort to care for your body?
Talk about your health and your experience of menopause (or anticipation of it).
How would you describe your physical reaction to menopause?
How would you describe your emotional reaction to menopause?
From what source did you receive the most information about menopause?
How would you describe your mother's emotional reaction to the menopause?
With whom do you or did you discuss your menopause?
Do you take medication for the menopause?
Are you taking any other medication for any reason?
FOR THOSE WHO ARE ACTIVE IN PHYSICAL ACTIVITY

Describe your present participation in physical activity. How often? What activity(s)? What intensity? Individual or group activity? Organized or not? How important is physical activity to you? Why? How do you feel before, during and after your activity? How do you feel on days when you do not participate in physical activity? Have you ever gone several days (7 or more) without participation in physical activity? How did that feel both physically and otherwise? When did you begin to be physically active on a regular basis? Why did you begin? What influenced you? What does physical activity do for you in ways other than physical fitness? What barriers and or restrictions do you feel (if any) place limitations on your activities? Besides physical activity, what other activities (hobbies, crafts, games) do you participate in on a regular basis? (If any) How would you compare the effects of participation in physical to non-physical activities?

FOR THOSE WHO ARE NOT ACTIVE IN PHYSICAL ACTIVITY

Have you ever been physically active? Can you describe its impact? Why did you stop? Outside of work (including household work), what types of activities do you enjoy? Why? What do they have to offer to you? How important to you are these activities? When did you begin such participation and why? What barriers and restrictions do you feel (if any) place limitations on your activities?

MIDDLE AGE

Do you tell your chronological age? If not, when did you start to conceal it? When you were younger, how did you imagine yourself at this age? Does your chronological age match your "inside feeling of your age"? Can you imagine yourself older? What image do you have? How long do you expect to live? What age would you be if you could pick? Do you consider yourself "middle aged"? What does that mean to you - "middle-aged"? When does it begin and end?
Would you describe yourself as "on" or "off" time in reference to your anticipation of life events expected during this stage?

What are the most current, pressing "life events" for you now?
- Menopause?
- Children leaving home?
- Caring for aging parents?
- Marital turmoil?
- Career Turmoil?
- Skill or body changes?
- Change in residency?
- Change in social network?

How would you describe the level(s) of stress/anxiety in your life as a result of these events?

How would you describe your emotional reaction to that stress/anxiety?

How would you describe your physical reaction to that stress/anxiety?

What role has your physical activity played in dealing with this stress/anxiety? (If applicable)

What factors do you attribute to the positiveness and/or negativeness of your transitional period?

Is physical activity one of these?

If yes, what aspects of physical activity have been important factors?

Several psychological themes have been identified that recur through life as people face transitions. They are:

- Belonging - Are you part of things or marginal?
- Mattering - Do you make a difference?
- Autonomy - Do you have control over your life?
- Competence - Are you skilled, mastered?
- Intimacy - Do you have meaningful attachments?
- Identity - Do you have a sense of who you are?
- Renewal - Do you feel rejuvenated?

Do you perceive any particular significance to these themes at this general period in your life?

What aspects of your life contribute to these themes?

Is physical activity one of them?

How and why?

During this stage of your life, have you experienced any perceived role changes? Have you lost any roles and/or gained new ones?

How has this affected you ad what has helped you accept such change?

What has been the hardest/best/worst stage of your life?

How would you rate this present stage in comparison?
BODY IMAGE

How do you feel when you look in the mirror?  
How would you describe your body to another person?  
If you could change your body, what and how would you do so?  
How important to you is how you look to others?  
How important to you is how you feel?  
Has your perception of your body changed throughout the years?  If so, how?  
Has your participation in physical activity had any effect on your perceived body image?  If so, what and how has it influenced you?

GENERAL SELF CONCEPT

How would you describe yourself as a person, excluding external physical appearance?  
What or who are the important influences that have made you the woman you are?  
In respect to your life, would you say that as a person you are controlled internally (by yourself) or externally (by someone or something else)?  
If you feel a combination of the two, to what extent of each?  
Has your perception of this control changed recently and if so, how?  
Has your participation in physical activity affected your perception of control?  If so, how?  
Is there anything about you that you would like to change?  
What are your greatest accomplishments thus far?  
What are your greatest fears?  
What are your greatest regrets?  
What are your greatest dreams?  
How do you feel about aging and dying?  
What advice would you offer to a daughter?  
What else would you like to say that I have not thought to ask you?

Each interview lasted an average of ninety minutes.  
Following each interview the researcher entered additional information in the form of a journal which focused on the nonverbal aspects of the interview as suggested by Lincoln and Guba (1985).
DATA ANALYSIS

Each tape recorded interview was transcribed into typed copy. As transcribed, the participants were referred to by a number rather than by name. The typed copy was formatted so that the computer program "Ethnograph" could later assist with the management of coded data. Ethnograph is a set of interactive, menu driven computer programs designed to assist the qualitative researcher in some of the mechanical aspects of data analysis.

Once the interviews were coded into different topic/question areas, charts were prepared to be placed side by side in order to develop a summary of participants' responses to similar questions. Through repeated review of these charts response patterns emerged and consolidation of the data into new categories was achieved. This formed the basis for organizing the presentation of the data and supporting it with quotations from the participants.

ETHICAL CONSIDERATIONS

By their willingness to participate in an interview within their own home and by the personal, often emotional nature of the interview the subjects of this study made themselves vulnerable by exposing their feelings, behaviors, strengths, weaknesses, satisfactions, dissatisfactions and general sense of wellness. The following procedures were implemented to insure a high
ethical standard in this study (Spradley, 1979, Lincoln and Guba, 1985).

1. Participants were treated with respect and the research conducted in such a way to avoid their harm, embarrassment, or exploitation.

2. The purpose and process of the interviews were shared with the participants in both written and oral form. Interviews were openly tape-recorded but only after obtaining the consent of the respondent.

3. Prior to the interview each participant was informed that they could at any time choose not to answer a question or questions or to end the interview at any point. They were told that choosing not to answer a question would not eliminate them from the study nor would it contaminate the data or the perception of the subject by the interviewer.

4. Anonymity was carefully guarded. Data has been reported in such a way that the identity of the respondents are not known. No list of the study population has been or will be available beyond the use of the researcher for this study.
CHAPTER IV

PRESENTATION AND SUMMARIES OF THE DATA

In this chapter the comments of the participants interviewed are presented in a form organized to reveal the patterns that emerged as well as exceptions to those patterns. Summaries of the data are provided throughout the chapter to enhance the reader's understanding of the data. Further attention to the primary themes that emerged is included in Chapter V. This chapter includes patterns that occurred within these categories: demographics, general health (past and present), participation in physical activity (past and present), participation in non-physical activities, perception of middle age and the aging process, body image, self concept and advice for younger women.

The names of the participants have been changed. Each time a participant is referred to by a pseudonym it is followed by the participant's age and category of participation in physical activity. As described in Figure 1, these categories range from 0 (no participation) to 4 (high level of participation). This is to help the reader get a better picture of each respondent.
<table>
<thead>
<tr>
<th>No</th>
<th>Participant/Age</th>
<th>Physical Activity</th>
<th>Low Level</th>
<th>Medium Level</th>
<th>High 5-6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>&quot;Now &amp; Then&quot;</td>
<td>1-3 Days/Week</td>
<td>3-6 Days/Week</td>
<td>Days/Week</td>
</tr>
<tr>
<td>01</td>
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<td></td>
<td>1-4 Months/Year</td>
<td>5-9 Months/Year</td>
<td>Year Round</td>
</tr>
<tr>
<td>02</td>
<td>Karen/44</td>
<td></td>
<td>run, walk, golf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Erica/40</td>
<td></td>
<td>walk, run, golf, cycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Kay/40</td>
<td></td>
<td>run, aero,ics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Emily/51</td>
<td>walk 2-3 miles</td>
<td></td>
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<td></td>
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<tr>
<td>07</td>
<td>Martha/51</td>
<td></td>
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<td>Nancy/54</td>
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<td>09</td>
<td>Joan/53</td>
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<td>Rose/53</td>
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<td>Sandy/52</td>
<td></td>
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<td>Paula/47</td>
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<td>Pamela/53</td>
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<td>Laurie/50</td>
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<td>Wendy/40</td>
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<td>Sarah/52</td>
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<td>21</td>
<td>Candy/44</td>
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<td>Carole/41</td>
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<td>Mabel/42</td>
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<tr>
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<td>Christine/44</td>
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<td>26</td>
<td>Toni/55</td>
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<td>Anne/42</td>
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<td>Kimberly/46</td>
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<td>Annette/47</td>
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<td>Peg/45</td>
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<td>31</td>
<td>Ester/55</td>
<td></td>
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</tbody>
</table>

**Figure 1.** Participation in physical activity.
DEMOGRAPHICS

Thirty women within the age group of 40-55 years were interviewed. They represent a balance of those ages with two participants at each age except three who were 40, 44, 53 and 55 (see Figure 2). All of the women live in Columbus, Ohio. Nineteen of the women are in first marriages with children. Five of the women are in second marriages with children, 5 of the women are presently divorced. Two of the women are widows both of whom have remarried. One of the women has remained single.

At the time of the interviews 13 of the women were working full-time, 8 part-time and 9 were not working. All of the participants had worked in the past. The occupational histories are extremely varied with no real patterns emerging. All of the women who had had children reported that their careers were interrupted by the children for periods varying from 1 year to those who never regained employment. However, in every case the women reported this to be a voluntary and welcomed interruption. Of the 30 women 8 had some college experience, 11 had graduated from college and 4 had obtained a graduate degree, 7 had no education past high school.

Socio-economic status was not a variable examined in this study. However, it is important to note that the majority of this sample (27 of the 30) would fall into the category of middle class with the remaining 3 being lower
Figure 2. Ages of participants.
middle class. These descriptors are based on the observation of this researcher who conducted the interview in the homes of the participants.

GENERAL HEALTH

All of the participants made very positive comments about their health in general. In fact most of the 30 began by saying "good," "very good," "excellent," "great" or "always good." Some of the less affirmative reactions were "pretty stable," "pretty good," and "pretty healthy." As the interviews proceeded and health histories began to emerge it became apparent that each woman had some history of illness with only 4 of the 30 who could not think of any illness or injury that they had experienced.

None of the women had major complaints about their health. Each had their problems but seem to handle them without much trouble. Karen (44, 4) was typical in this respect.

I am very good right now, I have borderline high blood pressure but I control that with my eating habits and my weight (p. 2).

Many of the women were beginning to experience arthritis and were accepting that as a sign of aging.

I'm just starting to have arthritis in my hands which makes some discomfort and is a sign of aging. In fact I was worried about it because my fingers were so sore that even to wear my wedding rings would kind of irritate my pinky finger. So I did have that diagnosed as a problem, not a serious problem (Kay, 40, 3).
Despite a very serious, threatening health history Nancy (54, 0) still described her health as good and describes herself as a survivor.

I have had Hodgkin's disease in 1970, so I'm a survivor of it. Actually, it didn't slow me down at all. I shouldn't do some of the things I do, but I've got kind of a weird philosophy. My doctor discovered it in 1970 and that's the same year my son died. I just had a lump in my neck, I discovered it reading a book, I'd gone off to drive my bus in the morning, my husband and kids went off to school. I was sitting at the kitchen table reading my book and having coffee and my peanut butter toast, and I felt a lump here and it wasn't the same (p. 4-5).

Seven of the 30 women had had hysterectomies for a variety of reasons. All 7 recovered quickly and described little or no negative repercussions. Joan's (53, 2) description seems to fit.

The hysterectomy, oh I had quite a bit of growth in my stomach, none of which was malignant. I had, oh what do you call it when all the fibers grow in there? Anyway, they removed everything. I've had arthritis, but I didn't think that had a thing to do with it, but it got really bad after that. It's mainly just your old aches and pains and I just take Bufferin and keep going. There's days when I go slower than others (p. 4).

Menopause

Only 1 of the 30 women had not yet shown signs of menopause. All 30 of the women reported minimal negative anticipatory effects or negative physiological and/or emotional reactions to menopause. The one woman who had not yet had symptoms stated quite simply:

It hasn't happened yet. I don't anticipate, and I hope I'm not disappointed, I don't anticipate any problems. I have no early signs and have never had any problems with any of my female, you know with my period or
anything like that. There could be some moodiness (Karen, 44, 4, p. 3).

Moodiness, weight gain and sleeplessness were symptoms identified by all 29 of the women who had experienced menopause. The 7 who had had hysterectomies reported less of an occurrence but still identified those 3 as the most prevalent.

Erica (40, 4) represents a very care free, positive reaction to menopause.

I never gave it much thought, I figured it is a typical aging process that's going to happen. Um, my mother never expressed any pluses or minuses about it at all. It has not been a problem at all. One thing about it, I can't always sleep and I just get up, put my clothes on and walk (p. 2).

The majority of the women based their experience on their mother's experience with menopause and expected their's to be similar, as Kay (40, 4) said.

My pregnancies and deliveries were very similar to my mom's, real easy and quick and I guess I expected menopause to be pretty much the same, which it has been. I'm taking it pretty low-key (p. 7).

One of the 30 women did not base her experience on that of her mother's. Nancy (54, 0) described her mother's experience and her mother's life in general as one after which she did not model her self.

Oh my mother went through shock treatment. My mother was a basket case. To a certain degree my mother has been a basket case all of her life and a big worry wart. I remember when I was 16 driving my mother to a psychiatrist for shock treatments and her being as limp as a noodle and having to come back and spend a couple of days in bed. She also had violent migraines that did the same thing (p. 9).
But in respect to her own menopause,

It's been going on for quite a while and it doesn't bother me at all. I'm so disgusted with this bleeding bit that I'm ready to stop bleeding and I think it's a nuisance. As far as psychologically, it doesn't bother me. I've never thought of it as a loss of womanhood, or I can't have children any longer or anything. I mean you think of it, but not in negative terms (p. 9).

None of the women expressed feeling any less of a woman as a result of menopause. As Joan (53, 2) stated,

As far as feeling like half a woman, that didn't bother me because I could do everything I had done before. It wasn't like I had had something done to my body that would change me drastically (p. 11).

Many of the women were confused about what to attribute to menopause and what to attribute to other things that were going on in their lives. Depression and moodiness were most confusing to many women. As Emily (51, 2) described herself,

I think there are probably days when I became shorter, less tolerant, that kind of thing, but again I don't know if those are just people's moods or you can say 'that's, well, part of menopause' (p. 4).

Rose (53, 3) reports similar confusion.

I went through a lot this past year. I don't know whether to put it all together or not. My doctor says no, I don't know that I believe that. He said if you were depressed due to menopause it would mean that you're not sleeping properly, therefore you are depressed. But my father passed away this past year and my mother is gone, so I attribute my depression to a lot of things (p. 3).

Many of the women could identify a variety of things occurring at the same time as menopause and expressed confusion regarding to the real root of their moodiness, depression, sleeplessness, skin reaction and changes in
body weight. However, the majority were not quick to attribute them to menopause and actually regarded it as a positive event, marking the end of menstruation.

Care of Body and General Health

When asked the question "What do you do to care for your body or your health?" The responses were extremely similar. All 30 of the women mentioned eating habits as very important. Cutting down on salt, eating more vegetables and less meat were mentioned as specific goals. Most of the women referred to their backgrounds and mothers' cooking as setting the standard. Erica (40, 4) says it quite well.

I have always been conscious of good health. I think background is a large part of it. We were raised on three good meals. Mealtime was a time of pleasure. We were fully dressed for every meal, even breakfast. We were raised to be very appreciative of good health. I think if you have the basic food groups growing up it stays with you. We always had desserts but they were homemade and healthy. My mother's art was in the kitchen (p. 1).

Connie (48, 1) would agree.

I don't do too much. I try to eat right. I read what's good for you and what's bad. I try to eat my vegetables. Part of my life I lived on a farm and we had a lot of fresh vegetables. I lived with my aunt and her people were farm people who knew how to go out into the woods and gather their greens. That passed down to their children, so she, my aunt, was always going out and picking dandelion greens (p. 4).

Exercise was the next most frequent response being mentioned by 24 of the 30 women. Two of these respondents were not exercising but mentioned it as something
they should be doing. Laurie (50, 0) is a good example of this.

I don’t really do much of anything. I don’t mean that I don’t know what I am supposed to do. I know that I’m supposed to exercise and that I should do a lot of things. I just don’t (p. 8).

On the other hand, several of the women considered exercise a huge contribution to their health. Physical activity for these women, 12 of the 30, was considered to be a way of life and more than just a way to maintain physical fitness.

We played everything, year ’round. From checkers to roller skating, rope jumping. If nothing else we’d see how many times we could hit a ball against the wall. We made up games and it was not unusual for all the members of the family to participate, and our whole neighborhood. Fourth of July there were all these organized, skilled games, croquet, everyone played. We grew up like that and I have just continued it into my life-style and my marriage. We always play.

Joan (53, 3) also represents this group and stressed that the social aspect of her physical activity keeps her going.

What do I do for my health? I square dance, we belong to a western square dance group. They have 2 dances each month and on Mondays they teach new dances, and I get up and teach! On Tuesday we got involved with this country western two-step group, which is entirely different from square dance, so we go take lessons on that. Wednesdays I bowl. Thursdays I go to advanced dance lessons. Friday and Saturday we either go to the Moose, Swiss Club, or square dance, which even is the best thing going on at the time. Sundays we go to Church, eat out and rest (p. 5).

The third most frequent response was getting an appropriate amount of rest, mentioned by 15 of the 30 participants.
I try to get rest and I guess what they say now is to listen to your body. When I’m tired I try to get extra rest (Emily, 51, 2, p. 3).

Emily (51, 2) also represents a majority (21 of the 30) who attribute their good health to general life-style and upbringing.

My parents were never ones to encourage not feeling well. They were never sickly. My father probably never missed a day’s work because of being sick, except when he had a heart attack. But never just illnesses and I think I got that from them. Then with my children, because I was divorced and they were young at the time they were never allowed to be sick. They had to go to school, they had to be well. So they have fortunately been blessed with very few illnesses (p. 3).

In respect to caring for their bodies and general health some of the women mentioned the following:

- vitamins - 2 respondents
- prayer - 2 respondents
- cosmetics - 1 respondent

PARTICIPATION IN PHYSICAL ACTIVITY

As indicated in Figure 1 the participants’ levels of participation in physical activity fell into four categories:

Level 0 - those who do not participate in any form of physical activity.

Level 1 - those who participate only “now and then” in some form of physical activity

Level 2 - those who participate for 1-3 days per week during 1-4 months each year.

Level 3 - those who participate 3-5 days per week during 5-9 months each year.
Level 4 - those who participate 5-6 days per week all year long.

Figure 1 indicates each participant's present level of participation. When asked about their past experiences 29 of the 30 could easily recall some type of physical activity during various parts of the past. Most instances found marriage, the birth of children or other life events interrupting regular forms of active physical activity.

When I was in high school I was pretty active in all sports through high school and almost got the athletic trophy, my mother got it when she was there and my sister got it, but I missed it. I continued with that kind of stuff when I was in college. I can’t remember too much that I did between that period and then I got married and had kids. I remember going camping with my husband and deciding that until the kids were out of diapers there wouldn’t be any more camping. As a matter of fact there wasn’t any more camping for 10 years (Pamela, 53, 2, p. 5).

In reference to her past Wendy (40, 1) stated:

Oh I loved football, baseball and volleyball. I wasn’t particularly crazy about soccer, but I kind of had an athletic ability so I could pick it up. I liked swimming. I liked all the athletic sports. I don’t do all of them great, but I used to do them well. You lose them if you don’t keep them up (p. 4).

Connie (48, 1) recalls a very active, yet sporadic past.

I don’t exercise like I should, but I live on the top floor and I climb about 52 steps each way. When I was younger I did a lot of things with friends. Different times when you get involved with different guys you do different things. For one I was, he was into yoga, so I was doing that every night. We would do a lot of walking. Oh bowling. I’ve bowled on leagues for different periods of times. I always took part of things in school. I played baseball, and I played volleyball and basketball (p. 18).
Those women who are presently active in physical activity began for a variety of reasons. One reason is that physical activity has always been a way of life for some. Erica’s (40, 4) description fits these cases best.

I have always been energetic, as a young person, as an adult, as whatever age you want to call me now. I was the first girl at our University to receive a varsity letter. It was a point system so you couldn’t play one sport and letter. It is not unusual now for me and my husband to go for walks in the middle of the night. Now I run at least 5 of the 7 days (p. 4).

Karen (44, 4) also represents this group.

I always have been (physically active). I started running probably right after my son was born because it was the only thing I had time for, it doesn’t take much time. I have been happy doing it (p. 5).

Others began their physical activity in effort to improve physical fitness. Kay (40, 3) is a good example of this group.

I literally woke up one morning and just got sick about my flabby thighs. Aerobics literally changed my whole self image (p. 6).

Debra (54, 3) is an example of a small group (4 women) who began for physical therapy, in this case to battle arthritis.

I try to swim 3 days a week. I just slowly move through the pool. It’s mostly for flexibility and general exercise. I usually do 25-30 laps at 25 meters. It’s not very long. It’s slow and concentrating on moving (p. 3).

Rose (53, 3) is another example of this group.

I really began to become aware of exercise after I had back problems. It started when I was 21. I started with yoga because that was the mildest form of exercise and I just progressed (p. 7).
Importance Attributed to Physical Activity

All of the women who presently participate in some form of physical activity attribute importance to the activity, and therefore do not eliminate it from their schedule with ease. The degree of importance varied along a continuum with those women at the higher levels of participation (3 and 4) attributing more importance, making it more of a priority than those at the lower levels. Karen (44, 4) is a good example of the attitude of category 4.

It is very, very important to me, if it was not, I wouldn’t exercise. I get up earlier and earlier to get it in, because my days are not long enough to fit it in easily, especially as it gets darker earlier. I’ll get up an hour or 45 minutes early to get it accomplished (p. 4).

Kay’s (40, 3) comments represent well the attitude of category 3.

I know when I feel my legs if they feel toned up and strong, I feel better about myself. But, I can take too many days off and then it’s more of a psychological panic, ‘don’t let it slip.’ I mean I’m not one who is absolutely addicted to exercise. I have yet to run and feel so exuberant running that I won’t ever want to quit (p. 11).

For category 2, Emily’s (40, 2) response seems to fit well.

I find that if I don’t get up and walk early, I never get it done later in the day. I sometimes think ‘it’ll warm up today, I’ll just go later.’ But I don’t (p. 6).

Category 1 is best described by Connie (48, 1).

I don’t exercise as much as I should, but where I work I walk almost a half mile to and from the building from where I park. I know I need to exercise, I like to walk, and I like to hike (p. 5).
When asked why physical activity was important and what specifically they got out of it, the answers varied with all of the women who were currently participating mentioning physical fitness as an important aspect. Second in occurrence of response was improvement of mental attitude (mentioned by 22 women). Third was the social/friendship aspect of participation (mentioned by 18) and fourth was the opportunity to be outdoors and enjoy nature (mentioned by 14).

Other benefits sought through physical activity were fun, discipline, confidence, energy and a relief from stress. Lynn (48, 4) puts it this way.

A sense of, I guess it's sort of an air of superiority. That I know I'm doing something a lot of people aren't, that a lot of people can't. It's not that I'm so wonderful, it's just a great confidence-builder (p. 14).

Erica (40, 4) enjoys the solidarity.

I just feel better. I think when I am walking it gives me time to think and to vision (p. 4).

Wendy (40, 1) identifies the advantages of physical activity as she deals with menopause.

I think with menopause, your mind does not seem to want to settle down, sometimes for me it just races. I don't know, so many things just go through all at once and when I exert myself walking I'll walk real fast. It takes me about 15 minutes to walk a half of a mile. As I'm walking it's like this time clock or this racing in my brain just slows down. Then I'm able to think things out. Then at night between the walking and my job, by the time I get to bed at night I'm tired (p. 7).
Physical Activity as a Way of Dealing with Stress

When asked about the amount of stress in their lives only 1 of the 30 participants identified this as a "high" stress period. Annette (47, 4) identified her husband's unemployment as the cause of this most stressful period she could recall. As one who rarely misses a day of aerobics, Annette (47, 4) stated "there are times it (physical activity) keeps me alive. It is really the only thing I actually do for myself" (p. 7).

The remaining 29 participants described the level of stress in their lives as low to moderate. All 29 could identify a previous period in their life that was much more stressful and were pleased to describe this as a less stressful period. On the issue of physical activity as a way of dealing with stress all 30 agreed that it was a big help.

Kay's (40, 3) response sums it up well.

I'm sure it does! Especially with tennis, hitting that tennis ball or really working on a serve or an alley shot when someone's not expecting it does more for me than a lot of things (p. 23).

Different from this catharsis effect, Emily (51, 2) describes how walking helps deal with her stress.

I think probably that's why I enjoy walking, it is a time for me to reflect and think about things. I think sometimes when you realize all that you have and how little others may have you can't get down. Walking gives me that chance to just think things out (p. 12).
Paula (47, 0) agrees with the benefits of walking and shows her frustration with her lack of time for it right now.

I take it out on my husband. Without walking a lot just builds up inside and he bears the brunt of it (p. 12).

Most of the participants (26 of the 30) identified their children as the cause of stress in their lives. Of these 26, 18 stated that the stress was much higher when the children were much younger and their marriages were in the early stage. When asked if physical activity was important then as an alleviator of stress 16 of these 18 indicated that they had no time in their day for the "luxury of exercise" (Lynn, 48, 3, p. 17).

As Barbara (55, 4) stated "I had too much to do around here, like sewing and stuff like that, but I did get enjoyment out of that (p. 7)." Karen (44, 4) agreed and added

I probably would have gotten a lot of relief from exercise then but it would have been awfully hard to manage. There were scouts, and all the extracurricular activities of catholic schools (p. 11).

All 30 of the participants could identify some period in their lives when they were not active physically. For some it was a period(s) of year and for others several weeks or days. When asked to describe the effects of these periods off the terms "sluggish," "lethargic," "bloated," "tense," less "exhilarated" and less "energetic" were used to sum things up.
Karen's (44, 4) comments represent the responses of those in category 4 well.

With my schedule there have been 7 or 8 day periods when I just can't get it done. I just don't feel good. I came home from whatever, and it might be 9:00 at night, and I'm just pooped. Even though I might be running all day, it's just not the same. I have to exercise (p. 5).

Kay (40, 3) described the fears she has that getting off the routine of exercising regularly makes it so very difficult to start up again.

I can feel that I have missed that activity. It's more psychological than anything else 'Oh gosh, don't!' I know how quickly I can get out of shape and it takes me so long to build up to be able to run 3 miles. If I lay off a few weeks I can't run those 3 miles (p. 12).

Lynn (48, 4) identifies other effects of her off days.

I don't feel the same. If I don't exercise, I don't sleep as well. I just feel blah and mopey. I'm generally a very outgoing, bubbly, friendly person, so when I haven't exercised or walked I'm yucky and miserable to be around. I don't have as much to say, kind of quiet. I just feel blah (p. 8).

For those who are not presently active, Paula's (47, 0) response fits very well.

I feel the way I feel right now. I feel like I'm all bloated up. You just feel tense. I feel like my body is one big lump that I can't move (p. 7).

Perceived Barriers to Physical Activity

Twelve of the 30 participants could not identify any barriers or limitations to their participation in physical activity. One of those 12 was Emily (51, 2) who wished she could identify a barrier because she was not as active as
she would like to be. One other member of this group, Kay (40, 3) felt no barriers, in fact the converse was true because she is a physical educator.

No, I would not say I feel barriers. I feel pressure and that could be self-induced that I am supposed to be a jock because I teach physical education. And I'm not a jock. There are lots of things I don't do or that I don't do well. I recognize the fact that at the age of 35 or 40 it's tough to pick up skills that I've not had. So I feel intimidated sometimes to try in a public arena. So in a sense that may be a barrier and I'm not sure whether that's totally self-imposed (p. 15).

Of the barriers that were identified physical factors were mentioned most often (mentioned by 9 of the 18).

Specifically, the physical barriers varied with 4 of the 9 mentioning being overweight as a barrier. As Joan (53, 3) stated,

Weight has stopped me from doing a lot of things I used to do. Like I said I used to ice skate quite a bit. Now I have this terrible fear of falling because my back went out one time when I fell and I don't want to fall anymore and the weight has caused a lot of problems that way (p. 9).

Otherwise, general physical stamina was a big complaint by the remaining 5. As Barbara (15, 4) stated,

I find that physically I cannot handle 4 hours of tennis as well as I used to. I can really feel it at the end of the day. Some days I know I just can't do it (p. 5).

The remaining responses included "lazyitis," weather, children, work and a general "reluctance to make a commitment" (Laurie (50, 0), p. 5).
Participation in Non-Physical Activities

Of the 27 participants who could identify non-physical activities in which they were active, 23 of those mentioned reading as the favorite. The remaining 4 mentioned crafts, sewing and cooking.

When asked to compare the effects of participation in physical and nonphysical activities the most common response (14 responses) was that the individual looked for a balance of the two.

Annette (47, 4) sums it up well.

For me, I need a balance. Just as I need time to be active, I need time to just sort of pull away and be quiet. Just like I need to be active, I need to be entertained and to me cross-stitch is entertaining. It is something that I can do and be a part of a different sphere (p. 16).

Erica (40, 4) would agree as would 9 of the 27 who could compare the effects.

I think they are both very satisfying to me. I feel like if I read a lot, I need a change of pace and if I’ve done something physical I like to sit down and read. I like to have a balance. I wouldn’t weigh one against the other (p. 7).
MIDDLE AGE

Of the 30 women interviewed, 18 would describe themselves as middle-aged, 12 would not, with 1 of those 12 feeling they were past that stage and the other 11 felt they had not yet reached it.

Those who would not describe themselves as middle-aged had a variety of reasons. Most attribute negative connotations to the term "middle-aged" and although they admit to falling into that age category, they do not think the actual term "fits" well. Carol's (41, 2) response describes this attitude well.

By world standards I am middle-aged, but I don't feel middle aged. That means housecoats and slippers and cold cream on your face until 11:00 a.m. (p. 7).

This attitude fit 5 of the 12 who would not describe themselves as middle-aged. All 5 of these defined middle age as older than they and 3 of them said they could never picture themselves as middle-aged. As Karen (44, 4) put it,

I probably have lived half of my life, but for someone to say middle-aged, I would take offense. Middle-age gets a little later every year. It keeps moving up. Right now middle-age is probably 55 or 60. It's really only a term, and it's not a bad term. Isn't that funny?! It's just that as you get older people associate so much with your age (p. 7).

Another 5 of these women would not describe themselves as middle-aged because the concept of categories and age groups was one to which they did not relate. Erica (40, 4) expresses this attitude well.
I have a problem dealing with age groups. I don't label myself. At my age I feel younger than most people younger than me. I love to dance. I think it's the things you are able to do, and I think young. So I don't think I am middle-aged and I have to remind myself often of my age. I'll look at my husband and say 'Heh, we're the oldest people on this dance floor.' But then in a way, we've learned to cope with some of the things the younger people haven't. It isn't a bad age at all (p. 8).

Wendy's (40, 1) perspective of middle-age is one of decline and loss of vitality. She represents a group of 6 who base their definition on the experiences of other women close to them.

I think that the vitality that I have now I won't really have at middle age and I can't fake it anymore. I'll have to recline gracefully, recognize my limitations, still do what I can, but also realize that it's the declining years. I think it's our system too, 50 is the halfway mark of a century. I have a sister who is 50 and she looks great. I have another sister who is 54 and she looks great too. I have one sister who is 46 and she looks terrible. The quality of life has a lot to do with what you are going to be like when you get older and people don't realize that when they are young because they have this youth and vitality and they think it's going to go on forever, but it's not (p. 12).

The 18 women who did describe themselves as middle-aged did so from two different perspectives. Twelve of the women were very positive, referring to the wisdom and experience represented by their age. Sandy's (52, 0) description fits well.

Well, your eyes start to go, you need glasses. I know when I was getting a ring fixed, I liked the tiffany setting and I said I didn't think I should have it because I am so active and I would probably knock the diamond right out. The jeweler said 'you're going into an age where you're going to be less active' and I thought 'he doesn't even know me!' These years are no less active. There are so many things going on. Your
parents get older and need your help, your children are on their own but you still do a lot for them. So many things come into life at this stage that when you were younger you could ignore and someone else would take care of them. Like deaths, I had a brother who died. I think sometimes you have so much on your mind, like things you need to do or someone who needs you, those are there and they don’t leave (p. 10).

Three of the women referred to middle-age as a time they can care for themselves a bit more. Wendy (40, 2) describes this attitude.

You can be a bit selfish without worrying about hurting anyone or stopping someone else’s life. You can be selfish because you feel like you’ve paid your dues. You’ve raised your children, you did what you had to do and now you can devote yourself to some things that you like. About 20 years ago my world was so definitely defined as a wife and a mother. Now I can be myself again (p. 9).

The second perspective is that of accepting middle age as a better alternative to old age. As Pamela (53, 2) stated,

I will continue to be middle-aged, when I’m 83 I’ll still be middle-aged because I don’t intend to be old! I suppose middle-age goes from 40ish until about 80 (p. 12).

Image of Self-Aging

When asked about the image they had of themselves as they age, all 30 of the women held a positive image. Twenty-one of those positive images were based on the impressions or memories of mothers or grandmothers. Here are some of the responses which indicate this type of modeling. "I intend to grow old gracefully and hope to grow as gracefully as my mother has" (Martha 51, 0, p. 8).
It's funny you should ask that because I just commented on that the other day. I said I used to think that 30 was old, then I thought when my mother was 40 she had had it! Now here I am at 53! My mother was a person who just kept going, she never complained or anything. She walked out of here to spend the Winter fishing in Florida. I only hope I go as gracefully as she (Joan, 53, 3, p. 12).

Well, I picture myself much like my mother. She was 32 when I was born, so she was in her 50s when I finished college. My mother sailed right into her 70's so I guess I don't have a tremendous fear of being old (Sarah 52, 1, p. 10).

I admired my grandmother very much. She's interesting, she was like a little bird, she was so active. I could picture myself as a grandmother (Debra 54, 3, p. 8).

The remaining images were based on a continuation of their present state of good health and maybe even improvement.

Maybe a little wiser, maybe a little smarter, maybe a little more kind and tolerant. I would like to be a wise old sage! I think it will be fun as long as I have my health (Annette 47, 4, p. 8).

I think you continue to grow in a lot of different ways, continue to learn, I still work on having more patience and I look forward to what lies ahead in terms of family (Sally 43, 3, p. 9).

I always think that because people today are more active, healthier, and younger that you think it's going to keep getting better (Lynn, 48, 4, p. 10).

When asked what age they would choose if they could be any age two very definite patterns emerged. Of the 30, 18 would choose their present age. Wendy's (40, 1) comments represent this group well.

I'd pick 40 because I like the experience and the wisdom and the things that I have gone through to make me the 40 I am. At 22 you are just so naive. I think about that and I wouldn't go back for anything (p. 12).
And Sally (43, 3),

I'm perfectly happy at the age I am now. I feel each year has been good. We have a wonderful marriage and great kids. I can think of a lot of reasons not to go back into my 20s or 30s (p. 9).

The second pattern was that of choosing a younger age (mid-30s by 8 of the remaining 12) but to go back and still know all that they know now. Thirty-five was an age identified by 5 women as the age of which they began to focus on themselves. Sandy (52, 0) is a good example of this.

You start to say 'where am I' at age 35. It's one of those points where you decide where you are going. It's not that I was in such a great place, but that you start focusing more on yourself and what you're going to do.

As Annette (47, 4) stated,

I would go for the mid-30s. However, I really have no desire to relive the past. I am happy with myself now. If I could be me but subtract those years only physically, I would choose somewhere around 35 (p. 14).

When asked about the best and worst stages of their lives, only 2 of the 30 identified the present as the most difficult stage of their lives. Annette (47, 4) described it as the most challenging because her husband had recently lost a very high paying job and the entire family was having trouble adjusting. Emily (51, 2) was the second and was struggling with a loss of independence as she had recently entered a second marriage.

The most difficult stage? Probably the one I am in now. The loss of control, the not knowing. At least
when I was divorced, that was a rough time, but I was in charge (p. 17).

Twenty-two of the 30 women identified the present as the best stage of their lives. Most attributed this to a regained independence from the children and more time and freedom for themselves and quality of time spent with a spouse.

I would probably say now and in the future. Sharing things with my husband and seeing our grandchildren grow (Barbara, 55, 4, p. 9).

The best stage of my life is now and is yet to come, barring any unforeseen health problems. I look forward to the kids being, hopefully being independent and we can start to do the things we love to do (Karen, 44, 4, p. 11).

I would say right now is a time when I am at peace with about everything. I don’t really have any problems. The kids are taking care of themselves and my husband is trying to please me. I just feel like I couldn’t ask for much more (Joan 53, 3, p. 23).

The remaining 8 women include the 2 who called this the most difficult stage, 4 who identified young motherhood as the best stage and 2 who did not want to label any stage as best or most difficult.

Current Life Events

Each of the participants were asked to identify the most current life events which were occupying the majority of their time, thoughts and/or efforts. Twenty-nine of the 30 women could identify such events excepting Pamela 53, 2 who responded "I don’t really have any pressing life events, so I guess I am lucky" (p. 13).
The remaining 29 women responded in 3 very clear patterns. Fourteen of these referred in some way to their children as their most pressing life event. The following responses summarize this group.

The most pressing thing on my mind is to get my 4 children through high school, whole, safe and healthy (Carole 41, 2, p. 8).

I am concerned most about my children. My daughter is going through getting settled and struggling in an occupation. My son is going through that high school, drinking, exploring freedom type of things. He'll be graduating in a year and a half so that keeps me busy (Candy 44, 1, p. 6).

My son was living with a woman then they split up so he just moved back and he just went back to school. He needs to get himself back on his feet. That's the biggest focus, trying to get him back on his feet (Sandy, 52, 0, p. 11).

Well I pray for my children and their salvation, that's the most important thing, their salvation. But whether I'll ever know before I die I don't know (Barbara, 55, 4, p. 7).

Two members of this group are most concerned about an anticipated void as a result of the children leaving the home.

Well this past summer for instance, now I don't know whether it was related or not, I went through what I almost think might have been a slight empty nest syndrome. See I don't know if this is related or not. You see the kids are getting older and neither one of them were around much. I went through about a month getting used to that (Karen 44, 4, p. 3).

I'd say definitely the anticipation of not having anyone around next year (Lynn, 48, 4, p. 12).

Eight of the 29 women identified current life events which centered around themselves. Two of these concerned career issues, two included continuation of education,
three included emotional problems and one included a religious commitment. Below are the responses of a representative from each of these patterns.

Of course I can retire in 6 years, so a lot would probably be work. They are changing things at work as far as qualification in this particular area I am in. If I am to keep working until I am in my 60s, I need to be very concerned about going back to school and getting this completed. But right now I am not very interested in progressing, although I should be (Connie, 48, 1, p. 21).

I really want to get this master’s degree. I am starting to double up, taking 2 classes each quarter until I finish (Kay 40, 3, p. 19).

I’m learning to take care of myself for the first time in my life. For my depression, I finally went to group therapy. I am there for treatment of co-dependency and relationship addiction. I am dealing with all of this, just trying to grow and to learn. When I get to where I can feel the self-confidence, I’d like to take some classes and see where that will lead me (Rose, 53, 3, p. 12).

Since I am a servant of Jehovah, I do a lot of Bible reading and Bible meditation. I do a lot of field service and there’s a lot of studying and reading to do that brings me a lot of joy and happiness. This is not something I started doing once I had gotten older. I’ve been able to devote more time to it now because of the kids being older and not so much of a responsibility. That’s what I spend the majority of my leisure time doing.

Caring for their parents was referred to by 6 as their most current life event. Four of these had a parent or parent-in-law living with them and the other 2 did not.

Caring for my mother. My mom has lived with us since my dad died, it’s been 15 years. Last year she got sick and had to have an emergency hernia operation. It turned out to be 5 operations and in one she had a stroke. The hospital said we could not take her home because we couldn’t care for her so we put her in a home. It was okay for a while until she became so sharp, too sharp to see these people with no goals.
It's been 3 weeks since I've taken her out. She will never go back to a home. She will die right here (Martha, 51, 0, p. 10).

We just lost 2 parents. Up to this point that has been the biggest issue. They were 2 hours away and we spent a lot of time going back and forth. That has been real hard and has gone on for 3 years (Sally, 43, 4, p. 10).

Physical Activity and Middle Age

All 30 of the women identified some form of physical activity as having value in dealing with the issues pertinent to this stage of life. This includes those who were not presently participating in any form of physical activity. As Sandy (52, 0) stated,

I know that I should exercise. I know that if I just made the time and somehow found the motivation to just walk a few times a week I would feel better about myself and face the world better (p. 11).

Annette (48, 4) represents category 4 well in her comments.

I can not imagine life without my daily routine. Everyone thinks I'm nuts. Even on trips, in Florida in the hotel I was up at 5:00 to squeeze in the aerobics. I am a better, stronger, more confident person because of it (p. 13).

Emily (51, 2) refers to her walking as crucial.

Sometimes it's the only reason for me to get out of bed in the morning. Who cares if I dust today or tomorrow (p. 9).

Karen (44, 4) speaks specifically to physical activity and menopause (as did 9 of the 30).

As I said before, sometimes your mind races like crazy. You never know what is physical because of menopause and what is everything else that is going
Exercise is my only treatment, the best medication (p. 13).

Carole's (41, 2) comments speak well for the majority of the group.

Exercise has it all. It helps the physical, the mental and even the social. As the kids grow and continue to be more independent I have more time for it and more freedom. I really think physical activity is something I will always consider a priority. Ten years ago I had other priorities, but now it's my turn (p. 11).
BODY IMAGE

This group of women was divided into 2 equal groups, 15 had generally positive body images, and 15 had negative body images. However, of the 30, 28 would like to lose some amount of weight, I wanted to stay the same and I felt she was too thin. Thirteen of the 15 who had generally positive body images were still not thoroughly satisfied with their weight. Sarah's (52, 1) comments in answer to the question "How do you feel about yourself when you look in the mirror" fit well.

Much better than I used to and that's ridiculous because I am not as trim and tidy as I'd like to be. I'm heavier and rounder in my midsection. I was always very thin when I was a teenager and a young adult. I have always had the image of being a slender person and have had to do some adjusting to the fact that I'm not. I'm wearing a size 14 skirt or slacks. I know I'm fat. I'm not really overweight, my sand has just shifted (p. 14).

As Carole (41, 2) stated, "I wouldn't mind a flatter stomach, but other than that, I'm okay" (p. 10).

Kay (40, 3) also represents this group well in her response.

I feel pretty good. I have a little paunch that I'm working on. But I think that's probably post-baby and that's not going to change. I feel fine (p. 32).

The other half of the sample had very negative things to say about their bodies, all of which were in reference to perceived weight problems. As Joan (53, 3) stated,

Terrible, I was trying on dresses for a dance Saturday night, it was a company dance and a fancy dance. I wanted something to make me look nice because all of the main bosses were going to be there. I was so down
after trying on dresses, looking in 3-way mirrors and nothing looking good on me that I didn’t want to go to the dance (p. 24).

Similarly started by Martha (51, 0),

Fat, Yes, fat. I am down to 150 lbs. and that’s only because I had mouth surgery. I don’t like being fat, I’ve never been fat in my life. I’ve got a goal to reach another 25 lbs. and I feel I’ll be content with the way I should be (p. 15).

Martha’s comment above which refers to her body image in the past describes that of 27 of the 30. Twenty seven of the women remember being thinner, more satisfied with their bodies in the past. The following are responses that describe this large majority well.

Well, when I was younger I never thought about it much. Now that I am older I’ve come to the realization that, hmm, these pants fit a little tighter, this skirt doesn’t fit, ah and your sizes change (Barbara 55, 4, p. 10).

I think for me it changed after I got married because I figured ‘I’m married now, I don’t have to do this and that’ (Paula 47, 0, p. 22).

I guess that’s just the way I was brought up. My mother always said 'Don’t worry about it, you are what you are.' I always had trouble getting clothes to fit because I was always very small on top and had bigger legs. Other then when trying clothes, I never worried that I was out of proportion. I am much more concerned about that the older I get, but then as I’ve gotten older, I’ve gotten bigger (Lynn, 48, 4, p. 15).

The remaining 3 subjects always remember themselves as having a poor body image. Karen (44, 4) remembers this very vividly.

I did not have a good body image in high school at all. I can remember that very, very well. I guess the thing that surprised me the most was in the senior yearbook they had those things in the back and I won best build, and I about died. I still to this day
don't believe it because I went through high school not feeling that way at all, not having any idea that people felt that way and not feeling that way myself at all (p. 12).

When asked what, if anything, they would change about their bodies 28 of the 30 would lose some amount of weight. Other things listed included thicker hair, better coloring, fewer wrinkles, bigger breasts and to be a few inches taller.

Physical Activity and Body Image

When asked if they perceive any effect on their body image as a result of physical activity 28 of the women responded positively. Even the 6 who were not physically active at the time could remember very positive effects.

Debra (54, 3) responded in this way,

I'm sure it helps me with my weight and because of that, I have more energy and control, I like to be in control. I feel better about myself and my body when I'm swimming. That's one of the reasons I can't understand why it is so hard sometimes to get back into it (p. 16).

Pamela (53, 2) would agree.

Yes, yes, yes. The attitude I have about my body is different when I am active, and that permeates my whole personality. Definitely (p. 18).

Emily (51, 2) also represents this group.

It has to do with feeling good about yourself and I think anytime I am active, I feel better about myself and it definitely improves my body image (p. 19).

The remaining 2 of the 30 were not exactly sure if they could identify any effect on their body image. The two
were Wendy (40, 1) who stated "I'm not sure" (p. 19) and
Connie (48, 1) who stated,

It probably could, but I've never really done it enough
to know. I've read where it does make a difference
(p. 28).
SELF CONCEPT

In effort to explore the self concepts of these women the researcher asked them to describe themselves (excluding exterior, physical attributes) and to identify anything about themselves they would change if they could. In addressing these questions this group of women responded in one way that their words really do not express. The remarks recorded as field notes show that these women were very deeply emotional in their reaction to this set of questions. With 8 of the women responding that they had never really thought about it and 7 women actually shedding tears either as they thought about the response or as they heard themselves actually saying the words.

All 30 of the descriptions were positive. Only Paula (47, 0) criticized herself by describing herself as a "pessimist" (p. 26). The majority of the women described themselves as outgoing, caring and people oriented. Eighteen of the 30 said they were a good friend and enjoyed caring for other people. Barbara’s (55, 4) comments were common to many.

I would say caring, considerate, a good friend and a good mother, I am hard working (p. 11).

Sally (43, 3) was similar as were 22 of the women.

I think I am a pretty positive person. I’m generally easy to get along with. I like people and I like to do things for others. I am basically an up person (p. 6).
Although this large majority of the women described themselves as easygoing, non-confrontive and caregiving, 17 of these 22 did describe themselves as having an assertive side as well. Connie’s (48, 1) comments fit this group well.

Easy-going, friendly, warm, very loving, very easy to get along with, I don’t like fighting. But on the other hand if I feel strongly enough about something, I can be assertive (p. 29).

Sarah (52, 1) also describes herself as potentially assertive with an interesting mix.

I basically know who I am and what I’m about. I can be a leader if I need to, but I am often just as equally content to let someone else lead and I can provide support. I am nurturing in an independent sort of way. I don’t crave to cuddle people. I am not much of a manipulator or controller. In my own way I am a very loving person, although not in a squishy, sentimental way. I have learned through the divorce that I have an emotional side that is not controlled by my mind and that was a great surprise because I had always felt that I was more of an intellect. I do live in my mind more than my emotions. I’m also accepting. Acceptance is something I have worked at (p. 15).

Another pattern that emerged was that 12 of the 30 identified a quality that they were not quick to share with others. These women had a very private, quiet, even spiritual side which they tended to keep as their own to be shared with a highly valued few. Erica (40, 4) describes this aspect well.

Unbeknownst to most people, which is something that I don’t really note, is that I am really a complex, intelligent person. I can sit and meditate, write, have a lot of concerns and I do have a lot of concerns for people. People all the time say ‘heh, you’re really good with people’ but real deep inside of me I would rather walk in the forest and sit among the leaves and sit there all day and not be alone (p. 12).
Kay (40, 4) is another good example of this.

On the other hand, I would describe myself as cerebral. I think through things a lot and I analyze a lot. No one else really sees this part of me, but I am really aware of it and it is a part of me I really like (p. 37).

Rose (53, 3) is one other example.

I have been a caretaker all my life. I am fairly outgoing, I like to be with people. But I'm also very private and I'm careful about with whom I am outgoing. I do like being with people but I also like being at home alone and that doesn't happen often enough (p. 15).

When asked about what they would change about themselves if they had the option, two basic patterns emerged. The first pattern included 12 women who would change or add to their educational background. Several of these women responded that they would like to be "better educated" (Debra 54, 3, Pamela 53, 3, Sandy 52, 0 and Annette 47, 4). Rose (53, 3) expounds a bit on what more education would do for her.

Oh yes! I wish I had more confidence, I wish I had some sort of expertise or specialty. I would go back to school and tackle a new career with no fears (p. 16).

Nancy (54, 0) responded similarly.

I would love to be in school right now. I'm probably better educated in some areas naturally than are a lot of people I know who have Ph.D's. If I went back to school and got a degree I'm not sure what I would be or where I'd use it. I'd like to have the opportunities that young women have nowadays. I really do think I would be hell on wheels (p. 31).

The second pattern emerged that concerned caring for themselves. This included a broad range of responses but 9 of the women referred to caring for themselves. Two of
these women felt they thought about and cared too much for themselves wanting to be less selfish. Barbara (55, 4) had religious reasons.

I would like to think less about myself because sometimes that gets in the way of the Lord. I believe that each person was put here for a purpose and if I am looking for something for myself it can get in the way (p. 13).

Wendy (40, 1) felt the same way.

I wouldn’t want to think about myself so much. Right now, especially now that I am by myself, I have no one else to think about me but me. I do think I think about me too much. The scriptures tell us that there is more happiness in giving than receiving, so I should be doing more giving (p. 20).

The remaining members of the group that formed this pattern would spend more time and effort in caring for themselves. As Sandy (52, 0) put it,

I would like to be less concerned about things around me and more concerned about myself, about what I’d like to do for me. I really would. I tend to see everything else first and then myself. I think I would be selfish, in a positive way (p. 21).

Within this group, a sub-group of 4 wanted to be more assertive and care for themselves in an aggressive manner.

I need to assert myself more in an intellectual way. I don’t give myself enough credit. There are situations where I could say much more but I always assume others know more than I do, so I basically say little and go along with the program (p. 20).

Annette’s (47, 4) comments fit this sub-group as well.

I would like to be more assertive, not just part of the time, all of the time. I really allow people to push me around sometimes and I am much better than that. I never liked fighting, I’m a peacemaker (p. 31).
The following responses represent a third group which really lacked an identified pattern. Although their responses may have been miscellaneous their value can not be ignored.

I struggle with being more accepting and less judgmental. I know that I don’t think I’m judgmental about the person, but I know I’m judgmental of actions and attitudes (Kay 40, 3, p. 38).

Right now, more patience and understanding maybe, of what my teenagers are dealing with. I tend to be light and frivolous about things and that sometimes gets me in trouble with them (Sally, 43, 3, p. 17).

I don’t like the way I worry so much about what others think of me, I don’t like that. I have gotten better but I do think I should have more control over my life and things I do and don’t do (Karen, 44, 4, p. 14).

At center core I would like to not be as serious a person. People think I am this great athlete, but you know I could really care less. There is so much more to me. I would like people to see the other side of me, they’d really be surprised (Erica, 40, 4, p. 19).

There really isn’t anything I would change. I know that sounds conceited or self-satisfied which I really don’t think I am. So far my life has been a continual process of growth. I know I’m not done yet and it has been exciting and rewarding to go through that process. I don’t want to miss something that is part of the plan. I’ve made a lot of adaptations and I would like to continue to hang onto the good things and refine them, further develop them, I’m not sure there’s anything I’d pitch out, (Sarah, 52, 1, p. 11).

Control

The sample was asked whether they felt controlled by internal or external elements. All 30 of the women responded that they were controlled by some combination of the two. These responses fell into three patterns: those who felt more internal control, those who felt more
external control and those who chose 50-50 to describe their control factors. One unanimous conclusion was that all 30 of the women felt that as they get older their internal control continues to get stronger and the externals have less influence.

Karen (44, 4) represents the group of 12 controlled more by externals,

Probably external, well can I say both? Can I say 70% external and 30% internal? I think I try to please the externals way too much, more than I do myself. However, I do think I have become stronger inside as I get older. I find a lot of change, I am much more verbal. I haven’t really thought about it but the older I get the more important to me are the things I want to do and I love it! (p. 14)

Anne represents the group of 10 which described the levels of control as 50-50.

I’d say it’s pretty even. There are things I won’t do because I don’t think they’re right regardless of what society might think, although there are things I know I have to do even if I don’t want to because of my job or my responsibilities. So I’d say about 50-50 (p. 38).

Nancy’s comments fit the group of 8 who described themselves as more strongly controlled internally.

I have been independent all my life and I guess I have never really had to rely on anyone else. I don’t know how to put it. I am very much aware of the externals and the expectations of this blessed world but I really feel I am absolutely the one in charge. I would say 75% internally at least. And the older I get, the better I get (p. 30).

When asked about the effect of physical activity on their perceived levels of control, 16 of the 30 women felt it definitely helped build internal strength. Ten of the
remaining were not sure and 4 saw no relationship. The following three responses represent well the group that saw a strong effect on control.

I think so because it keeps you feeling good about yourself. You feel healthy. Even if I had a sickness that really took over I still think my exercise would keep me somewhat in control (Wendy, 40, 1, p. 21).

I think so because you are all by yourself. Most of the time I am walking with someone and we're talking, that's more stream of consciousness thinking. But I spend a lot of time by myself. I have trouble with that on the golf course, thinking about other things and not the course (Lynn, 48, 4, p. 18).

No doubt. It has made me more confident and feel better about myself (Karen, 44, 4, p. 14).

Greatest Accomplishments

Twenty-five of the 28 women who had children mentioned raising children as their greatest accomplishment in life. The second pattern that emerged was that 12 women reported maintaining their marriages as their greatest accomplishment.

It was evident to the researcher that this group of women did not discuss their accomplishments with ease. All of the responses were very brief, the respondents were not comfortable and seemed anxious to move on to the next issue. Those that responded with raising their children and maintaining a marriage were quick to respond but did not elaborate or dwell on the topic long.

Nancy (54, 0) was one of the few who discussed her accomplishment a bit at length.
Staying alive with the cancer, a lot of people don't feel like they can and I think attitude has a great deal to do with it, that and knowledge of what you're fighting. Dealing with a handicapped child was probably another of my greatest experiences. I really think that has a lot to do with why I am who I am today (p. 32).

Two of the women could not think of any accomplishments they had made. Sarah (52, 1) broke into tears as she gave this response,

I don’t know that I have accomplished a thing, actually. I made my late husband (tears) a happy man (p. 16).

Dreams

On the issue of dreams for the future, once again the responses centered around the children and/or grandchildren. Twenty three of the responses spoke of seeing their families grow to live happy healthy lives and to have the resources necessary to live comfortably. As Barbara (55, 4) stated,

Living long enough to see my children finding joy in the Lord (p. 13).

Candy's (44, 1) response also represents this pattern.

Looking forward to spending more time with my husband. I hope that our children, as they grow, will not only be close, but it would be nice if their families remain an active part of our family. It would be nice to have them close by. It's very important to have grandparents nearby (p. 12).

Joan's (53, 3) response fits this pattern well also.

I'd like to live to be at least 80 and I'd like to see all my children marry and have children. I would hope to have true friends all that time and not be alone. When I get older I'd like to have people who would still be there when I need them. I just look forward to growing old gracefully (p. 28).
A second trend which emerged among a smaller group of women (6) included dreams or goals which were directed more personally and often included career advancement, educational aspirations, or just things they hope to have time to do leisurely. Erica (40, 4) represents this pattern well.

My greatest dream is to have the time to do some of the things that I have always dreamt of doing. That we can grow old and play golf in the day time and read a book at night, eat lunch, take a nap, get up, be helping to other people and have time to jot all the notes to all the people I want to write to. I do that often but I never put a stamp on it. I wish I had time to do that (p. 21).

Paula (53, 2) also responded along these lines.

I would love to retire and do what I want to do. By that I mean follow whatever interests me. By following my interests I'm thinking that whatever the topic is, whatever it is that I get carried away with, to be able to just go with it. I'd like not to be responsible for anyone else (p. 21).

Carole (41, 2) responded in this way,

I'd like to write a book. I'd like to get more into theatre. I'd like to read more. A friend and I would like to start a book club. I'd love to own a bookstore. I want to travel more. Lots of things (p. 12).

Sarah (52, 1) has goals in this field as well.

I want to see the children's books I have written published and widely circulated. Possibly getting into the publishing field myself (p. 17).

Connie (48, 1) also represents this pattern well.

I would love to retire at 50 and get into another career. I plan to go back to school. I've got a lot of plans I am not ready to give up. I didn't sign my lease on my apartment this year, I thought that would be an incentive. I like collections, I like to go to auctions. I have all this old stuff that I inherited.
I want to organize things and I want to make a quilt. I would like to learn how to knit. I want to learn how to do some sewing stitches, I have a sewing machine, but no room to set it up. I wouldn't mind volunteering. In fact, I want to get into this literacy group where you help people learn to read. I keep saying I'm going to do that, but I haven't done it yet (p. 21).

Fears

One very clear pattern emerged as these women discussed their fears. Twenty-four of the 30 spoke of poor health and dependency on others as a result of poor health as their greatest fear. Five of these 24 also mentioned dying suddenly or at an age they would consider too young.

Pamela (53, 2) represents this pattern of responses well.

One thing that has been bugging me lately is the possibility of being dependent. Actually it's being in a poor health situation where I can't take care of myself. I think I would go crazy. If I start to think about that I almost go into a panic. There are certainly things about getting older and being dependent that I don't want to think about (p. 21).

Annette's (47, 4) comments also fit well.

I don't want to say getting older because I don't think I look old, but I never thought I looked pregnant either. My fears? I guess staying healthy, that's one big fear. The problem with being a healthy person is that it is more of a blow when you get ill. All that work! Quality of life is what's important (p. 15).

Four of the women mentioned being alone as one of their fears.

I do fear being alone. I know I need to take care of myself and I can't expect someone to take care of me. One of my fears is that I won't be able to care for myself after retirement, because I haven't been working that long (Rose, 53, 3, p. 17).
Only Candy (44, 1) could not identify any personal fears but she did express her worldly fears.

I'm very concerned about the world we're going to leave our children. The illiteracy, the drugs, what they are going to be faced with as they raise their children (p. 12).

Advice for Young Women

When asked what advice they had to offer to young women, whether their daughters, granddaughters, nieces or strangers, many of the women (12) stated that they don't often offer advice. However, once encouraged they responded at length.

One very evident pattern that emerged was advice geared towards independence, control and "doing what you want to do." Twenty-one of the 30 women responded along those lines and the responses below are some that represent this pattern.

I would tell them to begin taking care of themselves as soon as they could. Today a girl has to be encouraged to have a career, to find something she enjoys doing, not what other people want her to be doing but what she really wants to do for herself and to pursue it. If she considers just getting married and not having anything else, like what I did, I think that's one way to have a disaster, like I did (Rose, 53, 3, p. 17).

I want her to be real independent but caring. I just want her to do what she wants to do. You know, not let anyone push her around. But I don't want her to walk on anyone either (Karen, 44, 4, p. 15).

To take care of yourself and make the most out of what she has available to her. There's so many things around you that you don't take advantage of. To take care of her health and exercise and be active. I think that you can get rid of some of your stress through exercising (Sandy, 52, 0, p. 23).
Several other (9) women mentioned exercise or some effort towards physical fitness as an important bit of advice.

We do talk about that, we really do. We talk in terms of eating habits and exercise and taking care of your body. We talk in terms of moderation (Sally, 43, 3, p. 18).

My daughter just started in graduate school and one of the things that I was encouraging her to do was go ahead and take some risks to follow what she would like to do. One important bit of advice, when she was in high school she wasn’t physically active and I had some real concern about that because it runs in our family to be physically active. So she is now! (Pamela, 53, 2, p. 22).

My daughter has a weight problem, so my advice to her is to encourage her, she’s not a physically active person, so I encourage her to exercise. She would feel so much better about herself. My advice to her as a young women would be that her yearly checkups are very valuable. I would encourage her to start mammograms early. She’s too stress ridden and worries a lot more than I do. I would advise her to do things that she would enjoy and relax (Candy, 44, 1, p. 12).

Many of the women wish for younger women things they didn’t have or didn’t do. As Kay (40, 4) stated,

I’d like to think that some of the prejudices that my generation has gone through will be removed by the time she gets older. I hope that she sees herself as being confident and capable. I hope that she is strong physically and emotionally and that she will do what she wants to do and do it well and have satisfaction. I don’t want her to see barriers and I want her to have the courage to challenge any barriers. She was given the assignment last year that said ’Can you make a sentence with the word policeman?’ And she wrote ’No, because it’s sexist’ (p. 41).
CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY OF THE STUDY

The transitional years of middle-age are challenging, curious times. Middle-age can be a phase of the life cycle during which health is good, there is more money than ever before and when there is more time to enjoy one's self than there has been in many years. However, in respect to women, menopause, the empty nest and other life events often mark this period as one of "middlescence": the opportunity for going on with the identity crisis of the first adolescence (LeShan, 1973). Because so much of the woman's life is dedicated to caring for others (i.e., husband and children), she often puts her "self" on the back burner during the period of time in which the children are in the home. As the middle years typically find the children leaving the home and the onset of menopause at the same time, it is only to be expected that the middle years present a time of transition; a time of self-examination and a time of questioning one's self-worth.

This study examined these issues and this period of life and the potential for physical activity to make
valuable contributions to women during this stage. The importance of leisure, recreation and physical activity to middle-aged women is an issue which has not been addressed specifically in the literature. There is abundant literature which indicates that physical activity has positive contributions to offer to well-being, in general, and the goal of this study was to apply such theory specifically to women ages 40-55.

The 30 women in this sample were chosen from a list of names generated from a variety of sources at The Ohio State University. The remainder of the sample was solicited through advertisements in and around the Columbus area including women's organizations and churches. The sample varied along a continuum from totally inactive to the highly active. The sample was selected based also on the intention to spread the ages out to include the full range from 40-55 years.

Data were collected through an in-depth interview, the guide for which was designed by the researcher after review of the literature and a pilot study with 4 women. The interview attempted to probe the issues pertinent to women during this stage of life and examine what contribution(s) physical activity has to offer to well-being and successful transition. Interviews were tape-recorded to identify patterns and themes present among the 30 women.
The results of the interview are presented in Chapter IV in which the comments are organized to give the reader a greater understanding of the convergence and divergence of the women's responses. Further examination may reveal additional or different patterns; however, the patterns identified and the primary themes discussed in this chapter are the current result of this researcher's work.

RELATION OF THEMES TO CONCEPTUAL FRAMEWORK

Several significant patterns or themes identified in Chapter IV can now be examined in relation to the conceptual framework of Chapter II.

The Middle Aged Woman

1. This period of life (ages 35-55) has generally been referred to as midlife (Eigner, 1984, Dosey, 1978, Levinson, 1977, and Hunt and Hunt, 1975) and

a time when mortality becomes a tangible issue along with actual effects of aging, the realization that the child-bearing years were over or would soon cease. A sense of urgency might reign: to change, to do what has not yet been done. An existential realization of basic aloneness dawns, the knowledge that neither love nor friends can mitigate one's isolation. With this understanding, the struggle to become autonomous may bring a new round of adolescent fear, depression and confusion (Eigner, 1984, p. 53).

The experiences of the women of this sample were consistent with only parts of this description of midlife. While mortality was not specifically addressed, the actual effects of aging and the realization that the child-bearing years were over or would soon cease were both discussed.
None of the women expressed distress as the end of their child-bearing years approached. However, all 30 of the women identified this as the first period of life during which they began to feel the effects of aging.

In respect to physical activity, Bennett, (1985) identified this sense of urgency to reach goals and leave one's mark as a barrier to physical activity. The women of this sample did describe this stage as an opportunity for change and to do what has not yet been done. As indicated by 22 of the 30 women this stage of life was described as the best stage, offering a regained independence from children and more time and freedom for themselves, quality of time with a spouse, and freedom to participate in physical activity on a more frequent basis.

The realization of aloneness and isolation was not mentioned by anyone as an issue of this stage of life. Aloneness was mentioned by four of the women as one of their fears as they look toward the future. Autonomy was seen as a positive characteristic of this stage. This stage was identified by all 30 of the women as a time during which their internal "sense of control" increases and the externals begin to have less influence. Participation in physical activity was seen as a channel through which both autonomy and internal can be developd.

2. The term "transition" has been used to describe a shift or change from one life situation to the next and has
been the focus of a great deal of literature. Tarvis (1986), Schlossberg (1981), Taylor (1983) and others have identified midlife as a period of transition. Transition is seen as not so much a matter of change as of the individual’s perception of change. What matters is how the transition or change fits with the individual’s stage, situation, and style at the time of transition.

Neugarten (1965) describes the successful middle-aged person as no longer "driven," but as now the "driver." The perceptions of all 30 of the women are consistent with this description, with 21 of the 30 identifying physical activity as a contributor to this new sense of internal control. Consistent with Kelly (1978) these women identified freedom of choice as an element that is central to physical activity.

The life events identified as pressing by this sample fell into 3 transitional patterns. Fourteen of the women were most occupied by the changing role they play in the lives of their children, six of the women identified a new role as care-giver of aging parents and the third pattern concerned transition which focused on the self (career, education, religious issues and emotional problems). The women who made up these patterns consisted of great variety of levels of physical activity showing no reportable difference between those active in physical activity and those at lower levels of participation.
These transitional issues are consistent with the literature which describes this period of the lifeline as that during which introspection seems to increase noticeably and contemplation and reflection and self-evaluation become characteristic forms of mental life. Twelve of the 30 women mentioned this specifically by describing very private, quiet, introspective, spiritual qualities which they tended to keep as their own to be shared with a valued few. Ten of these twelve identified physical activity as an opportunity for solitude, introspection, and increased self awareness. This is consistent with Donahugh (1981) who described physical activity during leisure as a state of being in which activity is performed for its own sake or as its own end. True leisure allows the individual to know one's self, to know others, and to know nature.

3. This period has been described as a time during which people turn away from concern with other people's opinions of them, to concern with the growth of the self - or to put it another way, with their good opinion of themselves (Jung, 1971). Physical activity has been identified in the literature (Donahugh, 1981, Kelley, 1978, and Osgood, 1984) as well as by this sample as providing the opportunity to do something for the self. Twelve of the thirty women described their participation as a form of self-care.
This issue was addressed from two other directions; body image and self concept. Although 28 of the 30 women wanted to lose some amount of weight, the primary reason mentioned by all 28 was comfort and feeling good about themselves as opposed to appearance factors.

One of the patterns which emerged within the self concept data was an intention of 9 of the women to spend more time and effort caring for themselves. This included increased assertiveness, a commitment to doing things they value and a dedication to self-improvement through continuing education, improved levels of fitness, pursuing career aspirations and other channels.

4. Neugarten (1965) points out that menopause is not necessarily the important event in understanding the psychology of middle-aged women that much of the literature had assumed. The perceptions of this sample are consistent with this point as all 30 of the women reported minimal negative experiences with menopause whether past, present or in anticipation of this event, a finding which did not vary in any pattern with level of participation in physical activity. Aside from reported sleep loss, moodiness and weight gain, these women reported a very positive reaction to menopause usually welcoming the end of menstruation. This is consistent with the finding of the National Women's Network which found that most women are pleased to be finished with menstrual periods and that it is more an
issue of general mental health than the specific event of menopause which may cause depression. The majority of the women based their experience on that of their mother's and had expected their's to be similar, a finding consistent with that of Dosey (1978). There was a great deal of confusion about what to attribute to menopause and what to attribute to other things that were going on in their lives. Many women could identify a variety of life events occurring at the same time as menopause and expressed confusion regarding the true root of their moodiness, sleeplessness and other symptoms. The majority was not quick to attribute these to menopause and actually regarded it as a positive event.

5. In reference to middle-aged women and specifically to menopausal women, researchers identify this period as a threat to the self-concept for those to whom reproduction and motherhood have been the major symbol of personal worth (Simon, 1968, and Neugarten and Kraines, 1965). Although personal worth was not an issue addressed specifically, the threat to self concept as a result of the gained independence by children and the resulting sense of loss was a salient issue. The data which represents the greatest accomplishments of the sample as identified by the sample makes clear the importance of motherhood to the
large majority of the sample (25 of the 28 mothers). This together with the data which identified 50% of the sample as describing their most current life event(s) revolving in someway around their children makes evidence for the commitment and dedication these women feel towards their children.

Although only 2 women were concerned about an anticipated void as a result of the children leaving the home, the data which addresses self-concept has interesting implications. As noted in Chapter IV, the field notes of the researcher noted 15 women who had great difficulty describing themselves, with 8 of the women responding that they never thought about it and 7 others overcome by tears as they tried to describe themselves.

It was the impression of this researcher that they were overwhelmed by the challenge to describe themselves. It was clear that the women thought very highly of themselves as caring, giving, warm people and that this self-awareness was something they seldom discuss or even ponder.

6. The literature which addresses body image points out that the security one has in one's body is related to the security with which one faces one's self and the world. Physical activity was found to have a great effect on the body image of this sample with 22 of the 24 who were active in physical activity describing themselves as much more positive about their bodies when active. The
discussion off-days for off-periods found these women feeling sluggish, fat, and lazy.

The literature which focuses on women's body concepts after marriage describes a status change involving the expectations that women become "neuter beings" (Eigner, 1984 and Mehamed, 1983). Although 28 of the 30 women were dissatisfied with their weight there was no evidence that this sample was prepared to accept themselves as part of Mehamed's second class citizens called "matrons." There was consistency with Eigner's (1984) finding that the best guarantee of high self-concept was a stable family life and the two main variables he identified as developing good body concept -

(1) how parents respond to weight and physical maturation of daughters,

(2) mother's comfort with her own body and the psychological adaptations she taught her daughter (p. 96).

This issue was discussed through questions which asked what each women did to care for her body and to what she attributed the positiveness or negativeness of her general health. As noted in Chapter IV, 21 of the 30 attributed their good health to their family and upbringing. Within the questions which dealt with body image the women were asked about their mothers' attitude and influence on their body image. Twenty-seven of the women remembered being
encouraged to look nice and noted appearance as important (3 of the women could not recall any influence). In regards to body image none of the women remember a great deal of stress or pressure to lose or gain weight from parents and 26 of the 30 mentioned a very positive attitude held by their mothers, one they would choose to emulate.

**Physical Activity and the Middle Aged Woman**

7. The period of life referred to as middle-age has been considered in the literature as a period that is not conducive to great commitment to physical activity and leisure in general. Stevens-Long (1984) found the majority of middle-aged adults considering themselves "too busy making a living" to be "wasting" time in leisure pursuits. Donohugh (1981) reported that Americans spend nearly half of their free time in work-related activities or around the home in activities that enhance status in much the same way as work.

Bennett (1985) identified many constraints on leisure during the middle years. In a nutshell these constraints arise from the following:

1. Although the individual still "feels the same," during middle age a new sense of urgency to reach goals and leave ones mark pervades.
2. For middle-aged persons who are uncomfortable with the odious prospect of many years of enforced leisure (retirement), dedication to employment may soothe the guilt induced by visions of future idleness.
3. Work and nonwork roles acquire complex meanings over time in terms of their usefulness within society. Naturally, these enforced and unexpected
role changes require time for sorting out and seeking new meanings.

4. Leisure will be constrained during any critical midlife event that requires time to grieve and adapt. To the extent that the individual lacks the appropriate resources to become reconciled to the new conditions, leisure may be modified for the remainder of life.

5. The negative perspective of both the individual and society toward the physical features of aging affects the entire being during midlife.

6. Age-linked pressures to "act your age" present another constraint. These pressures can be self-imposed as a result of real or perceived under-performance: "I'm just not as young as I used to be."

This sample identified three of these when asked about barriers to their own participation. The physical features of aging were mentioned most by those 18 who could identify barriers. Reduced stamina, gained weight and general decline had forced the sample to adapt their activity. The other two barriers to which this sample referred were constraints during critical midlife events, specifically the care for or death of aging relatives and age-linked pressure to "act your age" (mentioned by 2 women).

Aside from physical factors (mentioned by 9 of the 18 who could identify barriers), this sample is not consistent with the findings of Stevens-Long (1984) and Donohugh (1981) that the middle years are years during which physical activity and/or leisure are heavily constrained. This sample identified this as a period during which they had more time and energy to commit to physical activity, mostly as a result of the increased independence of their children.
8. Menopause can be an important life event at this time of the life cycle and physical activity during leisure may have a great deal to offer. Menopause brings with it physiological changes which may disrupt the equilibrium of the middle-aged women. Rubin (1979) in her work with middle aged women notes that the resulting hormonal changes can cause body weight changes, emotional mood swings, hot flashes, and other symptoms which we have been socialized to indicate the onset of old age. Rubin continues to point out that "perhaps most beneficial to the menopausal woman is the contribution that physical activity has to make to an individual's self-efficacy and self-esteem" (p. 47). During menopause the woman feels a bit of a loss of control over herself, biologically. Rubin (1979) and Neugarten (1965) both point out that in the case of the middle aged woman experiencing menopause, activities of physical activity such as walking, jogging, swimming, and tennis are activities that can improve self-image and body image both of which may be suffering a bit.

When asked if they perceive any effect on their body image as a result of participation in physical activity, 28 of the 30 women responded positively, a finding consistent with that of Rubin (1979) and Neugarten (1965).

The women of this sample who were active in physical activity had reasons which fell into 3 patterns. One of those patterns was that of enhanced physical and mental
health and wellness. The women of this sample noted the physiological changes specific to this period and physical activity was an important part of their offense. They noted sleeplessness, weight gain and moodiness as the most common symptoms and referred to physical activity as valuable in dealing with all three of these.

9. The satisfactions one finds through physical activity is an important focus of both the literature and this study. Hawes (1978), Rapoport and Rapoport (1975) and others have identified peace of mind, chances to learn new things, and chances to get the most out of life while "I can still enjoy it." as common satisfactions among this age group of women.

This sample of women identified physical fitness, improved mental attitude, increased social/friendship opportunities, fun, discipline, confidence, energy, relief from stress and the opportunity to be outdoors as important satisfiers.

10. Physical activity has been identified as an essential component in any regime of self-care. The value of physical activity for everything from appetite control to the prevention of heart disease to the treatment of depression has been widely disseminated (Mehamed, 1983). Tarvis (1986) echoes the same advocation of exercise as beneficial, especially to mental health. In fact, exercise
is referred to as the closest thing to a cure-all that modern science has to offer.

Tarvis (1986) noted a pattern which describes a large group within this sample, that is that many people start to exercise to lose weight, they stick with it because they feel better or because they are convinced they are actually healthier. The women of this sample describe themselves as more energetic, enthusiastic and better prepared to greet the world when they are active in physical activity.

Over the past few years psychologists have found that exercise can be good therapy, not only for people who are clinically depressed or anxious, but also for people who have the normal blues,blahs, decisions or stresses of everyday life. The comments of this sample reflect this opinion and stress that exercise should be a lifetime commitment. Even those who were not active at the time of the interview realized the value of physical activity and all but 1 expressed a desire and intention to become and remain active in some form of physical activity.

CONCLUSIONS

In summary, the middle years are years of transition. Transition may provide both an opportunity for growth and for decline. It is not actually the transition itself that should be of primary importance, but rather how that transition fits with an individual's stage, situation and state of mind at the time of transition. Ease of
adaptation depends on one's perceived and/or actual balance of resources to deficits in terms of the transition itself, the pre-post environment, and the individual's sense of competency, well-being and health.

Middle-age is too often discussed as the period when one stops growing up and begins to grow old. Most people face transitions all through life and no period is naturally more traumatic than others. It is important that counselors and people within all helping professions become aware of the need to understand midlife change and that a major direction in counseling should be toward working with these women to develop appropriate career and life-style patterns.

Preparation and education for healthy management of change should begin in early childhood, that is, during the formative period of the personality. The child who learns to see difficulties as a challenge to progress; who considers the growing-up process as the flux of changing achievements, will always be willing to use his creative power in a constructive way. This is the challenge to educators, parents, leisure educators, athletic coaches and all adults as role models for children.

Professionals who deal directly with middle aged women are charged with the task of confronting a long standing stereotype of the middle aged woman and the midlife crisis. It is necessary that they incorporate a healthy,
growth-oriented approach to maintaining the well-being of middle aged women. Finances and energies have to be directed towards activities which strengthen the self-concept, self-esteem and self-confidence of these women.

Physical activity is one area that has a great deal to offer this segment of the population. It is a challenge to physical educators, leisure and recreation professionals and commercial sports professionals to reach the needs and desires of these women. This age-group of women has special needs in that they want to recreate in certain types of atmospheres, with people their own age and ability, in clothing that is comfortable and modest. They need activities which do not stress or strain beyond their tolerance. They have special demands in regards to the time of day they prefer to participate.

The less stressful activities such as walking, swimming, golf, variable impact aerobics and dancing are those that appeal to these women. Leisure and recreation professionals must target this population and commit time, money and personnel to meeting these needs.

Helping professionals such as counselors, psychologists, psychiatrists, clergy, obstetrics and gynecologists have to acknowledge physical activity as an offensive tool in the management of the aging process. The psychological and physiological benefits of these
activities need to be realized and incorporated into the lifelong commitment to health and wellness. Physical activity has to be ranked on top together with diet, rest and medical care.

The field of counseling psychology needs to continue its look into the therapeutic potentials of physical activity. Similar to the commitment they have made to art and music therapy, exercise and physical activity have the potential to assist in the healing process.

SUGGESTIONS FOR FURTHER RESEARCH

As a result of this research project several areas of inquiry became apparent as valuable future areas of study.

This researcher would suggest conducting the same research with this age-group of men. All of the participants who were married indicated that their husbands would be interesting subjects for this study. Aside from that, midlife as a period of crisis is one that is considered a women's problem. The perspective held by men is an important issue, one that is often ignored because they are typically stabilized in a career at this stage of life.

It would be of great interest to this researcher to continue to study this same sample on a longitudinal basis. With additional interviews 5 or 10 years from the date of this study, it would be interesting to see this group as they continue to grow and the role of physical
activity in their lives as older women. To add to their own perspective of their selves, this researcher would suggest interviewing an additional family member, preferably a daughter to contribute a more objective and simply separate point of view.

One segment of the population that deserves study into these same issues is single women, particularly those who have always been single. The huge role that spouses and children play in the lives of the married women of this sample made this researcher curious about the values and issues that are pertinent to those who never marry.

Several subsections of this study would be appropriate for further investigation. Specifically what women get out of physical activity at different stages of life would prove valuable. To examine various age-segments of women and their reasons for participation in physical activity would assist with the development of a life-span approach to wellness through physical activity.

As noted in chapter 4 the majority of this sample was described as middle class socio-economically. It would be valuable to conduct this study using socioeconomic class as a variable because the opportunity and inclination for physical activity may vary with socioeconomic class.

Further study into those women who are not physically active is necessary. Their reasons for not participating, whether conscious or subconscious are important. Barriers
they may perceive should be investigated and challenged by leisure and recreation professionals.

Conditions which are present throughout a woman's childhood years have great influence on her perspective of her self, her body, and the role of physical activity throughout life. These conditions need to be examined closely in effort to establish that which contributes to general wellness on a long term basis.

Because midlife is a period earmarked for transition and the potential for trauma and crisis, physical activity as therapy needs to be investigated closely. The life events which are specific to this age group such as the empty nest, menopause, realization of mortality, care for aging parents and potential for divorce or widowhood are salient problems. Consequently the number of women seeking counseling is large and the potential for physical activity to be incorporated in the helping process is great.

Needs assessment is an issue that surfaced as challenging. It became evident that women have varying needs for the amount of time and energy spent in physical activity. It appeared that those women who were highly active had a need or desire for a great deal of physical activity as compared to those at lower levels of activity whose needs were satisfied by less participation. The analogy that became noticeable was that women have containers of varying sizes to be filled with the benefits
of physical activity. The hypothesis being that as long as that container is kept full, the woman is satisfied with her level of activity. This concept is raw but not unlike a great deal of the literature that addresses needs of different types.
APPENDIX A

Please allow me to introduce myself as Molly Wynne, a doctoral student in the School of Health, Physical Education and Recreation at The Ohio State University. At present I am working on my dissertation with research in an area with which you can be of great assistance. My topic of research looks at the constructs of self-concept, self-esteem and body image and the middle-aged woman (35-55 years of age). I am in need of 30 women within that age range who may or may not be physically active.

The project would require of you one, 2 hour interview at a time and place convenient to you. The interview will be an informal session dealing with questions concerning you, your health and general life-style. Your participation will be completely confidential and can be terminated by you at any point.

If you are willing to participate, please return the bottom portion of this letter as soon as you can. Thank you and I look very forward to hearing from you.

Sincerely Yours,

Molly Wynne
Principal Investigator

Barbara Nelson
Principal Investigator
Associate Professor
School of Health, Physical Education, and Recreation
The Ohio Stat University

I am interested in participating in your research interview.

Name ______________________  Phone No. ___________________
THE OHIO STATE UNIVERSITY  

CONSENT FOR PARTICIPATION IN 
SOCIAL AND BEHAVIORAL RESEARCH 

I consent to participating in (or my child's participation in) research entitled: 

__________________________________________ 

(Principal Investigator) 

explained the purpose of the study, the procedures to be followed, and the expected duration of my (my child's) participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available. 

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am (my child is) free to withdraw consent at any time and to discontinue participation in the study without prejudice to me (my child). The information obtained from me (my child) will remain confidential unless I specifically agree otherwise by placing my initials here ___________. 

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me. 

Date: ___________  

Signed: ____________________________________________  

(Participant) 

Signed: ________________________________  

(Principal Investigator or his/her Authorized Representative) 

Signed: ________________________________  

(Person Authorized to Consent for Participant - If Required) 

Witness: ____________________________________ 

RS-027 (Rev. 12-81) - To be used only in connection with social and behavioral research.
Informed Consent Form

I agree to participate in the study, the purpose of which is to describe and examine the psychological contributions that physical activity has to offer the middle aged woman. I understand that the conversations will be taped and that the interview will last approximately two hours.

I understand that, as a participant in this study, it is my privilege to remain anonymous and that my name will not be mentioned for any reason in the written results of this research. Because of the confidential nature of the subject matter I understand that, when the tapes are transcribed, I will be identified by a number and only my responses to the interview questions will be used. Furthermore, I am also free not to answer any questions I may be asked.

I have been fully informed of the procedures described above and hereby agree to become a subject. I may withdraw consent and discontinue participation in this study at any time.

I, ___________________________, hereby grant you permission to publish any material obtained in this interview or investigation provided my name is not used and efforts are made to insure my anonymity.

(signed) Participant (Date)

I have fully explained to ___________________________ the nature and purpose of the procedures described above. I have asked if any questions have arisen and have answered to the best of my ability.

Interviewer (Date)

Principal Investigator (Date)
Barbara Nelson, Ph.D.
Associate Professor
School of Health, Physical Education and Recreation
The Ohio State University
APPENDIX B

Pilot Test

The pilot test included 4 interviews with women ages 35, 40, 44 and 55. The goals of the pilot were to identify technical challenges, to test the interview guide for clarity, appropriate ordering of questions and validity of questions, to test the chosen age group of 35-55 for appropriateness and to train the interviewer about the process of interviewing.

The results of the pilot test provided very enlightening. The length of the average interview was one hour and fifteen minutes. The pilot served to make the interviewer aware of the technical difficulties which may occur. Such things as forgetting the record button, needing an extension cord, minimizing background noise and having spare cassette tapes ready were all identified.

One result of the pilot was a change in the age group from 35-55 years to 40-55 years of age. Although the literature identifies 35 as the onset of mid-life, it was the opinion of this researcher as well as the panel of experts that 35 years of age was too young to address many of the issues on which the interview guide focused.
Consequently 40 years of age was identified as the minimum age and 55 was kept as the ceiling.

Other results of the pilot test were several changes in the wording of questions to improve clarity and smoothness. Also, the ordering of the questions in some sections was changed to be more logical and to flow more freely.

One issue both the panel of experts and the group of colleagues (graduate students) both addressed was some confusion, redundancy and illogical nature of the original research questions. As a result of their input the questions were reworded, reordered, some were combined and some were eliminated, the final version is on page 6 of the dissertation.

The task of the 4 graduate students was to review the interview guide and identify at what area each question was aimed. There was strong consent among the group and aside from a minimal amount of rewording and reordering the interview guide seemed reliable (See results which follow).
Letter to Graduate Students (Raters)

Hi & Thanks for your help!

Please review the attached interview guide. From the list below, please identify what area might be addressed by the question. Please feel free to add your own comments regarding the clarity of the wording, the general quality of the question, its value in regards to my research questions and whatever suggestions you might have. Mark up the guide as much as you like.

I look forward to your input and thank you very much.

Body Image (BI)
Self-Concept (SC)
Self-Esteem (SE)
Personal Background (PB)
Health & Wellness (HW)
Aging (A)
Physical Activity (PA)
Other - Use your own words whenever the list above does not seem quite fitting.

Added By Raters:

Leisure Configuration (LC)
Transition Rating (TR)
Locus of Control (CL)
INTERVIEW GUIDE

RATER A  RATER B  RATER C  RATER D
PB  PB  PB  PB  1. What is your present age?
PB  PB  PB  PB  2. Year of graduation from high school?
PB  PB  PB  PB  3. Did you attend college? To what level?
PB  PB  PB  PB  4. What is your marital status?
PB  PB  PB  PB  5. What is your marital history?
PB  PB  PB  PB  6. Outside of marriage who might you identify as a best friend or significant other?
PB  PB  PB  PB  7. Do you have children? If so, how many and what are their ages?
PB  PB  PB  PB  8. What is your present occupation?
PB  PB  PB  PB  9. Tell me a bit about your work history.

HW  SC/SW  SC/HW  HW  10. How would you describe your general health throughout your life on a scale of 1 to 10?
HW  SC/HW  SC/HW  HW  11. How is your health now, during this particular stage of your life?
HW  HM/PA  HM  HM/PA  12. What specifically do you do in effort to care for your body?
HW  HW  HW  HW  13. Talk about your health and your experience of menopause (or anticipation of it).
HW  HM/A  HM  HM/A  14. How would you describe your physical reaction to menopause?
HW  HM/A  HM  HM/A  15. How would you describe your emotional reaction to menopause?
HW  HM/PB  HM  HM  16. From what source did you receive the most information about menopause?
PB  PB/A  PB  PB  17. How would you describe your mother’s emotional reaction to the menopause?
PB  PB/A  PB  PB  18. With whom do you or did you discuss your menopause?
HW  HW  HW  HW  19. Do you take medication for the menopause?
HW  HW  HW  HW  20. Are you taking any other medication for any reason?

PA  PA  PA  PA  21. Describe your present participation in physical activity. How often? What activity(s)? What intensity? Individual or group activity? Organized or not?
PA  PA  PA  PA  22. How important is physical activity to you? Why?
PA  PA  PA  PA  23. How do you feel before, during and after your activity?
PA  PA  PA  PA  24. How do you feel on days when you do not participate in physical activity?
PA  PA/HW  PA  PA  25. Have you ever gone several days (7 or more) without participation in physical activity? How did that feel both physically and otherwise?
PA  PA  PA/PB  PA  26. Then did you begin to be physically active on a regular basis? Why did you begin? What influenced you?
PA/SC/  PA/SC  PA/BI  PA  27. What does physical activity do for you in ways other than physical fitness?
PB/PA  SE/PA  PA/SE  PA/SE  28. What barriers and or restrictions do you feel (if any) place limitations on your activities?
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<td>PB</td>
<td>PB/LC</td>
<td>PB</td>
<td>PB</td>
<td>29. Besides physical activity, what other activities (hobbies, crafts, games) do you participate in on a regular basis?</td>
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<td>PA</td>
<td>LC</td>
<td>PA</td>
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<td>36. (If any) How would you compare the effects of participation in physical to non-physical activities?</td>
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<td>PB</td>
<td>PB/LC</td>
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<td>31. Have you ever been physically active?</td>
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<td>PA</td>
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<td>PA</td>
<td>32. Can you describe its impact?</td>
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<tr>
<td>TA</td>
<td>LC</td>
<td>PA</td>
<td>PA</td>
<td>33. Why did you stop?</td>
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<td>PB</td>
<td>PB</td>
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<td>34. Outside of work (including household work), what types of activities do you enjoy?</td>
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<tr>
<td>SC</td>
<td>LC</td>
<td>SC</td>
<td>SC</td>
<td>35. Why? What do they have to offer to you?</td>
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<tr>
<td>SC</td>
<td>LC</td>
<td>SC</td>
<td>SC</td>
<td>36. How important to you are these activities?</td>
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<td>PB</td>
<td>PB</td>
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<td>37. When did you begin such participation and why?</td>
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<td>SC</td>
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<td>38. What barriers and restrictions do you feel (if any) place limitations on your activities?</td>
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<tr>
<td>A/SC</td>
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<td>39. Do you tell your chronological age? If not, when did you start to conceal it?</td>
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<tr>
<td>A/SC</td>
<td>A</td>
<td>A</td>
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<td>40. When you were younger, how did you imagine yourself at this age?</td>
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<td>A/SC</td>
<td>A</td>
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<td>A</td>
<td>41. Does your chronological age match your &quot;inside feeling of your age&quot;?</td>
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<td>A/SC</td>
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<td>42. Can you imagine yourself older? What image do you have? How long do you expect to live?</td>
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<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>43. What age would you be if you could pick?</td>
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<tr>
<td>P/SC</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>44. Do you consider yourself &quot;middle aged&quot;?</td>
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<tr>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>45. What does that mean to you - &quot;middle-aged&quot;?</td>
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<tr>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>46. When does it begin and end?</td>
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<td>A/PB</td>
<td>A</td>
<td>A/PB</td>
<td>A</td>
<td>47. Would you describe yourself as &quot;on&quot; or &quot;off&quot; time in reference to your anticipation of life events expected during this stage?</td>
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<tr>
<td>PB</td>
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<td>48. What are the most current, pressing 'life events' for you now?</td>
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<td>Menopause?</td>
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<td>Children leaving home?</td>
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<td>Caring for aging parents?</td>
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<td>Marital turmoil?</td>
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<td>Career turmoil?</td>
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<td>Skill or body changes?</td>
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<td>Change in residency?</td>
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<td>Change in social network?</td>
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<tr>
<td>PB</td>
<td>HW</td>
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<td>PB/HW</td>
<td>49. How would you describe the level(s) of stress/anxiety in your life as a result of these events?</td>
</tr>
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<td>HW</td>
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<td>50. How would you describe your emotional reaction to that stress/anxiety?</td>
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<tr>
<td>HW</td>
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<td>51. How would you describe your physical reaction to that stress/anxiety?</td>
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<td>PA/HW</td>
<td>PA/HW</td>
<td>PA/HW</td>
<td>PA/HW</td>
<td>52. What role has your physical activity played in dealing with this stress/anxiety? (If applicable)</td>
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<td>HW</td>
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<td>HW</td>
<td>53. What factors do you attribute to the positiveness and/or negativeness of your transitional period?</td>
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<td>PA/HW</td>
<td>TR/PA</td>
<td>PA/HW</td>
<td>PA</td>
<td>54. Is physical activity one of these?</td>
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<td>PA</td>
<td>TR/PA</td>
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<td>55. If yes, what aspects of physical activity have been important factors?</td>
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<td>56. Several psychological themes have been identified that recur through life as people face transitions. They are: Belonging - Are you part of things or marginal? Mattering - Do you make a difference? Autonomy - Do you have control over your life? Competence - Are you skilled, mastered? Intimacy - Do you have meaningful attachments? Identity - Do you have a sense of who you are? Renewal - Do you feel rejuvenated?</td>
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<td>57. Do you perceive any particular significance to these themes at this general period in your life?</td>
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<td>SC</td>
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<td>58. What aspects of your life contribute to these themes?</td>
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<td>PA</td>
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<td>PA</td>
<td>PA</td>
<td>59. Is physical activity one of them?</td>
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<td>PA</td>
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<td>PA</td>
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<td>60. How and why?</td>
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<td>SC</td>
<td>TR/SC</td>
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<td>SC</td>
<td>61. During this stage of your life, have you experienced any perceived role changes? Have you lost any roles and/or gained new ones?</td>
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<tr>
<td>SC</td>
<td>TR/SC</td>
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<td>SC</td>
<td>62. How has this affected you and what has helped you accept such change?</td>
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<td>A</td>
<td>TR/A</td>
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<td>63. What has been the hardest/best/worst stage of your life?</td>
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<td>64. How would you rate this present stage in comparison?</td>
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<tr>
<td>BI/SC</td>
<td>BI</td>
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<td>BI</td>
<td>65. How do you feel when you look in the mirror?</td>
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<tr>
<td>BI</td>
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<td>BI</td>
<td>BI</td>
<td>66. How would you describe your body to another person?</td>
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<tr>
<td>BI</td>
<td>BI</td>
<td>BI</td>
<td>BI</td>
<td>67. If you could change your body, what and how would you do so?</td>
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<tr>
<td>BI/SC</td>
<td>BI/SC</td>
<td>BI</td>
<td>BI</td>
<td>68. How important to you is how you look too others?</td>
</tr>
<tr>
<td>SC</td>
<td>HW</td>
<td>SC</td>
<td>HW</td>
<td>69. How important to you is how you feel?</td>
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<tr>
<td>BI</td>
<td>BI</td>
<td>BI</td>
<td>BI</td>
<td>70. Has your perception of your body changed throughout the years? If so, how?</td>
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<tr>
<td>BI/PA</td>
<td>BI/PA</td>
<td>BI/PA</td>
<td>BI/PA</td>
<td>71. Has your participation in physical activity had any effect on your perceived body image? If so, what and how has it influenced you?</td>
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<td>SC</td>
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<td>72. How would you describe yourself as a person, excluding external physical appearance?</td>
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<td>PB/SC</td>
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<td>73. What or who are the important influences that have made you the woman you are?</td>
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<tr>
<td>SE</td>
<td>CL</td>
<td>SE</td>
<td>SE</td>
<td>74. In respect to your life, would you say that as a person you are controlled internally (by yourself) or externally (by someone or something else)?</td>
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<tr>
<td>SE</td>
<td>CL</td>
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<td>SE</td>
<td>75. If you feel a combination of the two, to what extent of each?</td>
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<tr>
<td>SE</td>
<td>CL</td>
<td>SE</td>
<td>SE</td>
<td>76. Has your perception of this control changed recently and if so, how?</td>
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</table>
| PA/SE | PA/CL | PA/SE | PA/SE | 77. Has your participation in physical activity affected your perception of control? If so, how?
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<th>78. Is there anything about you that you would like to change?</th>
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<td>SE</td>
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<td>79. What are your greatest accomplishments thus far?</td>
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<td>SE</td>
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<td>80. What are your greatest fears?</td>
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<td>SE</td>
<td>SC</td>
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<td>SE</td>
<td>SC</td>
<td>81. What are your greatest regrets?</td>
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<td>SE</td>
<td>SC</td>
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<td>SE</td>
<td>SC</td>
<td>82. What are your greatest dreams?</td>
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<td>A</td>
<td>83. How do you feel about aging and dying?</td>
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<td>84. What advice would you offer to a daughter?</td>
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<td>85. What else would you like to say that I have not thought to ask you?</td>
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</table>

That ends the interview, however, I have one very important question left. Do you have any idea how great a help you have been to me by participating in this interview?
Letter to Panel of Experts

Dear Panel,

Thank you for your help. I have attached a copy of my research questions as well as the interview guide that was used for this pilot study. I would very much appreciate your reviewing the questions and the data and providing input in regards to the quality of the interview guide. I am interested in how well you think the guide gets at the issues identified in the research questions. I am also interested in your opinion of the guide itself and would welcome any comments and/or suggestions you might make.

Please realize the confidentiality of the data and although the names have been eliminated or changed, I ask you to please keep this in mind. also, I did the transcribing myself so I apologize for the many errors. It sure wasn't easy!

Again, thank you for your help. Your input is very valuable to the quality of this study.

Sincerely Yours,

Molly Wynne
Larkins Hall, Rm. 444
The Ohio State University
School of H.P.E.R.
292-7552
BIBLIOGRAPHY


