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Women's Development in Late Life:

A Qualitative Study of 70- and 90-year-olds
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## Chapter VI

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Introduction

The study of adult development is a relatively new phenomenon, beginning only in the early 20th century (Clark & Caffarella, 1999). Initially, research in this area essentially stopped at age 50 because few people lived beyond that point. Thus there was no opportunity for developmental research on older adults. At present, though, many Americans are living well into their 70s, 80s, and even 90s. Government statistics project that the number of Americans over 65 years of age will grow to 80 million in the next fifty years, and individuals aged 85 and older will grow to 19 million (Federal Interagency Forum on Aging-Related Statistics, 2000). This population boom offers the field of psychology a unique opportunity to begin studying age groups that have been neglected in the past.

Early on, theories of adult development, like other theories in psychology and even medicine, were based on studies of men. For example, Vaillant (1977) followed 94 male Harvard graduates over approximately 30 years; Levinson (1978) conducted cross-sectional research on 40 middle-aged men over a period of several years. While these studies have provided valuable insights into the development of specific groups of men, their results could not be generalized to many, including women. Developmental studies of men are necessary, but it cannot be assumed that women follow the same pattern. While studies of younger women's adult development are flourishing, there is limited empirical research on the psychosocial development of women in later life.

The purpose of the present research is to explore the psychosocial development of two cohorts of older women, namely women in their 70s and 90s. Of particular interest is whether these women continue to grow and develop and how they cope with aging. How
does one continue to develop at 70 or 90? Many theories of adult development do not include older age groups. This study will focus on applying several established theories of adult development to qualitative data collected through interviews with older women. It is hoped that this study will add to the small but growing developmental literature on women and aging.
Chapter I
Review of the Literature

Octogenarian Elizabeth Welch wrote, “We have always seemed to place a high value on antiques – antique furniture, antique houses, antique jewelry – but we are just beginning to recognize the pricelessness of antique people” (1991, p. 101). The field of psychology has also just begun to recognize the contributions of older adults to the study of development. As stated above, there has been a great deal of literature on adult development in younger and middle-aged adults. However, because the present study is focused on older women, the discussion here will necessarily be limited to writings on the psychosocial development of women and older adults. The first section will describe several theoretical models of lifespan development, specifically focusing on the work of Erikson and Atchley. The second section will focus on models of women’s development in adulthood, including those theories that address later life. The final section will then describe empirical studies of adult development, targeting both women and older adults.

Theoretical Models of Adult Development

Erik Erikson was one of the first psychologists to examine personality development across an individual’s lifespan. He studied under Sigmund Freud and was significantly influenced by Freud’s psychoanalytic theory and developmental model. Erikson, however, disagreed with Freud on a number of points, including Freud’s emphasis on sexuality, his pessimistic view of human nature, and his focus on the early years of life. Erikson emphasized the relationship between an individual and his or her community. He believed that a person interacted with and influenced his or her culture...
and society just as the culture or environment interacted with and influenced the person (Erikson & Erikson, 1997). In addition, Erikson asserted that development was influenced by epigenesis, a term that refers to the individual’s internal “genetic plan” for development (Hoyer, Rybash, & Roodin, 1999, p. 378). Yet Erikson concluded that one’s epigenetic or innate developmental processes did not unfold in a vacuum. Societies and cultures “mold individuals to fit the norms and styles of unique groups” (Glover, 1998, p. 325).

In his theory, Erikson conceptualized human personality development in terms of stages, as did Freud, but Erikson divided these stages over the lifespan, as he believed that people continued developing from birth until death. At each of his proposed eight stages there was a tension between two conflicting concerns. Each conflict or crisis could be resolved in a healthy, positive manner, or in an unhealthy, negative manner. A positive resolution resulted in adaptive strengths or ego qualities that the individual could rely on later; a negative outcome resulted in damage to the ego (Rice, 1992). According to Erikson, individuals move through each stage at the appropriate time in the life cycle, regardless of how previous crises are resolved.

One other important feature of Erikson’s theory was that of recycling. Each stage was dependent on all the other stages before it and after it. Erikson, Erikson, and Kivnick (1986) stated that the individual is never focused solely on the present crisis:

Rather, at every successful developmental stage, the individual is also increasingly engaged in the anticipation of tensions that have yet to become focal and in reexperiencing those tensions that were inadequately integrated when they
were focal; similarly engaged are those whose age-appropriate integration was then, but is no longer, adequate. (p. 39)

In other words, each crisis is resolved (either positively or negatively) at its appropriate time, but it is never completely done. All the crises must be reviewed and reworked as the individual moves through the lifespan. Thus by old age, if the individual was successful in the prior stages, his or her strengths should be solid and resilient because they were reviewed time and time again.

As stated above, Erikson’s theory of psychosocial development had eight distinct stages. The first stage occurred during the first year of life, when trust was the basic issue. The positive outcome was learning trust; the negative was learning distrust of others; the strength gained was hope. The second stage took place during the second year of life. In this stage, children either learned autonomy and independence in caring for their own needs, or they experienced shame and doubt about their abilities. The strength here was will. The third stage was initiative versus guilt and this occurred from age 3 to age 5. Children either gained more responsibility and explored their world, or felt guilty for wanting to experience new things. The strength to be gained here was purpose. The fourth stage occurred from age 6 to age 11, and was when children developed a sense of industry, self-worth, and accomplishment, or where they developed a sense of inferiority to others. The strength of the fourth stage was competence. The fifth stage occurred during adolescence and the strength to be achieved was fidelity. In this stage, individuals either developed a strong sense of identity or they developed role confusion. In the sixth stage, intimacy versus isolation referred to whether one developed close relationships with others in young adulthood. The strength of this sixth stage was love. In the seventh
stage, generativity versus stagnation referred to the conflict between becoming a responsible member of the community and teaching the next generation, or becoming self-centered and stagnant. The strength here was care, and this stage took place in middle adulthood. Finally, the last stage was integrity versus despair, and this occurred in late adulthood. This last stage involved older adults evaluating their lives and accepting what they had done and become, or becoming distressed about their lives and how they had lived them. The final strength to be gained was wisdom (Erikson & Erikson, 1997).

Bernice Neugarten offered a completely different view of psychosocial development throughout adulthood. Whereas Erikson believed that development unfolded in predictable stages, Neugarten argued that this was unlikely if one considered the individual’s social environment. She believed that “chronological age is becoming a poorer and poorer predictor of the way people live” (Hall, 1980, p. 66). Neugarten theorized that people could not be shuffled into chronological and developmental eras. Life was too chaotic to assume that everyone followed the same path. For example, premature deaths, chronic illness, and unemployment could happen at any time and disrupt “normal” development at any stage. Instead of stages, Neugarten (1979) asserted that social and biological “clocks” guided adult development. These clocks acted as a timeline for when certain events were expected to occur within a particular culture, such as getting married at age 25, or retiring at age 65. When events occurred “off time,” they were unexpected and could cause stress if the individual could not adapt. However, events that occurred “on time,” despite being distressing (such as a death), could be more easily tolerated and dealt with simply because the event was not completely unexpected.
For example, Neugarten and Datan (1973) cited data from 1966 showing that women at that time expected to be married at age 20, to have had their first child at 21, to be widowed at 64, and to die at age 78. Significant deviations from these expectations, such as marriage at age 40 or first child at age 16, would have caused distress among these women because they would have violated societal norms. Neugarten (1979) asserted that older adults also followed social clocks, in terms of what the issues were in later life (e.g., retirement, concern about one’s legacy, resolving grief of others’ deaths, and facing one’s own eventual death).

Following Neugarten’s (1979) ideas, it would be expected that women who followed the social norms of their cohort would adapt better to advanced age. For the cohort of women described in the present study, such social norms might include marrying young (age 18–25), having at least one child, and having at least one grandchild. Neugarten would assert that those women who adhered to this prescription would be better able to cope with the aging process. It could also be argued that even older widows might cope well because most women expect to outlive their husbands and may not be terribly distressed when this expectation proves true. In addition, societal stereotypes about older age proclaim that older adults are often crippled with diseases and disabilities. If an older woman believed these stereotypes and expected to be physically handicapped, she still may adjust to the aging process well simply because she expected to have some disabilities. To reiterate Neugarten’s point, it is whether events are expected or not that determines how well an individual can cope with certain stressors.

The work of Robert Atchley was also significantly different from Erikson’s theory. Atchley’s continuity theory was a model of adult development based on studies
of middle-aged and older adults. Thus his theory covered primarily the latter half of the lifespan. Continuity theory arose in response to numerous studies showing that older adults demonstrated consistency over time in a variety of areas (e.g., relationships, thinking patterns, activities, etc.) despite major changes in health and functioning (Atchley, 1999). Continuity theory basically asserted that people adapted to aging throughout adulthood by relying on familiar coping strategies to maintain internal and external continuity (Atchley, 1989). Such strategies included things like maintaining longstanding relationships, eating a healthy diet, keeping a positive outlook, and remaining faithful to one’s religion (Atchley, 1999). Atchley contended that continuity and change coexisted in individuals, and that these two terms were not opposites. He conceived of continuity as a “basic structure,” around which changes could occur (Atchley, 1989, p. 183). A person’s core self and identity did not change, but many other, more superficial, aspects of the person could change. As Atchley (1989) stated, “Continuity theory assumes evolution, not homeostasis, and this assumption allows change to be integrated into one’s prior history without necessarily causing upheaval or disequilibrium” (p. 183). Therefore, continuity theory described both change and consistency within the context of adult development.

Atchley (1999) described several features of his theory, including the fact that it was a feedback systems theory where patterns, decisions, and actions all affected one another. His theory also assumed that the goal of adult development was adapting to the changes of aging rather than maintaining an absolute equilibrium throughout life. Continuity theory was constructionistic as well, in that people created personal constructs or schemas about themselves and others. These constructs could be influenced by
society, but generally were stable pieces of one’s self. Finally, Atchley’s theory proposed that once an individual developed a strong sense of self and lifestyle (e.g., during young adulthood), continuity theory could then begin to play a role in describing development. In addition, he noted that continuity was not always a positive thing. People in abusive relationships were more likely to stay in those relationships to maintain continuity.

Continuity theory cannot judge or predict successful aging. It can only help to explain how an individual adapts to aging. Atchley (1999) asserted that continuity could be analyzed along four dimensions: 1) internal patterns, referred to as attitudes, beliefs, values, knowledge, temperament, and preferences; 2) external patterns, referred to as relationships, social roles, activities, and living arrangements; 3) developmental goals, including personal goals and things one strives for; and 4) adaptive capacity, which basically involves how one copes with difficulties. In an ideal situation, an individual would be able to adapt to the changes of aging while maintaining continuity in all four of these areas throughout his or her adult life.

Theoretical Models Specific to Women’s Development

The traditional models of adult development (e.g., Erikson’s psychosocial theory) were assumed by their authors to be applicable to both men and women. This assumption has been challenged, however, by a number of researchers in the past 20 years (e.g., Evans, 1985; Gergen, 1990; Gilligan, 1982; Helson, Pals, & Solomon, 1997). Some have gone so far as to assert that women follow a completely different model than men in terms of adult development (Chodorow, 1974; Gilligan, 1979). In their review of the literature on the development of women, Caffarella and Olson (1993) presented evidence for both arguments: that women could be adequately described by traditional models,
and that women were distinct from men and experienced psychosocial development in adulthood differently.

Caffarella and Olson (1993) first described the work of those who advocated using traditional models to explain women's development. For example, Sales (1978) examined Erikson's psychosocial theory in relation to women and role changes. She asserted that a woman's development generally followed that of a man's — with periods of stability or instability, and high and low points. A woman's major task during all of adult development, according to Sales, was to adapt to her changing roles (e.g., daughter, wife, mother, caregiver, etc.). In her application of Erikson's theory, Sales described the role changes women went through in each of Erikson's adult stages of development, such as retirement and widowhood in the last stage. Similarly, other scholars felt that traditional theories like Erikson's could be useful in studying women's development but with some changes, such as accounting for socio-cultural influences and events that affect men and women differently, like widowhood (Rossi, 1980; Targ, 1979, as cited in Caffarella & Olson, 1993).

Those scholars who believed that women were best described by explicitly female models of development felt that “the female perspective has not been integrated into more traditional theories of adult development” (Caffarella & Olson, 1993, p. 135). More specifically, many researchers contended that women focused more on relationships than on becoming autonomous individuals, meaning that women tended to put others’ needs first and thus had less control over their own lives (Bardwick, 1980; Miller, 1986; both as cited in Caffarella & Olson, 1993; Lewittes, 1982). Chodorow (1974) also believed that “feminine personality comes to define itself in relation and
connection to other people more than masculine personality does” (p. 44). She explained that this was the result of the Oedipal process, which differed for girls. According to Chodorow, women became embedded in relationships throughout their lives because they were never able to separate and individuate from their mothers as young girls. This inability to separate caused girls to become enmeshed in the relationships with their mothers, a pattern that repeated over time.

Teresa Peck (1986) proposed her own model of women’s adult development in response to the lack of female voices within traditional theories. Her model sought to explain how women defined and redefined their sense of self throughout their adult lives, focusing more specifically on definition through relationships with others. The first layer of Peck’s model was the “social-historical time dimension” (p. 277). This dimension reflected the historical time period that the woman lived within, including all the social and cultural norms of the period. This layer could either restrict a woman’s growth (e.g., through oppressive laws or customs) or allow a woman much more room to explore her sense of self (e.g., within a more liberal society). The second layer of her model was the “sphere of influence, [which] consists of the sum of the relationships in which a woman is involved” (p. 278). Relationships in this context referred to all kinds of relationships: family, friends, work, and special interest groups such as religious groups or organizations. Peck asserted that there are two important characteristics of this second layer. Flexibility involved the woman’s ability to accept new relationships, her ability to decline other relationships, as well as her ability to shuffle her current relationships so that she was emotionally supported when necessary. Elasticity referred to how responsive a woman’s other relationships were to her own needs and self-definition.
Finally, the last component of Peck's model was a spiral in the center of the two layers which represented a woman's self-definition. The spiral was constantly spinning which reflected how a woman constantly changed her definition of self throughout her life. The spiral was limited by the layers, i.e., by the particular cultural and historical time period and by the woman's relationships with others. Ideally, the spiral would begin to widen over time, indicating "increasing clarity of self-definition with the passage of time" (p. 280). Peck concluded that her model of women's development was based on attachment issues and self-definition, rather than the autonomy and independence that was characteristic of traditional male theories. Caffarella and Olson (1993) praised Peck's model, stating that she has "proposed the most comprehensive model of women's development to date that takes into account the unique ways in which women define themselves throughout their adult lives" (p. 136).

Although Peck (1986) did not specifically address the lives of older women, her model certainly applies to their development as well. Peck would agree that older women also struggle to increase their self-knowledge and to clarify their self-definitions. According to Peck's model, an older woman would be influenced by the current culture of old age, i.e., the stereotypes about disability, depression, and loneliness. Further, American society, with its emphasis on looking young, seems to fear aging. On the other hand, many more people are living into advanced age, older adults are gaining political power, and more resources are available to older adults now than ever before. Thus, an older woman's social-historical time dimension contains both negative and positive influences, which both restrict and allow for increased self-definition. The other major influence on women's development, as theorized by Peck, is relationships. Older
women’s relationships in particular need to be flexible and elastic to accommodate death and disability among friends and family. Flexibility will require making new friends as old ones pass away; elasticity will require adaptation to changing physical capabilities and changing roles. Peck would assert that those women who are able to balance their own needs for personal growth with the needs of their relationships and with the current cultural ideals are increasing their spirals of self-definition, and therefore are better able to cope with the aging process.

**Empirical Studies: Older Adults**

In a study assessing the developmental differences between the sexes, Lauer and Lauer (1987) examined the “self-defined turning points” of 632 men and women aged 19 to 90 years old (p. 706). After classifying each event into one of six categories, they found differences between what women considered a turning point (35% reported interpersonal problems), and what men considered important (30% indicated crucial decisions). The authors concluded that more research into developmental sex differences was warranted.

Sex discrepancies were also noted in another study exploring Erikson’s psychosocial theory. Domino and Hannah (1989) administered personality inventories (i.e., the Inventory of Psychosocial Balance and the California Psychological Inventory Self-Realization scale) to 143 women and men aged 59 to 82. A multiple regression analysis showed that trust was a more important area for men, and that identity was most important for women. The authors concluded that Erikson’s theory was supported, based on the significant correlations found between the personality inventory subscales.
McAdams, de St. Aubin, and Logan (1993) subjected Erikson's idea of generativity to empirical testing by surveying 152 young (age 22-27), midlife (age 37-42), and older adults (age 67-72). In this research, generativity was assessed in four different ways: concern, as measured by the Loyola Generativity Scale; commitment, assessed by asking subjects to describe their "personal strivings" (p. 223); action, as measured by a behavior checklist; and narrative, in which subjects responded to questions regarding important life events. Results showed that, overall, midlife adults demonstrated significantly more generativity than either younger or older adults. This is consistent with the assumption that generativity "improves" as one ages, yet declines in later years (p. 221). However, when broken down by the four specific measurements, older adults did not significantly decline in terms of commitment and narrative, indicating that these older subjects still strove for generativity and considered the task of guiding the next generation an important one. The fact that older adults demonstrated such a high level of generativity led the authors to conclude that generativity across the lifespan was not a clear, consistent trend as previously assumed.

Several studies have found support for continuity theory as applied to older adults. For example, Elliott (1995) studied the effects of nursing home placement on elderly Danish women. Using participant-observation and open-interview methods, Elliott found that the nursing home of focus did a poor job of helping its residents transition from their homes to institutional living. She concluded that such a disruption in lifestyle (and often health) could be eased by encouraging continuity among the residents in other areas (e.g., hobbies, culture, or socialization). Bozinovski (2000) also used qualitative methods in her study of self-neglect among older adults. She
interviewed 30 elderly self-neglecters as well as 35 adult protective service employees. The author discovered that two themes were present in cases of self-neglect: the desire of the neglecter to maintain control, and the need of the neglecter to preserve his or her identity. Bozinovski noted that these themes could be considered attempts to maintain continuity, particularly in the face of diminishing capacities. She argued that continuity was more than "just an adaptive strategy. It is a motivating force and also a continuous life goal" (p. 37).

Continuity of personality traits among the elderly has also been examined. Gold, Andres, and Schwartzman (1987) interviewed 362 Canadians over the age of 65. The experimental and control groups both completed a brief life review and psychological tests, including the Eysenck Personality Inventory (EPI). Both groups were later retested after one month, but the experimental group was asked to complete the EPI as if they were 40 years of age. The results clearly pointed to continuity in these subjects' self-perceptions of personality. The authors noted that these findings were consistent with prior studies and with the idea of continuity theory.

Longitudinal research, with its ability to track individuals across time, has been an invaluable research method in adult development. There are now several well-known studies that have followed a generation of children and parents into older age. For example, the Berkeley Guidance Study, which focused on personality development, and the Berkeley Growth Study, which monitored mental, physical, and motor development, followed over 300 children born in 1928-29, along with their parents (Maas & Kuypers, 1974). Erikson, Erikson, and Kivnick (1986) interviewed 29 parents involved in the Guidance Study as they were entering old age. Erikson et al. explored the insights and
observations made by these elders in relation to each of the eight stages of psychosocial development. The authors concluded that each elder was involved in the process of reviewing and integrating his or her past life, and was trying to balance the strengths and weaknesses gained from each psychosocial stage. Moreover, Erikson et al. found that each elder had his or her own unique way of preparing for old age, including modeling themselves after grandparents or parents, looking to religion and spirituality, and mimicking more famous older adults such as Bob Hope (p. 59). Maas and Kuypers (1974) also interviewed a number of elderly parents from the Berkeley studies. They focused on lifestyle and personality, identifying categories of lifestyles (e.g., women who centered their lives around their husbands, women who were more career-driven) and clusters of personality (e.g., autonomous mothers, person-oriented mothers) for both men and women (p. 2). In examining how personality changes over time, Maas and Kuypers concluded that generally, personality in early adulthood was related to personality in later adulthood, especially for women. In addition, “negative” traits such as anxiety and defensiveness were found to have stronger correlations across time (p. 176).

Other longitudinal studies have focused specifically on aging. The Baltimore Longitudinal Study of Aging was based on a large sample of adult men aged 20 to 80 years. Researchers began collecting data in the 1950s and are continuing to do so (Hoyer et al., 1999). The Berlin Aging Study was based on older adults, including the oldest-old (those over age 85). This study used a wide range of measures, including physical, social, and psychological measures (Hoyer et al., 1999). Smith and Baltes (1997) performed the first cross-sectional analysis of these subjects, measuring personality, intelligence, self, and social functioning in 516 elderly women and men. Smith and
Baltes developed nine profiles, ranging from high to low functioning, based on the subjects' scores on intelligence tests (e.g., memory, perceptual speed, and knowledge), personality tests (e.g., neuroticism, extraversion, and locus of control), and social relationship surveys (e.g., support, closeness, and loneliness). High scores on these measures (with the exceptions of loneliness and neuroticism) indicated a better ability to function and a more desirable profile. The authors found a positive correlation between advanced age and less functional profiles; they also noted that 60% of the women fell into the less functional profiles, regardless of age. This gender discrepancy may be due to higher mortality rates among men. Indeed, Smith and Baltes commented that further research needed to be carried out to determine if these results were correlated with other factors such as education, health status, or mortality.

Field and Gueldner (2001) recently published research based on a longitudinal study of the Berkeley Older Generation. They were particularly interested in the differences between those adults aged 75 to 84 and those over age 85, i.e., the “old-old” and the “oldest-old,” respectively. One hundred forty-two men and women were interviewed initially, and 94 survived to the second interview 13 years later. In addition to intelligence and social relations, the authors also assessed personality traits, both over time and between the two age groups. They found that the traits of social intelligence and extraversion declined over time for both groups, but one group did not decline significantly more than the other. They also found that the traits of agreeableness and satisfaction remained stable over time and did not produce significant group differences. Further, the trait “energetic” declined significantly for the oldest-old, but remained stable.
for the old-old. The authors attributed this fact to "external circumstances such as variations in physical health" (p. 27).

Although the above research studies have provided some insight into adult psychosocial development, they were not without flaws. Rossi (1980) argued that the cohorts of several of these longitudinal studies were limited, a criticism echoed by others (e.g., Helson et al., 1997; Lewittes, 1982; Reeves, 1999). Indeed, the Berkeley studies utilized the same cohort group as other developmental studies (e.g., Levinson, 1978; Vaillant, 1977). Further, a number of these pioneering longitudinal projects (although not all discussed here) were carried out with only male subjects. Rossi’s point was that a good deal of what was considered basic research was based on subjects who were homogeneous: they were primarily male, Caucasian, and had essentially lived through the same experiences in history. It is clear that additional studies are needed to broaden our understanding of late life development.

Empirical Studies: Women

Although the lack of female subjects was a concern two decades ago, there is now a substantial base of research on women and their psychological development over the life-span. Many of these studies focused on young or middle aged women. For example, Josselson (1990) interviewed 60 college seniors to measure their identity development. She then interviewed 34 of these women later when they were in their mid-30s. She found evidence for all four identity pathways: foreclosure, meaning those who made an identity commitment without enduring a crisis or scrutinizing ideas; identity diffusion, meaning those who were “drifting” and had not made a commitment; moratorium, referring to those who were currently in crisis or in an “exploratory phase;” and identity

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achievement, the final step for those who had undergone the process to explore themselves and their values (p. 30). The majority of these women retained the same identity label from college, with the exception of those in moratorium. In addition, Josselson discussed how a woman's degree of separation and individuation from her family was related to her identity status. Josselson concluded that "communion, connection, relational embeddedness, spirituality, affiliation - with these women construct an identity" (p. 191).

In a study examining the route women take to achieve a healthy self, Livson (1976) studied 24 women aged 40 to 50 years old. The women were selected by the author as the most psychologically healthy from the Oakland Growth Study. Livson analyzed interviews with these women from adolescence through middle age, and discovered that the women fell into two different groups - "traditionals" who basically followed Erikson's psychosocial stages, and "independents" who experienced a period of depression and conflict in their 30s, but then rebounded again in their 40s to achieve psychological health. Ryff and Migdal (1984) also found Erikson's theory to be applicable to women. Their research involved giving Eriksonian-based personality inventories to 50 women aged 18 to 30 and to 50 women aged 40 to 55. The results showed that intimacy was more important for the younger group while generativity was more important for the older group, thus offering support for Erikson's theory as it applies to women.

Hancock (1989) conducted a study based on 20 women ages 30 to 75 who were at "advanced levels of ego development," defined roughly as psychological maturity and the ability to self-reflect, and based on the women's scores on the Loevinger Sentence Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Completion Test (p. 235). This qualitative research involved asking the subjects broad questions about their adult lives. The author noticed several themes through her interviews with these women. First, Hancock found that these women defined themselves by their social experiences (e.g., marriage, children) and not by chronological age. She also found that each woman had a true sense of self as a young girl, but lost this “girl within” in the process of growing up female in a constricted society. Thus, identity for these women was circular: the self developed in childhood was hidden away until middle age when the woman returned back to that original self. This is in contrast to Erikson’s linear progression of development, which Hancock had reluctantly accepted prior to her research: “Although I had reason to be skeptical about the applicability to women of these peculiarly phallocentric models [e.g., Freud, Erikson] when I began this study, I had no alternative scheme of identity to put in their place” (p. 232). Her findings echo the work of Neugarten (1979) as well as Peck (1986), but Hancock makes no mention of this fact. Hancock did not compare her results to developmental theories other than those of Erikson and Freud, which she ultimately found unsatisfying and inappropriate.

In another example of qualitative research, Mercer, Nichols, and Doyle (1989) examined transitions in women’s lives with a particular focus on the effects of marriage and motherhood. They interviewed 80 women ages 60 to 95 years old, most of whom were married or widowed. Thirty of these women did not have children. Mercer et al. found that the women experienced a “regeneration / redirection period” after retirement, resembling Erikson’s generativity versus stagnation phase (p. 72). They also discovered a creativity / destruction dichotomy around 80 years of age for these subjects. This also
mirrors Erikson’s final stage in which the elder either comes to terms with his or her life, or suffers distress. In short, Mercer et al. concluded that women experience developmental periods later and more irregularly than previously described for men. These women also chose to accentuate different facets of their lives than men typically do (e.g., motherhood, marriage, and separation from her parents).

In a study of Erikson’s theory, Norman, McCluskey-Fawcett, and Ashcraft (2002) compared the developmental issues of 60- and 80-year-old women. Using the Measures of Psychosocial Development, a quantitative measure of Erikson’s developmental stages, Norman et al. found many similarities between the two cohorts. However, the groups differed in their resolution of the identity versus identity confusion and trust versus mistrust stage, with the 60-year-olds showing more positive resolution of these tasks. Further, the women in their 60s showed significantly higher overall resolution across all developmental stages as compared to the women in their 80s. The authors suggested that the increased incidence of widowhood among the older group may have influenced the results. In addition, they argued for “the protective benefit of multiple roles, the centrality of relationships for women’s identity, and the need to reinvent a sense of identity with increased age” (p. 39). In this sense, they noted support for Peck’s model of development as well as Atchley’s continuity theory.

Whitbourne and Powers (1994) assessed aspects of older women’s identities using a projective test and tests measuring affect and locus of control. They also analyzed spontaneous responses to the projective test as qualitative data. They found that “the more positively adjusted older women [meaning those who achieved ego integrity] were those who maintained an external locus of control, were future-oriented, and whose
lifespan constructs were defined in terms of family” (p. 293). Melia (1999) studied 39 elderly and well-educated nuns aged 68 to 98 years. Her qualitative data was based on personal life review interviews, which were “intended to draw out themes and turning points in their lives” (p. 180). Melia discovered that her subjects described continuous themes throughout their lifespans, including the importance of faith, family, education, and prayer, among others. She also found that most of the women attained ego integrity while “young-old,” but had to constantly re-establish this in later years, mostly through maintaining continuity of life themes (p. 185). Based on these results, Melia concluded that her data better fit Atchley’s continuity theory rather than Erikson’s psychosocial theory.

In a unique, qualitative study, Hurd (1999) carried out 30 hours of participant observation at a senior citizen’s center in Canada. Her subjects included women aged 50 to 90 years old. Using grounded theory to analyze her data, Hurd explored how older women define and negotiate their identities, particularly amid a culture where ageist stereotypes are still common. She found that her subjects intensely opposed such biases, and insisted that they were “not old.” The women suggested that the fine line between being “old” and “not old” was based on level of activity, mental health, and especially physical health (p. 437). Other concerns for these women included widowhood, health status, and frustration with their aged appearance.

The empirical studies described above reflect only a portion of the field of adult development. They also reflect only a portion of American demographics. Most of the research reviewed here was based on Caucasian, middle class adults. The homogeneity of subjects is an important but limiting factor when considering a review of the literature.
In summary, there are a number of different models of adult psychosocial
development. These models vary as to their targeted population, with some focused on
adult humans (e.g., Erikson, Neugarten), some focused on adult women (e.g., Peck,
Chodorow), and some aimed at older adults (e.g., Atchley). These models also vary by
the amount of empirical support accumulated over time. The following section presents
the rationale for the specific theories selected for the present study, as well as the
rationale for the method of analysis.
Chapter II
Rationale and Hypotheses

As seen in the literature review, the field of adult psychosocial development is relatively young and still growing. Empirical studies began with homogeneous groups of men, but have since expanded to include the development of women and the elderly. Nonetheless, as noted more expansion is needed to diversify race/ethnicity and socioeconomic class, among other demographic variables. At present there are numerous developmental theories, but for the purposes of this proposal, three theories were selected for further examination and application to older women, namely the theoretical models of Erikson, Atchley, and Peck.

Erikson’s psychosocial theory was one of the first to address development across the life-span. As a consequence, it is also one of the most researched and empirically tested theories. Studies that applied Eriksonian ideals to women found mixed support. At its best, this research found that his stages do fit with the experiences of women, though sometimes minor adjustments were needed (Livson, 1976; Mercer et al., 1989; Ryff & Migdal, 1984). At worst, others concluded that Erikson’s stages do not adequately describe women (Gilligan, 1982; Hancock, 1989; Melia, 1999). In short, because the existing literature is mixed, it is unclear how well Erikson’s theory might fit with the experiences of older women.

Of all of Erikson’s stages, the developmental stage that is most relevant to this research proposal is the final stage, i.e., integrity versus despair. Evidence of integrity will follow from the work of Melia (1999), who operationalized integrity into “five
components: a sense of peace, satisfaction with one's life, acknowledgment of death, a philosophy of life, and wisdom that one wishes to share” (p. 181). These five components will serve as indicators for integrity; a lack of these items will signal despair. Note, however, that integrity and despair will be viewed more continuously – as opposed to being discrete categories – so that all five components are not necessary for a classification of integrity.

Atchley’s continuity theory also deserves closer inspection, most importantly because it is one of the few theories that looks specifically at older adults. There is evidence to indicate that continuity is a useful construct in analyzing different facets of the elder’s life, including self-neglect (Bozinovski, 2000), personality traits (Gold et al., 1987), and transitioning to nursing home living (Elliott, 1995). Atchley (1989) maintained that “continuity theory has enormous potential” in terms of understanding the aging process (p. 183).

Indications of continuity theory were clearly outlined by Atchley (1999). He believed that continuity had four dimensions: internal patterns (e.g., temperament, attitudes, values), external patterns (e.g., lifestyle, social roles), developmental goals, and adaptive capacity or coping skills. The consistency of these four areas over time, as perceived by the participant, will determine whether continuity is present or not.

Peck’s model, although relatively untested, should also be included because it is specific to women. Caffarella and Olson (1993) described her model as the “most comprehensive” theory of women’s development to date (p. 136). Indeed, Peck herself stated that she integrated the ideas of other theorists in her model, including concepts from Neugarten and Chodorow. Further, in the one empirical study that referenced
Peck’s model to date, Norman et al. (2002) found support for her theory as applied to older women.

The main components of Peck’s model included the effects of society and culture, the importance of relationships, and a woman’s sense of self-definition. Items that may indicate social or cultural effects could include stereotypes of growing older (e.g., depression, pain, disease), fears of appearing old (e.g., concern with wrinkles or gray hair), reactions from younger people (e.g., others withdrawing, acting impatient, or perhaps drawing closer to the elder), and the perceived availability of public resources (e.g., Medicaid, social service programs, public transportation). The relationship component could be reflected with friends, family, neighbors, coworkers, clergy, or groups and organizations. The importance of such relationships may be seen in how supported a woman feels, how well she copes with a significant death, how capable she is of making new relationships, and her ability to maintain relationships across time. Finally, indicators of self-definition would likely include a statement about growth (e.g., growing spiritually, emotionally, or intellectually), and items referring to feeling secure as a person, and feeling a sense of balance in one’s life.

In light of the literature reviewed, it can be concluded that there is no agreed upon theory of psychosocial development for older women. Prior empirical studies suggested that some established theories may fit with older women’s experiences, but they may need to be altered. Because of the nature of the data of this study, the testing of formal hypotheses is not appropriate. The data will be analyzed using qualitative methodology, including the principles of grounded theory. The purpose of the present study is to explore the psychosocial development of two cohorts of older women from their
perspective. The theoretical models of Erikson, Atchley, and Peck will then be compared to the results in an effort to understand the developmental processes of women in late life, and add to the growing literature on the topic.
Chapter III

Method

Participants

The present research study is, in part, archival as 28 women have already been interviewed. These participants were recruited from a sample group who were part of a longitudinal study that began 10 years prior. This group of women, as described in Norman et al. (2002), were volunteers recruited primarily through a large, Midwestern university and several senior citizen groups. This sample was originally composed of 21 women in their 60s and 20 women in their 80s. One of the 60-year-old subjects died in the past decade, resulting in 20 70-year-olds for the present study. Nine of the 80-year-old subjects passed away, 2 were residing in nursing homes and believed to have cognitive impairments, and 1 woman was unable to be located, resulting in 8 90-year-olds for the current study. Because of the attrition among the 90-year-olds, other participants will be recruited who are not part of this longitudinal study. These women will also be volunteers and also be found through a university alumni system. It is expected that approximately 40 women will take part in the present study, including 20 women aged 70 to 80, and 20 women aged 90 to 100.

Those women who have already participated in this study received $20 for their time. Newly recruited subjects will also be compensated. Of the 28 women interviewed, all were Caucasian and all were native English speakers. The levels of education for these women varied from grade school to graduate school. Further, the women were screened for significant cognitive impairment that could affect their participation. This
screening was based on each subject's self-reported health status (e.g., excluding those with dementia or stroke), as well as the interviewer's clinical judgment of the subject's capabilities (e.g., excluding those who could not follow directions or those who appeared disoriented). Participants were living independently in their homes or residing in a retirement center. Care will be taken in recruiting new participants to insure that these women are demographically similar to the women previously interviewed. Including a sufficient number of minority group members to represent an adequate sample is beyond the scope of this project. It should also be noted that because the participants in this research are healthy, active, and living independently they may be exceptional examples of their cohort relative to the overall elderly population.

Measures

Demographic information was collected first. This included information regarding age, race, marital status, annual income, and health status (see Appendix A). It should be noted that additional demographic data are available for the women involved in the longitudinal study (see Appendix B for the original demographic and interview questions asked). This additional demographic information will be solicited from any new subjects, i.e., those not in the original study. A 60-minute semi-structured interview was used to gather data for this study. The interview questions were extracted from the original study with these women a decade ago (see Appendix C for current interview questions). These questions had been developed by a committee of professionals, including a developmental psychologist, clinical psychologist, social worker, historian, psychology graduate student, and gerontologist. They were intended to be broad and to assess psychosocial developmental issues. The questions were piloted on two older
women for clarity. Thus, the first four current interview questions were derived from a previous study. The last three questions were added to give the participants the opportunity for reflections or thoughts that other questions had not addressed. The interview focused on how the women have changed in the past 10 years and how they feel about their lives at present. Specifically, the interviewer inquired about current activities, major life changes, feelings regarding those changes, reflections on their present development, self-defined age, and advice these older women may have for younger women regarding aging. The interviews were audiotaped on mini-discs.

Procedure

An introductory letter was initially mailed to potential participants. This letter briefly described the study, including what was involved in terms of time, risks, and benefits. Included in this letter was a self-addressed, stamped postcard that subjects were asked to return to indicate if they wished to participate in the study or not. Phone calls were made to non-responders, and to those women who agreed to take part in the study to schedule an appointment. A confirmation letter, with the scheduled time and date, was then mailed to the subjects. This final letter also included a copy of the interview questions so that the women could begin to collect their thoughts. This procedure will be followed as closely as possible for newly recruited participants.

Interviews took place in a setting that was convenient to the subject, such as her home or a quiet room at her retirement center. The interviews were conducted by trained researchers following the same protocol. The total amount of time involved was approximately 90 minutes. The interview process began with the woman reading and signing (if she agreed) the consent statement approved by the Xavier University
Institutional Review Board (see Appendix D). The subject was given $20 for her participation and the demographic information was collected. The woman was then asked if she needed a moment to collect her thoughts. When the subject was ready, the researcher began the interview following the directions and questions outlined in Appendix C. The oral interview was audio recorded and limited to 60 minutes maximum. After the interview, the participants were asked to complete a short questionnaire as part of a larger project. However, the results of the questionnaire will not be discussed in this proposal. All subjects were and will be treated according to the guidelines set forth by the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (1992), and by the Xavier University Institutional Review Board (see Appendix E). The participants were and will be allowed breaks as needed. Subjects will also be free to withdraw from the study at any time without consequence.
Chapter IV

Results

The demographic data will be analyzed first. Basic descriptive statistics will be utilized to describe the sample on variables such as age, race, income, marital status, educational level, and living situation. The audio discs will be transcribed by a graduate student not involved with the study and will be double-checked by another graduate student researcher for accuracy. Each subject will be assigned a code number to protect her confidentiality, and the discs and transcripts will only be labeled with this code number. The discs and transcribed data will be kept in a secure location throughout this procedure.

As described in the Methods section, the questions asked were deliberately broad to let the respondents have as much freedom as possible in answering. Similarly, the method of analysis will also be broad, with no preconceived notions of what is expected. The purpose is to let the data speak for themselves. Inductive qualitative analyses will therefore be performed on the data. In this way, patterns and themes will emerge “through the analyst’s interactions with the data” (Patton, 2002, p. 453). In addition, excerpts from the transcribed data will be included as examples to provide more support for the findings, with appropriate precautions to guard the subject’s anonymity. Initially, each individual case will be analyzed, but cross-case analyses will also be performed to address differences and/or similarities between the individual women and the two cohort groups.
The specific analyses performed will follow inductive reasoning, which starts at
the level of the data and builds up towards a broader theory. Therefore, “items” will be
identified first, followed by “patterns” and “structures” (LeCompte & Schensul, 1999, p.
68). In this respect, grounded theory will provide a systematic method for identifying
such items and patterns. Grounded theory is defined as theory that is “derived from
data,” that is, “the researcher begins with an area of study and allows the theory to
emerge from the data” (Strauss & Corbin, 1998, p. 12). The grounded theory framework
has been praised for its objectivity, its standardization, and its analytical process. It seeks
to reduce bias and stay as close as possible to the data (Patton, 2002). Strauss and Corbin
(1998) asserted that grounded theory is not to be followed rigidly, but applied flexibly
and creatively to the data. Grounded theory begins by microanalysis and open coding of
the data. This involves carefully scrutinizing the data and selecting relevant words or
phrases. These items are then microanalyzed, meaning each word is considered in terms
of its properties, meanings, and even opposites. For example, the word “care,” as in “I
take care of myself,” can mean different things – physical care, daily needs care, spiritual
care, and emotional care. The purpose of the microanalysis is to listen to the
interviewees and hear what they are saying, and also to recognize one’s own assumptions
and biases. When the open coding is completed, axial coding will be performed. Axial
coding involves scanning the data for more evidence of the specific categories or themes
generated from the open coding. As suggested by Strauss and Corbin (1998), detailed
notes will be kept on all the analyses, including interpretations, personal thoughts, and
questions.
After patterns and themes have been independently pulled from the data, a deductive analytical process will begin in order to compare the data with the three selected theories. Deductive analysis begins at the level of theory and narrows down to the data. This process will involve looking for key concepts and ideas as specified by the theories themselves. Thus, the data will be scanned for indicators of these three theories, as outlined in the Rationale section. A second, independent researcher will also review portions of the data for evidence of these indicators, and the results of both analyses will be compared.
Chapter V

Discussion

[Psychological theorists] have tried to fashion women out of a masculine cloth. It all goes back, of course, to Adam and Eve, a story which shows, among other things, that, if you make a woman out of a man you are bound to get into trouble. In the life cycle, as in the Garden of Eden, it is the woman who has been the deviant. (Gilligan, 1979, p. 432)

The purpose of this study is to explore the later stages of women’s lives. Women, as Gilligan pointed out, have historically been misunderstood by the male-dominated theories of adult development. Older adults, too, have been neglected in the past, in part because this is the first time in human history that people have consistently lived so long. Thus, the intention here is to fill a void in the developmental literature.

Through the qualitative analyses performed, the data will reveal patterns and themes that will show how these women continue to develop, even at such advanced ages. First and foremost, the data will be allowed to speak for themselves, to permit the subjects an opportunity to explain their development in their own terms. Later in the analysis, these women’s stories will be considered in light of existing developmental models.

The importance of this research lies in the hope that others will continue to study older women’s lives. As this population continues to grow, it will become vital to understand the problems they face, their philosophies of life, their strengths and weaknesses, and their coping mechanisms. In studying adults as they move through later
life, the field of development gains insight into the positives and negatives of aging.

Eventually this knowledge can be turned into practical applications, to help older adults age "successfully." The present study is viewed as a stepping stone in this process.
References


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APPENDIX A

Demographic Questions

Participant's name:  
ID:

Interviewer:

1. How old are you currently?


3. Where and with whom are you currently living?

4. Approximate income currently (circle one):
   - below 20,000
   - 20-40,000
   - 40-60,000
   - 60-80,000
   - 80-100,000
   - 100,000+

5. Has your marital status changed in the past 10 years? (If new husband, what is his age and occupation?)

6. Have you had any significant losses in the past 10 years? Describe.

7. Do you have any close friends? Are your friends an important source of emotional support for you?

8. What are your main activities and responsibilities at this point in your life?

9. Would you allow us to contact you in the future for further follow-up? 
   Please provide the names, addresses, and phone numbers of two people who will know how to contact you.
APPENDIX B

Original Demographic and Interview Questions

Participant’s name: ID:

Interviewer:

1. What is your date of birth? How old are you currently?


3. Where and with whom are you currently living?

4. Have you lived in Kansas your whole life? If not, where else have you lived and how old were you when you moved?

5. Approximate income prior to retirement and currently.

Prior to retirement (circle one):

- below 20,000
- 20-40,000
- 40-60,000
- 60-80,000
- 80-100,000
- 100,000+

Current income:

- below 20,000
- 20-40,000
- 40-60,000
- 60-80,000
- 80-100,000
- 100,000+

6. How many times have you been married (list your age at the time of each marriage, the age difference between you and each of your husbands, and your age at the end of each marriage or at the time of widowhood)? If never married, skip #6.

7. Are you currently married? If husband is deceased and you have not remarried, how long have you been a widow?
8. If currently married, spouse’s age.

9. What is/was your occupation?

10. If married, list each husband’s occupation.

11. Do you have any children? List their genders and current ages (or the year that each was born). How old were you when each child was born?

12. Where do your children currently live? How frequently do you see them? Are your children a primary source of emotional support for you?

13. Your educational background.

14. What did your father do for a living?

15. What did your mother do?

16. How many brothers and sisters did you have? Please indicate sex and year of birth for each sibling. Are your siblings still living? If deceased, what year did she/he die?

17. Do you have any close friends? Are your friends an important source of emotional support for you?

18. What do you consider to be your ethnic or religious background? Has this been an important part of your life?

19. What are your main activities and responsibilities at this point in your life?
Oral Interview

(The aim during the interview will be natural conversational flow guided by these questions. Thus the interviewer will adhere to standard wording of questions, but follow-up inquiries and clarifications can emerge in response to each particular subject.)

“In this part of the interview I would like to get an understanding of what has happened in your adult life (since you started to college, left your parent’s home, or whenever you considered yourself an adult) and how you feel about the different parts of your life. You don’t need to tell me about everything that has happened to you, but rather try to focus on the main forces that shaped your life.”

(Explain that you will now begin the oral interview which will be limited to 90 minutes. Ask the participant if she would like to look over the questions again or have a minute to collect her thoughts. When she is ready, position the tape recorder with the microphone close to her, ask the first question and turn on the tape recorder.)

1. What were the main forces that influenced how you have led your adult life?
2. Do you think you’ve remained pretty much the same throughout your adult life, or are you aware of some changes?
   When did these changes occur?
   What do you think may have brought these changes about?
3. Has your life changed in any major ways in the past five years?
   If it has, how are you different now?
   What do you think may have brought about these changes?

4. Were there periods in which you felt particularly stable or settled?

5. Do you feel especially settled during the present phase of your life?
   To what do you attribute this feeling?

6. How do you feel about the periods of your life (including your life right now)?
   Are you particularly satisfied or dissatisfied with any of these periods?
   Is there turmoil associated with the present phase of your life? Explain.

7. Did you have goals for different periods of your life?
   Did these goals change (when & how)?

8. Do you have any current goals?

9. Are there other things that have had a major impact on you that we haven’t talked about?

10. How old do you think of yourself as being?
APPENDIX C

Oral Interview

(The aim during the interview will be a natural conversational flow guided by the questions below. Thus the interviewer will adhere to standard wording of questions, but follow-up inquiries and clarifications can emerge in response to each particular subject.)

"In this part of the interview I would like to get an understanding of what has happened in your adult life during the past 10 years, and how you feel about this part of your life."

Explain that you will now begin the oral interview which will be limited to 60 minutes. Ask the participant if she would like to look over the questions again or have a minute to collect her thoughts. When she is ready, pin on the microphone, turn on the mini-disc player, and ask the first question.

1. What things have had a major impact on your life in the past 10 years?
2. Has your life changed in any major ways in the past 10 years?
   * If it has, how are you different now?
   * What do you think may have brought these changes about?
3. How do you feel about this period of your life?
   * Do you feel especially settled during the present phase of your life? To what do you attribute this feeling?
   * Is there turmoil associated with the present period of your life? Explain.
4. How old do you think of yourself as being?

5. Other reflections on your development now or during the past 10 years?

6. Anything else you'd like to say about this time in your life?

7. Do you have any advice for younger women for life at your age?
APPENDIX D

Late-Life Development of Older Women

Department of Psychology, Xavier University

Cincinnati, Ohio 45207

Consent Statement

The Department of Psychology supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate you are free to discontinue your participation at any time.

We are interested in patterns of adult development, particularly in later years. Some basic demographic information, including your health status and your marital status will be collected. Then you will be asked to respond orally to some questions about what has happened to you since the last study 10 years ago. This oral interview will be audio taped and will take approximately 60 minutes. Finally, you will be given one brief questionnaire asking about how you view yourself. The questionnaire should take about 20 minutes.

This research is being conducted by an Assistant Professor and a graduate student in the Psychology Department at Xavier University. Your participation is solicited but strictly voluntary. Do not hesitate to ask any questions about this study. You should be able to easily answer the questions asked in the interview and on the questionnaire.
The only possible risks associated with this investigation are boredom or fatigue. If you get tired during the session, you should ask to take a break or that we continue another day.

Although we will record each interview, the tapes and all transcripts of those tapes will be kept strictly confidential in a locked filing cabinet, accessible only to the investigators and their assistants. Your name will not be associated in any way with the study. You may agree to participate yet you can also decline to continue at any time. You may keep a copy of this form for your own reference if you wish. At the conclusion of the study, we will send you a short summary of our results.

We appreciate your cooperation very much.

Suzanne Norman, Ph.D. Lisa Ashcraft Sterling, M.A.
Assistant Professor, Psychology Doctoral graduate student, Psychology
(513) 745-3249

________________________________________________________
Signature of person agreeing to participate, date

________________________________________________________
Signature of interviewer, date
June 29, 2001

Lisa Ashcraft Sterling, M.A.
C/O Dr. Suzanne Norman
ML 6511

Dear Ms. Sterling,

Thank you for sending the original consent form. The statement “Your name will not be associated in any way with the study” I take to mean “your name will not be published” rather than anonymity. Thus your re-contact does not break a past promise.

The Xavier University IRB approves your study #0148-3, *Late Life Development of Older Women*, and wishes you success in your work.

Enclosed, please find the Final/Status Report that must be filled out and returned to this office upon completion of the study or one year from this date, whichever comes first. As always, if there are adverse effects or modifications to the research, please notify the IRB immediately.

Sincerely,

Robert C. Baumiller, S.J.
IRB Chair and Administrator

Enc: Final / Status Report
Chapter VI: Dissertation

Abstract

The intent of the present study was to explore older women's psychosocial development by comparing and contrasting the experiences of two cohorts of women. Semistructured individual oral interviews with 40 Caucasian women (half in their 70s and half in their 90s) were conducted. The interviews were transcribed verbatim, and the data were analyzed using grounded theory. The results were compared to three existing theoretical models of adult development: Erikson's psychosocial theory, Atchley's continuity theory, and Peck's model of women's development. The results showed more similarities than differences between the two cohorts, including the importance of physical health and relationships with others. The discussion evaluates the fit between the women's experiences and the three models of adult development.
Women’s Development in Late Life:
A Qualitative Study of 70- and 90-year-olds

“I’m not the little old lady that you thought I was going to be!” (94-year-old).

How do older women experience late life? Unfortunately in the United States, old age is often viewed as a time of “hanging on,” a time spent struggling to maintain physical health and emotional well-being, or worse, a waiting period before death. Assumptions are made about older adults, including ideas that no growth occurs, or that what we know from studies based upon men holds true for women as well. Yet as more people live longer, late life becomes more heterogeneous, and each older adult’s experience of this time is unique. Little research exists in the area of older adults’ psychosocial development, particularly as it applies to women who make up the majority of older adults. A number of adult developmental theories have been proposed, but their applications to older women, for the most part, remain unknown.

The present study explored women’s psychosocial development in late life by allowing a group of older women to describe their experiences in their own words. Of particular interest was how these women continue to grow, develop, and cope with aging. Secondarily, the findings were compared to several established theoretical models of development, namely those of Erikson, Atchley, and Peck.

Erik Erikson’s theory of psychosocial development emphasized the relationship between an individual and his or her community. He conceived of personality development in terms of eight stages divided over the lifespan in which conflict or crises
needed to be resolved and strengths could be gained. He believed that the first stage began in the first year of life, and the last stage took place at age 60 (Rice, 1992). This last stage, ego integrity vs. despair, in which older adults re-evaluated their lives, could result in the strength of wisdom, defined as an “informed and detached concern with life itself in the face of death itself” (Erikson & Erikson, 1997, p. 61). Although he thought of his theory as a stage theory, Erikson also felt that each of his proposed strengths built on each other so that they culminated in the final strength of wisdom if the individual had successfully resolved each crisis (Erikson & Erikson, 1997). Attaining wisdom and ego integrity was the last task of life, yet it remained to be seen whether this final stage was present throughout one’s 70s, 80s, 90s, or even later.

As one of the first theories to address development across the lifespan, Erikson’s psychosocial theory was heavily researched and empirically tested (Rice, 1992). In general, researchers have come to a variety of conclusions when this theory has been applied to adult women. For example, Ryff and Migdal (1984) found that intimacy was more important for young adult women while generativity was more important for women aged 40 to 55, thus offering support for Erikson’s ideas. Yet Hancock (1989) found Erikson’s theory unsatisfying in her study of women’s development. She discovered that, for her middle-aged participants, identity was circular (i.e., going back to childhood identities later in life) rather than linear as Erikson theorized. Zucker, Ostrove, and Stewart (2002) studied personality development across three cohorts of college-educated women – those in their 20s, 40s, and 60s. They also asked each of their subjects to answer developmental questions about themselves at the other ages, either prospectively or retrospectively. Among other things, these authors assessed Erikson’s
concepts of identity and generativity and found that identity was stronger and more secure over time, and that generativity increased from the 20s to 40s, but leveled off at age 60. Zucker et al. pointed out that these results were not entirely consistent with Erikson's stages, but offered alternative explanations (i.e., the difficulty of young adulthood and the social status of the older age group). As for studies specifically focused on development of older women, Mercer, Nichols, and Doyle (1989) found that women ages 60 to 95 experienced a "regeneration/ redirection period" (p. 72) after retirement which resembled the generativity phase, and they discovered a creativity/destruction dichotomy around age 80 for their subjects. Mercer et al. concluded that these particular phases mirrored Erikson's psychosocial theory, but occurred later and more irregularly than Erikson hypothesized. Melia (1999) conducted interviews with elderly nuns, examining ego integrity as defined by Erikson. She found that most of the women attained integrity, but had to constantly re-establish this throughout their lives, mostly through maintaining continuity of life themes such as faith and family. Based on these results, Melia concluded that her data fit continuity theory better than Erikson's psychosocial theory. In short, Erikson's theory has found mixed support when applied to women; thus it is unclear how well his last stage of development, focusing on ego integrity and attaining wisdom, might fit with the experiences of older women.

Robert Atchley's continuity theory is one of the few developmental theories that targeted older adults. He believed that through the years, adults "develop considerable investment in their conceptions of themselves and the world around them" (Atchley, 1999, p. 5). In other words, adults develop preferred patterns of thinking, behaving, and coping over time. Atchley extended this idea to explain how adults adapt to old age. He
asserted that the goal of adult development was adapting to the changes of aging rather than maintaining an absolute equilibrium throughout life. He contended that such adaptation was possible because individuals relied on their familiar patterns of coping, and strove to modify their preferences to the environment. Atchley (1999) maintained that continuity, defined as “evolutionary consistency and linkage over time,” (p. 8) could be analyzed along four dimensions: external patterns (e.g., living arrangements, social roles, activities, relationships), internal patterns (e.g., attitudes, values, beliefs, temperament), developmental goals (e.g., personal goals, things one tries to achieve), and adaptive capacity (e.g., coping strategies). Ideally, a person would be able to adapt to the changes of aging while maintaining continuity in all four of these areas throughout his or her adult life.

Atchley (1989) contended that “continuity theory has enormous potential” in terms of understanding the aging process (p. 183). Continuity theory cannot predict successful aging, but it can explain how and why people adjust and adapt to aging. Atchley also felt that the “general adaptive principles” of continuity theory could be taught to elders and organizations (e.g., nursing homes) in an effort to assist with the adjustment to later life. Several researchers have studied this theory in relation to difficulties elders sometimes face, including self-neglect (Bozinovski, 2000) and transitioning to nursing home living (Elliott, 1995), and found continuity theory to be a useful construct. Melia (1999), as described above, found support for Atchley’s continuity theory in her study of older women’s development. She discovered that the nuns she interviewed grounded their identities in several themes which were prominent
throughout their lives, such as faith, family, education, friends, and community, among others.

Early theories of adult development were frequently based on studies of men (e.g., Vaillant, 1977; Levinson, 1978) which were challenged by feminist theorists as inappropriate for women for a number of reasons. Common criticisms included a lack of attention to relationships and attachment (Chodorow, 1974; Gilligan, 1982), a view of women as "deficient," (Gilligan, 1979; Miller, 1976, as cited in Peck, 1986), and a lack of flexibility to understand women's shifting roles and responsibilities (Rossi, 1980). Teresa Peck (1986) proposed her own model of women's adult development, seeking to explain how women defined and redefined their sense of self throughout their adult lives through relationships with others. Her theory contained three components: the "social-historical time dimension" (p. 277), reflecting the historical time period the woman lives within; the "sphere of influence, [consisting] of the sum of the relationships in which a woman is involved," along with the supportiveness and responsiveness of these relationships (p. 278); and the spiral in the center of the model representing a woman's self-definition. Peck asserted that the first two components, or layers, acted to restrict or encourage a woman's self-definition, i.e., hindering a woman's growth by constricting her options or allowing her increased freedom. Ideally, Peck believed that the spiral in the center would widen over time, indicating "increasing clarity of self-definition" (p. 280). She concluded that her model of women's development was based on attachment issues and self-definition, rather than the autonomy and independence that was characteristic of traditional male theories. Caffarella and Olson (1993) praised Peck's model, stating that hers is the "most comprehensive model of women's development to
date that takes into account the unique ways in which women define themselves throughout their adult lives” (p. 136).

Peck’s (1986) model has not been well researched, but one study of older women’s psychosocial development has found support for her ideas. Norman, McCluskey-Fawcett, and Ashcraft (2002) compared the developmental issues of 60- and 80-year-old women using a quantitative measure of Erikson’s developmental stages. Norman et al. found many similarities between the two cohorts, but the groups differed in their resolution of identity and trust, with the 60-year-olds showing more positive resolution of these tasks. Further, the women in their 60s showed significantly higher overall resolution across all developmental stages as compared to the women in their 80s. The authors argued for “the protective benefit of multiple roles, the centrality of relationships for women’s identity, and the need to reinvent a sense of identity with increased age” (p. 39). In this sense, they noted support for Peck’s model of development as well as Atchley’s continuity theory.

As can be seen above, the few studies that have examined older women’s psychosocial development have produced conflicting results. The theoretical models of Erikson, Atchley, and Peck appear to fit with older women’s experiences in some instances, but strong support is lacking. The current study used a qualitative design in order to give the respondents freedom in describing their experiences outside of the confines of a theoretical model imposed by the researchers. This study was meant to be exploratory and descriptive and, as others have noted, this type of research is better suited to qualitative methodology (Giorgi, 1985; Strauss & Corbin, 1998). The purpose of this study was to first, compare and contrast the experiences of two different cohorts of older
women, and second, to compare the data to the theoretical models of Erikson, Atchley, and Peck. Note that the participants were not asked about their entire adult lives, but only their recent experiences (i.e., within the past 10 years). Assessing two groups will allow for comparisons of the "young-old" with the "old-old," and increase understanding of the experiences of two distinct age groups of mature women. It is hoped that the results will contribute to our understanding of the developmental processes of women in late life, and add to the limited literature on the topic.

Method

Participants

Forty women took part in this research study; 20 of the volunteers were 72 to 80-years-old (mean age = 76.8), and 20 were 90 to 99-years-old (mean age = 92.6). All of the participants were Caucasian and native English speakers, living independently in their own homes or in retirement centers. Twenty-eight of the participants were enlisted from a longitudinal study that began 10 years prior. This group of women, as described in Norman et al. (2002), were volunteers recruited primarily through a large, Midwestern university and several senior citizen groups. The additional 12 subjects were located through another Midwestern university along with community resources.

Across all the participants, 30% were presently married, 7.5% were divorced, and 62.5% were widowed. There was a statistically significant difference for marital status with a higher proportion of widows in the older group, $\chi^2(1, n = 20) = 4.93, p < .05$. The mean number of children for this sample was 2.3, and the average educational level was 14.5 years of school. The results of an independent samples $t$ test showed no significant differences between the two groups of women based on number of children, $t(38) = 0.25$,.
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$p > .05$, or on educational level, $t(38) = 0.52, p > .05$. In addition, 65% of those in their 70s stated that they were in good health while 25% said they were in poor health. Of those in their 90s, 53% noted their health was good and 37% indicated it was fair. Most of the participants had suffered a significant loss in the past 10 years (70% in the 70s cohort; 79% in the 90s cohort), and most suggested that they had a number of activities and responsibilities at this time in their lives (90% of those in their 70s; 79% of those in their 90s) (see Table 1).

Each woman who agreed to participate in this study received $20 for her time, and all were screened for significant cognitive impairments that could affect their participation. This screening was based on each woman's self-reported health status (excluding those with dementia, head injury, stroke, etc.), as well as the interviewer's clinical judgment of the subject's capabilities (e.g., excluding those who could not follow directions or those who appeared disoriented). Only two women from the original sample of 90-year-olds were excluded due to such impairments. Thus, because of the health, independence, and educational level of these women, they are likely exceptional examples of their cohort relative to the overall elderly population.

Measures

Demographic information, such as age, race, marital status, income, and health status, was collected first. A 60-minute semi-structured interview was then used to gather data for this study. The interview questions were adapted from a study by Norman (1992). The original questions were developed by a committee of professionals, including a developmental psychologist, clinical psychologist, social worker, historian, gerontologist, and psychology graduate student. They were intended to be broad and to
prime for current and prior psychosocial developmental issues. In the current study, the initial four interview questions were derived from the previous study. The last three questions were added to give the participants the opportunity for reflections or thoughts that other questions had not addressed. The interview questions appear in the Appendix. The questions were piloted under the supervision of a clinical geropsychologist on two older women for clarity and to insure consistency in interviewing style. The interviews were audio recorded on mini-discs.

Procedure

An introductory letter describing the study and what would be asked of the subjects was mailed to the home addresses of potential participants. The women from the original sample also received response cards which they were instructed to mail back if they were interested in participating. Follow-up phone calls were then made to the responders and an appointment was scheduled. The additional subjects were simply called one week after receiving the letter to see if they would like to participate. For all the women, a confirmation letter, along with a copy of the interview questions, was mailed to the participants so that they could reflect on the questions prior to the interview.

Interviews took place in a setting that was convenient to the subject—typically her home—and were conducted by one of three researchers following the same protocol and trained to ensure a similar interviewing style. This training involved observing a clinical geropsychologist administering the interview protocol. The total amount of time for the interview was approximately 90 minutes. The interview process began with the written consent statement, and then the demographic information was collected. When the participant was ready, the researcher began the oral interview. The participants were
allowed breaks as needed and were also free to withdraw from the study at any time without consequence. In addition, each participant was assigned a code number to protect her confidentiality, and the data were labeled only with this code number.

Analysis

The demographic questions were analyzed using basic descriptive statistics. In addition, an independent samples $t$ test was utilized to test the hypotheses that there were no differences between the means of the two cohorts in terms of number of children and educational level. Further, a chi-square test was performed to compare differences in marital status.

The qualitative analytic method used in the present study was two-fold, utilizing both inductive and deductive reasoning, as well as single case and cross-case analysis. After the audio discs were transcribed verbatim and checked for accuracy, inductive qualitative analyses were performed for each participant’s responses. These analyses followed the rules of grounded theory, meaning that “the researcher begins with an area of study and allows the theory to emerge from the data” (Strauss & Corbin, 1998, p. 12). The grounded theory framework has been praised for its objectivity, its standardization, and its analytical process. It seeks to reduce bias and stay as close as possible to the data (Patton, 2002).

Grounded theory begins with microanalysis and open coding of the data. Therefore, the present research analysis began with reading through each transcript multiple times and selecting relevant words and phrases. These items were then microanalyzed, meaning each word was considered in terms of its properties and definitions, in order to understand what the subject was trying to convey. Axial coding
was also performed, which entailed scanning the data for more evidence of the themes or categories generated from the open coding. As suggested by Strauss and Corbin (1998), detailed notes were kept on all the analyses, including interpretations, biases and assumptions, personal thoughts, and questions.

After the inductive analysis was completed, a deductive analytical process was begun which compared the data to the three selected theories of adult development. This analysis involved examining the data for the key concepts and ideas as specified by the theories themselves. Note that a significant word or phrase within a transcript could be evidence of an aspect of each theory; however, only one component of a given theory was determined to fit with any word or phrase (e.g., a single quote could not represent two dimensions of Peck’s model but could reflect one dimension of Peck and one of Atchley). Evidence of Erikson’s final stage of psychosocial development followed from the work of Melia (1999), who operationalized ego integrity into “five components: a sense of peace, satisfaction with one’s life, acknowledgment of death, a philosophy of life, and wisdom that one wishes to share” (p. 181). Consistent with Melia’s study, all five components were required for ego integrity.

Indications of continuity theory were clearly outlined by Atchley (1999). He defined continuity as consistency over time, and believed there were four dimensions: external patterns (e.g., temperament, attitudes, values), internal patterns (e.g., lifestyle, social roles), developmental goals such as personal goals or things one strives for, and adaptive capacity defined as how one copes with stress. Statements that the participants made regarding their perceived consistency or change over time in these four areas determined whether continuity was present or not. For example, the statements, “I’ve
never been interested in sewing," and, "I've always liked being around people" reflect external continuity and internal continuity, respectively.

Finally, the main components of Peck's (1986) model included the effects of the social-historical time dimension, the sphere of influence, and a woman's sense of self-definition. Items that reflected the social-historical time dimension included stereotypes of growing older, fears of appearing old, reactions from younger people, and the perceived availability of public resources. More positive indicators such as decreased responsibilities, opportunities to volunteer, more social freedom, and role models for older adults could also be explored, but were not specifically examined in this study. The sphere of influence layer included friends, family, neighbors, coworkers, clergy, or identification with groups and organizations (e.g., Jewish, lesbian, etc.). The importance of such relationships was seen in how supported a woman felt, how well she coped with a significant death, how capable she was of making new relationships, and her ability to maintain relationships across time. Finally, indicators of self-definition included a statement about growth (e.g., growing spiritually, emotionally, or intellectually), and items referring to feeling secure as a person, and feeling a sense of balance in one's life. Detailed notes were also kept during this phase of the data analysis.

Results

**Inductive Analysis**

Several themes emerged from the participants' responses to the interview questions. The most common themes or categories for each question are presented below, separated by age group, and summarized in Table 2. Note that the percentages do
not add up to 100 due to the fact that each woman typically gave more than one response to each question.

The first question asked about factors that had a major impact during the past 10 years. Among the 70-year-old cohort, 75% listed personal health problems and 50% noted moving to a new home as major impacts. Forty percent stated that the health or deaths of family members (often a spouse) was important to them; 40% also indicated that traveling had made an impact on their lives during this time. Twenty-five percent reported concerns about the health problems or deaths of friends. Examples of the types of responses given follow.

Probably the biggest thing was breaking my knee cap, which has limited what I’ve been able to do. (73-year-old)

One of the things that happened is we decided to move from the country into town and bought this house.... And we’ve done a little bit of traveling. (80-year-old)

Well, of course the worse thing has been my husband’s death, but he was ill, oh golly, for I don’t know how many years before that. (79-year-old)
I think the health problems were the main thing that came along, in this last ten years. And two good friends died ...[which] was hard, I suppose, because they were about my age. (75-year-old)

Similarly, the women in their 90s listed personal health problems or slowing down as the most common impact (60%). Thirty-five percent talked about the importance of family and friends, while 30% noted the death or health problems of their spouses as significant events. In addition, 25% mentioned moving to a new place, and 20% talked about the deaths of other family members or friends as major impacts.

I was still pretty active through the 1990s clear up until about 1996, I was still sewing and making quilts and going. But after the car wreck I have slowed down. I’ve just been, you might say, keeping up, after I regained my health enough to get around and come home from the hospital. (91-year-old)

I guess my family being so good to me... and friends for rallying around me after I lost my husband. (90-year-old)

Well my husband, my husband passing away was I suppose the biggest thing. (90-year-old)
Well moving here has made the greatest impact on my life. ...I decided to [move] because my children were beginning to worry excessively that I lived alone, and when I was sick that I didn’t have anybody to do for me. (90-year-old)

In 1996 my second daughter developed cancer and in January 1997 she died. I spent a lot of time in California with her. That was, of course, a terrible blow. You never think that you’re going to lose a child, even if she is 63. (90-year-old)

In response to the second question, “has your life changed in any major ways in the past 10 years,” 60% of those in their 70s replied that more restricted or limited activities was a major change. In addition, 55% reported that changes in relationships, particularly illnesses and deaths of loved ones, resulted in personal life change, and 40% mentioned that increased freedom was an important change. Thirty-five percent noted they spend more time caring for their own health, and 25% reported no changes.

I’m a lot slower and I can tell that I am. I can’t do a full day’s work like I used to. (78-year-old)

[Interviewer: What brought the change about that you don’t travel anymore?] Ah, people’s health, my sister’s health has entered into it. And then I haven’t been able to leave home because of my husband’s
illness. 'Cause he just went to the nursing home in January of this year. (78-year-old)

I think I finally have come to, ah, accept the fact that I don’t have to do anything particular at any particular time, and I’m beginning to enjoy just being lazy some. (75-year-old)

I’ve become one of these pill poppers as a result of some of [my health problems]. And again, as you mention, you spend so much time, it seems, trying to be healthy. (78-year-old)

Personally, I don’t think I’m any different. I don’t feel any different. (78-year-old)

Among the 90s cohort, the biggest change was described as physical decline (45%). Some felt that they had not changed (40%), while others noted that their activity level had decreased (30%). Several women talked about feeling more lonely or withdrawn (20%), and some mentioned having less independence at this point in their lives (20%).

I don’t know that I’m different, particularly, except [laughs] I’ve slowed down. (90-year-old)
My body has deteriorated and I hate that. When I see all these things that I want to do and I can’t do them- I like, for one thing, to work out in the yard and flowers, and I can’t do that. (91-year-old)

I find that the isolation [of living alone] isn’t good for me. And I also learned some things about myself in that I need people, and I hadn’t really realized that before ’cause I’d always had them. (91-year-old)

You know, giving up freedom of any kind is very hard. And yet I know I’m better off here [in a retirement center] than any place I could have been. (93-year-old)

Those in the 70s age group were evenly split on question three, with half saying they felt positive about their lives, and half feeling ambivalent or negative. Among those in their 90s, 60% endorsed feeling positively about their current phase of life while 40% felt ambivalent or negative. For both age groups, economic security, health status, and social support seemed to be key determinants for how these women judged this period of their lives.

Well, we’ve got everything we want, we really don’t want or need anything. And we’re comfortable. (80-year-old)
When I was 21, I didn’t ever contemplate that I would ever get down this far. It isn’t quite as golden as everybody makes it out to be, probably because of the health problems. (73-year-old)

I have had my happy times, happy feelings, and out of the clear sky I’ll feel very lonesome. (90-year-old)

Well I feel very lucky to be as healthy as I am at this point. And I am just delirious over all the little ones in the family... I love having those little girls. (91-year-old)

Further, 75% of those in their 70s said they felt settled, while nearly all of the women in their 90s agreed that they felt settled (95%). The 70s cohort more often listed reasons reflecting health concerns and finances, while the 90s cohort noted housing satisfaction/concerns and relationships with others.

[Interviewer: Do you feel especially settled right now?] Yeah I think I am. And I probably, you know, would be until my health gets bad and I’d have to have help. (79-year-old)

It’s an unsettling influence in your life to think that instead of having the kitchen remodeled, maybe I should be investing in a room in a
nursing home and packing up my belongings. That’s an extremely unsettling thing. (75-year-old)

[Interviewer: To what do you attribute feeling settled?] Well, it’s what I’ve just said, it’s the ambiance of the life. It’s in a pretty place, it’s in a house I like. I have people taking care of me I like. I have family close by, and I have family who will visit. What more could you ask when you’re 94 years old? (94-year-old)

Regarding the question of turmoil, 50% of the 70-year-old cohort indicated that they were experiencing turmoil, yet only 35% of the 90-year-old cohort agreed that there was turmoil in their lives. Both age groups gave differing reasons as to why they felt turmoil or not: those in their 70s focused on concern for their own health or the health of loved ones; and those in their 90s listed the importance of religion or faith as well as the importance of friends and family.

[Interviewer: You said there really isn’t any turmoil in your life right now?] No, we haven’t had any, you know. We have the usual deaths in the family or something like that. But nothing like our children [dying] that’s very emotional and personal, you know, like your parents [deaths]. We’ve been through all that the past 10 years. But you expect that so it’s not that much turmoil. (72-year-old)
[Interviewer: Is there any turmoil associated with your life right now?] You know, very little. Right now I can’t think of any other than having the friend who’s ill. …And I’ve really gone through that period of letting go and grieving for her. (75-year-old)

I have nothing to worry about, believing in Jesus Christ and the hereafter, so I have no worries. (91-year-old)

Right now I’ve got one grandchild [who] seems to be upset with her mother. She hasn’t seen her mother for two or three weeks, and they live right next door to each other. …That’s [the turmoil] right now, but it’s only been going on two or three weeks. (90-year-old)

The fourth question asked participants how old they thought of themselves as being. Some in their 70s said they did not think about their age (15%), some said they felt their age (20%) or older (20%), but the majority indicated that they felt younger (40%). Of those in their 90s, 45% did not think about age, 25% felt their age, 5% felt older, and most felt they were younger than their chronological age (70%).

Once in a while I think, oh my God, I’m 75 years old. That’s three quarters of a century. Old! And then I do what a lot of people do – I look in the mirror and say when did I get so old? …I should be learning to act my age. (75-year-old)
I really don't think about my age too much. I feel good, and I think I felt this way when I was much younger so I just- I don't know how you’re supposed to feel at 77 but I’m satisfied with the way I feel. (77-year-old)

I really never thought I was old until I lost my husband. (79-year-old)

I think 60, 65, somewhere in there... I wonder how many people do feel their age unless they’re actually ill or something, but I feel younger than I am. (75-year-old)

I don’t think I’m this old, if that means anything to you. I don’t think anybody feels as old as they really are when they get past 60. (90-year-old)

At times I think I’m 21. ...I think I want to do this, I see a good recipe, I see something pretty I’d like to have, and maybe the next day I think, oh, I wish I were young, younger again. It irks me that I can’t do these things. (91-year-old)

I don’t think of myself as being very old as long as I’m sitting down. It’s when I get up and start to walk about that I realize I’m not a dancer
any longer. But as long as I'm sitting quietly and thinking about things then I don't feel old at all. (92-year-old)

Questions five and six were designed to elicit any additional information the subjects wanted to share regarding their perceptions of their development. These questions resulted in no responses or a repeat of prior answers (e.g., reflections on family, health, spirituality, etc.) so that no new themes were generated by either age group.

The final question, regarding advice, produced similar themes throughout both groups. Among the 70s cohort, there was concern about future generations as well as the nation and local community (40%). In addition, these women advocated healthy behaviors (35%) and the importance of maintaining family and friendships (35%). They also offered advice on child-rearing (25%), and noted the value of maintaining a positive attitude (25%).

One hopes that younger women might gain a little historical perspective that things have not always been the same for women as they are today.... The whole idea of family planning, contraception, and so on is still being played out. (78-year-old)

I know it’s important to stay healthy and active, and exercise, and do healthy things, eat healthy. (73-year-old)
Have a good sense of humor. If you don’t have a good sense of humor you might have some problems. And you have to let a lot of things slide and remember it’s a two-way street. And always put family before work. (73-year-old)

All [kids] need is you, really. All they need is you, to know that you’re there for them and that no matter how rotten they are, you’re not going to throw them away. (80-year-old)

Get in touch with your soul, clean out all the stuff you’ve stuffed. Check your attitude. You know, some bits of advice that someone gave me once was one of the things you do first thing in the morning is say who are you going to give your power to today? Check your attitude and see who you’re going to give your power to today. (75-year-old)

The 90s cohort listed the importance of family and friends in growing older as the most crucial (40%). They also encouraged healthy living (25%), advised others to stay busy (25%), and some had no advice at all (25%).

Hang on to your old friendships. Don’t neglect your friendships because as you get older they’ll mean so much to you. (91-year-old)
Well, take good care of your health, because if you don’t have your health, you don’t have anything. Doesn’t matter how much money you have or how little you have or whatever. If you don’t have your health you don’t have anything. (99-year-old)

I think keep busy. I think if you’re active and have something to do- I never was idle, I always had something to do. (97-year-old)

[Interviewer: Do you have any advice for younger women for life at your age?] No, how could I advise them? I never know whether I’ve done the right thing so why should I advise somebody else? (93-year-old)

One other theme deserves mention because it was noted by a number of respondents but not contained in any particular question. Driving and thoughts of giving up driving privileges were discussed by 30% of those in their 70s and 40% of those in their 90s, although in different contexts. The 70s cohort typically noted how they had cut back on driving and their fears of giving up driving completely, while the 90s group often expressed sadness over the loss of driving.

When that happens that I can’t drive I’m really going to be frustrated because my sister is at that point, and I can see her frustration and hear her frustration. And I’m not looking forward to that. (73-year-old)
I don’t drive at night anymore. …That would be terrible, if you couldn’t get around by yourself. (79-year-old)

It’s strange, you know, because I couldn’t do the things, especially driving, I think I miss that more than anything, ’cause I drove to [the city] and every place. (90-year-old)

One thing I always said, uh, next to losing my husband, when I stopped driving, that was one of the hardest things in my life, to give that up. (90-year-old)

Deductive Analysis

Although the subjects were not asked questions directly related to the established theories being examined, the responses nonetheless reflected the ideas of Erikson, Atchley, and especially Peck. Below are summaries of how each theory fits with the data along with examples of the evidence. (See Table 3 for full results.)

*Erikson’s ego integrity vs. despair.* Erikson’s final stage of development was broken down into five components: a sense of peace, satisfaction with life, an acknowledgment of death, a philosophy of life, and wisdom one wishes to share. Each component varied as to how well it described the data. For example, a sense of peace was noted by some of the subjects, more often those in their 70s (45% vs. 25% for those in their 90s), and reflected the respondent’s sense of acceptance and tranquility.
[Counseling and reading has] just brought a lot of meaning to my life and a lot of peace in my life. A lot of acceptance of myself and a lot of acceptance of everyone else. ...I've gotten rid of my 'shoulds' and my 'oughts.' And it sounds a little selfish in a lot of ways but I'm much better to myself than I ever was before. (75-year-old)

I have not lived a perfect life, but I don't think that I did anything in the past that would have changed my life now. I guess I just accept it as it is, I suppose. (78-year-old)

A number of women (70% of the 70s cohort, 85% of the 90s cohort) felt very satisfied with their lives, regardless of what role they felt they had played (i.e., career or family). Many of them indicated that they felt positively about how they had lived their lives up to the present.

[My husband and I] had a great partnership, a great professional partnership, and we'd published together, and we shared [in much] research, and so we were very fortunate. ...So I'm lucky in all senses, of what I'm telling you for what I had and the pleasure it gives me now in retrospect. (80-year-old)
[My husband and I] had a wonderful life together. Really I have no regrets, and I think if someone dies and has no regrets, when you have no regrets that’s a good feeling. (92-year-old)

A statement acknowledging the inevitability of death was noted by less than one-third in each age group (see Table 3). These statements were usually accompanied by thoughts that death would be acceptable, but at least one woman indicated distress.

When I first came [to the retirement home], I was just heartbroken any time anybody died. And now I, I feel that we’re all in a cycle and it will be my turn sometime and it won’t be too bad when it comes. It’s just natural. (91-year-old)

All of a sudden I think I’ve realized that I’m entering the time of life when I might be expected to die. And that’s a startling thought because you never think that. You always think, oh well that’s way out in the future. And then all of a sudden thinking, well maybe it’s not so far out in the future, and that makes quite a difference in how you feel. (75-year-old)

Seventy percent of those in their 70s and 65% of those in their 90s voiced a philosophy of life. These responses typically showed a positive attitude or made
comparisons to others who had more difficulties. Spirituality and religion were also viewed as contributing to a personal philosophy for living.

I believe [in] doing every day as it comes along, having lots of fun that day, and worrying about the next day later. (72-year-old)

I just get along with what I can do, and don't bellyache about it because it's no use. I see so many people younger than I am in worse shape, and they have wonderful attitudes and why should I complain? …Someone said getting older was not for sissies, and they're right. (80-year-old)

I'm confident in my religion. I am supported by it every day and the promises in the Bible. My strong issue to this day is being a Christian. (91-year-old)

Finally, nearly all of the women in both age groups (97.5%) offered a piece of wisdom, typically in response to the last question about advice for aging.

So we [my husband and I] keep busy. I think that's one of the secrets—is just not come home and sit down or lay down or not do something. Get out and do things with other people. (79-year-old)
[This time is] a period where you wait to be with the loved ones that have gone before. And it's this feeling of loss, and the thankfulness to know that you can live as well as you do. (93-year-old)

It's a time of change and adjustment, some things are harder to take than others.... It's been adjusting to having to slow down, that's the biggest change. (91-year-old)

Overall, three of the components of Erikson's ego integrity fit well with both cohorts (wisdom, satisfaction, and a philosophy of life). The remaining two characteristics were not as strongly supported by the data. Of note, two items showed discrepancies between the age groups: more of the 70s cohort talked about a sense of peace, while more of the 90s cohort mentioned satisfaction with life.

**Atchley's continuity theory.** This theory was analyzed along four dimensions of continuity: external patterns, internal patterns, developmental goals, and adaptive capacity. Support for continuity along each dimension was defined as consistency over time, including adaptations that the respondents had made to maintain a particular pattern. The first dimension, external patterns (e.g., social roles, lifestyle, activities), found similar support from both cohorts of women (95% of those in their 70s, 90% of those in their 90s) who frequently discussed continuity of long-term roles and activities. Most of the women who mentioned this noted ways that they have adjusted and adapted so that they can maintain continuity of roles or activities in spite of significant life changes (e.g., change in health status).
I used to love walking, particularly in the mornings. ...And if I'd been
[in this part of the country] earlier [in life] I would have enjoyed going
on walks, and particularly finding the wild flowers because I am a wild
flowers enthusiast. But [my daughter and son-in-law] sometimes have
brought me samples [of flowers] back and I've been able to look them
up and see how they were alike and how they're different. (94-year-
old)

I used to just skip around, fly around. I could run pretty good. But ah,
I have found that I have lost, um, a lot of mobility and speed
especially. I took some swimming aerobics for my hip, and I found
that I can't swim anymore. I just have to stand and do the exercises. I
seem to be more afraid of the water than I ever was. To me that's a
big change because I was a good swimmer. ...But I'm not going to go
swimming, I mean, you know, take it as an activity anymore. If I go, I
will go to the heated pool and relax. (80-year-old)

[Husband's] birthday was Saturday, and so we had 19 people in here
and I made homemade ice cream and cake and we had a good time.
But every time somebody has a birthday, why I've always cooked a lot
for them, but I couldn't do it this year or the year before, so we take
them out and then come here and have cake and ice cream. (79-year-old)

Evidence of internal patterns was present in both groups as well, expressed through life-long traits and denial of significant change in terms of a sense of self, temperament, and personality (80% of those in their 70s, 75% of those in their 90s).

Well I’m still immensely curious about everything. I mean, I mine the newspapers. I want to know what’s going on. (80-year-old)

I think I’m about the same as I always was. (79-year-old)

Well I don’t feel I’m very different as far as my spirit is concerned. I mean, I’m still outgoing, and I do as much as I possibly can. The only way I’m different is the fact that I can’t dance or move about as well as I did. And that’s of course physical. Mentally, I don’t think I changed a great deal. (92-year-old)

Atchley’s component of developmental goals was present in 10% of the 70s cohort and 35% of the 90s cohort. The respondents typically spoke of personal goals that they were continuing to focus on, as well as living up to their own values.
I'm not a patient person. And patience is one of the things I've struggled for all my life. And I think I've made some headway... But when I don’t feel good, it’s hard to be patient. (92-year-old)

I am determined to be self-sufficient and try not to be a burden to anyone. I am on time when we plan to go places together. I like people and I like to be busy, to have fun, laugh, joke, hug, and love. I try to be useful in the place where I am. (90-year-old)

Finally, the dimension of adaptive capacity was not well supported by the respondents, with only 15% of the 70s group and 10% of the 90s group indicating this concept. These responses reflected means that the women had used to cope, both throughout life and specifically in the later years.

I have moved a lot in my life and I know how to make new friends and so forth. (90-year-old)

I had never not worked so you have to figure out what in the world life is all about when that’s not the basis of your existence. I guess I could say in some ways, just the care of your health and the maintenance of your health almost takes over where your job leaves off. (75-year-old)
Continuity theory, as outlined by Atchley, was only partially supported through the interviews. Most of the respondents reflected on the continuity of external and internal patterns over the past decade, but few brought up adaptive capacity. In addition, the concept of developmental goals seemed to fit better with those in their 90s, but this still represented only about one-third of the participants.

Peck's model of development. Peck's model was examined through three factors: the social-historical time dimension, the sphere of influence, and the women's sense of self-definition. Each of these factors were well reflected in the responses. The effects of the social-historical time dimension, which incorporated the effects of culture and society, were present in both groups but more pronounced among those in their 70s (95% vs. 55% for those in their 90s). This factor was often expressed through stereotypes of older adults as well as practical concerns about things such as finances and insurance.

I don't feel elderly, I know I'm old, but I don't feel elderly…

[Interviewer: Now what do you think of as being elderly?] Oh, having a closed mind, and being bedridden. (91-year-old)

I think the only thing that bothers me sometimes is that people say 'you're so old and so wise' and I can't say that I feel terribly wise. The assumption that anybody who is old is also wise I think is a fallacy. (94-year-old)
Financially, you have to think about that too, because everything you buy is higher, and my income stays the same. (79-year-old)

It’s just difficult financially to try to take care of all the expenses and especially with the medicines, that being so expensive. (78-year-old)

The sphere of influence component, including a woman’s relationships and how supported she feels within those relationships, was prominent throughout the data. Nearly every participant in both age cohorts made note of their family and friends and indicated how important these individuals were to their well-being (see Table 3 for age group percentages).

My oldest daughter and I are very good friends. We like the same things and see life much the same. My oldest daughter, son-in-law, and I have fun together. (90-year-old)

I think along the same lines as a lot of my younger friends.... See, I must be running with the less conservative crowd. ...They are willing to sit with me and talk about things that interest them that also interest me. They include me, they take me to dinner, or say ‘come on, let’s go riding’ or something like that. And I don’t think it’s just because I’m an old lady and they want to be doing charitable things. (90-year-old)
It takes more effort to keep in contact with your friends. After a while, I find that there are fewer and fewer people with whom I have a community of interest, at least here in [the city]. I look back at some of the people that I knew particularly as an undergraduate. It's very easy to just pick up where one left off with them. It's a very nice feeling. (78-year-old)

I’ve made a lot of friends here in [the city] that like I say, most of them are widows. And, in fact on Saturday nights most of us go to church on Saturday night. We go down to Wendy’s every Saturday night after church and solve all the world’s problems down there. (79-year-old)

Finally, half of the respondents in the 90s cohort and 65% in the 70s cohort made note of a sense of self, reflecting acceptance of oneself, maturity or growth, and an openness to self-exploration.

I’ve enjoyed whatever [phase of life] I was, whenever I was. And you know, I have gray hair ’cause I’m in that age, and I’m proud of it. I don’t want to go back. A lot of my friends take the dye, and they all have black hair until they’re 85. But I don’t do that. I like what I am. (72-year-old)
I’m still trying to kind of figure out who I am, but one thing I do know, and that is that I am a strong person, where I never used to think I would be, I am. I recognize that fact. And I think that’s perhaps my major source of reassurance. (75-year-old)

I feel all sorts of feelings about where I am, who I am, what I should have been and what I should be, how I might have done this or that differently. But then I go right on being who I am, where I am, as I am [laughs]. (90-year-old)

As stated above, Peck’s model was well supported within the data. The sphere of influence, or relationships, was key to both age groups. The other two factors were also noted by at least half of the women in each age group.

Discussion

In this study, the goals were two-fold: 1) to compare and contrast the experiences of two separate cohorts of older women, and 2) to evaluate the fit between three established developmental models and women’s experiences in late life. Both will be discussed below, along with comments regarding the limitations of this study and directions for future research.

The two cohort groups were found to be more similar than different overall. Demographically, the average educational level and average number of children were nearly identical, both groups of women had experienced significant losses in the past 10
years, and both felt they had a number of responsibilities and activities in their lives at present. Further, a minority in both groups were concerned about driving and talked about how difficult it will be or had been to give up such independence. This is consistent with a prior qualitative study on the significance and meaning of older adults giving up driving privileges (Ralston et al., 2001). Two prominent themes were also found throughout the data from both age groups: physiological decline and the importance of relationships. Most of the women noted their thoughts and feelings about their physical limitations, and nearly all argued for the necessary support of friends and family. Prior studies also found evidence supporting the significance of declining health (Hurd, 1999; Smith & Baltes, 1997) and relationships (Whitbourne & Powers, 1994; Melia, 1999; Norman et al., 2002) for older women.

In terms of cohort differences, there was a significant difference in marital status between the two groups, with more widows among the old-old. In addition, the 90s cohort were more likely to feel positively about this time of life, indicating that they felt more settled and experienced less turmoil. Also, more of those in their 90s indicated that they felt younger than their age. These findings may reflect several ideas, including the possibility that the young-old are still in the process of adapting to later life, particularly adjusting to widowhood. Widowhood was a more recent event for the young-old women while those in the older cohort had more time to adjust to such a loss. A study of the effects of widowhood on women's health found that recent widows experienced much more difficulty than longer term widows who remained stable or improved their health status (Wilcox et al., 2003). It is possible that the younger cohort has more issues to struggle with than the older cohort, who may be more withdrawn from life and more
accepting of the negative aspects of later life (e.g., deaths of spouse and other loved ones, physical limitations).

Another explanation follows from the work of Neugarten (1979) and focuses on expectations. A few women in their 90s commented that they did not expect to live to their current ages. Thus, the older cohort may consider themselves to be on "bonus time," or they may be pleasantly surprised to find themselves in relatively good health. Indeed, in response to the demographic question about health status, none of the women in their 90s used the term "poor" to describe their health as did a minority in the 70s cohort. Instead they indicated "fair" to describe less than perfect health status. In short, because most of these women defied society's expectations of old-old age (e.g., a time of illness, great disability, loneliness, and depression), they may be focused on feeling fortunate. This may also explain why those in their 90s were more likely to report feeling younger than their age — because their expectations of 90 did not match with how they felt inside.

The three theories of adult development that were evaluated in this study all fit, to some degree, with the data. Only two of the participants (one in each age cohort) had reached ego integrity as operationalized by Melia (1999) with the criteria of acknowledging all of the five components. Of these five components, three fit the data well while two did not. This is in contrast to Melia, who reported that 82% of her older nuns (ages 68 to 98 years old) acknowledged all five factors. Also of note is the fact that the majority of women in the 90s cohort reported satisfaction with life, which is consistent with their above reports of feeling positive about this stage of life, feeling settled, and denying turmoil. Erikson characterized this last stage of life as a time of
detachment and disengagement with life (Glover, 1998). This idea is only partially reflected in the data. Those in their 70s indicated above that they are active women who are adjusting to different roles and coping with new challenges in their lives. Those in their 90s are also active, if only within their families, and continue to be engaged and find meaning in life. In this sense, Erikson’s final stage has limited applications to this sample. This study supports Mercer et al.’s (1989) conclusion that Erikson’s ideas can fit with older women’s experiences, but the timing is different and the degree of disengagement may be less. In other words, Erikson’s hypothesis that this last stage occurs in one’s 60s may need to be altered for older women who, according to this study, continue to thrive well into their 90s.

Atchley’s continuity theory could also be described as a partial fit with the current data. Most of the respondents were maintaining internal and external continuity, but relatively little was mentioned of developmental goals or coping skills as defined by Atchley. Of interest, however, is the fact that more women in their 90s endorsed continuity of developmental goals than women in their 70s, possibly reflecting more specific, concrete goals among the old-old. Other studies that have found support for continuity theory among older women have not been so specific. For example, Melia (1999) noted that continuous themes throughout the lives of her sample signaled continuity of identity (see also Troll & Skaff, 1997 for continuity of identity among older women and men). Norman et al. (2002) also discussed continuity theory in terms of recurring issues throughout one’s life. Thus, prior studies have viewed continuity more globally rather than the four discrete factors presented here. The fact that Atchley’s theory only partially fit with the data may be due in part to a lack of specific indicators of
goals or coping skills. The dimensions of continuity theory, particularly developmental goals and adaptive capacity, need to be more clearly articulated. It is also recommended that future research with Atchley's theory specify which aspects are supported or not supported to help in refining the theory.

Peck's model, with its emphasis on relationships, fits well with the data and is perhaps the best fit of the three theories presented here for describing the key factors influencing women's experiences in late life. The importance of relationships resonated well with the participants, coming up across several different questions within both age groups. There was, however, a major difference between the young-old and old-old on the social-historical time dimension. From this component, it appears that the women in their 70s were more cognizant of the barriers and access provided by society and culture, while those in their 90s may be described as more withdrawn or less interested in society. A cohort difference was also noted for the women's sense of self, with the 90s age group making fewer references to their personal growth or maturity. Again, this may indicate a lack of interest in self-improvement, or perhaps a feeling of contentment for the way things are at present. This appears to contradict the finding that more in the older cohort reflected on developmental goals. However, the operationalization of these two concepts was slightly different: developmental goals were viewed as specific things the women wanted to accomplish, while a sense of self was seen as a more abstract statement about growth, acceptance, and feeling content. The findings regarding the 70s cohort are consistent with Norman et al.'s (2002) emphasis on multiple roles, relationships, and the need to reinvent identity. The results of the 90s cohort, though not as strongly supported,
are also consistent with Norman et al.'s study, particularly in terms of the importance of relationships.

To summarize, when the subjects were allowed to "speak for themselves," the younger cohort's experience of later life seemed to be one of adjusting, adapting, and struggling to cope, while the older cohort's experience appeared to be more positive and more along the lines of maintaining and making small adjustments. Across the three theoretical models of Erikson, Atchley, and Peck, those in their 70s acknowledged more of the dimensions or factors proposed by the theories than did those in their 90s. One explanation for this is that the theoretical models target active coping and focus on working towards some desired end, e.g., ego integrity, continuity, or increased self-definition. These models may fit better with the 70s age group because they are actively working on these issues; the 90s age group seem to have reached a "plateau" in which they have worked through these issues and are focused on maintaining a certain level of psychosocial functioning. The endorsement of developmental goals by more in the older cohort contradicts this assertion, but operational definitions of this component of Atchley's theory also need to be further refined. In other words, more in their 90s discussed a desire for self-improvement and personal change, which is in opposition to the hypothesis that they are content with their lives. Note, however, that the concept of developmental goals was not well-supported by either age group, suggesting that it may not be appropriate for older women as it is currently operationalized.

One major limitation of this study was the characteristics of the sample (e.g., Caucasian, higher functioning, relatively healthy, well-educated). This needs to be considered when generalizing from these results. Future research focusing on women of
diverse racial/ethnic groups is recommended, as is longitudinal research examining
women's psychosocial development over time. Further applications of Peck's theory are
also needed as it appears most relevant to the developmental issues of older women.

The usefulness of this study lies in clarifying the developmental issues that occur
in later life, along with the possible differences between older age groups. This study has
also pointed out that our current developmental models need to be extended and refined
to adequately account for older women's experiences. It is hoped that this study will
encourage future research on women's development and aging.
References


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Table 1

Demographics of the Sample

<table>
<thead>
<tr>
<th></th>
<th>70s</th>
<th>90s</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td># Married</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td># Divorced</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td># Widowed</td>
<td>9</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>Mean # of children</td>
<td>2.3</td>
<td>2.2</td>
<td>2.3</td>
</tr>
<tr>
<td>(Range)</td>
<td>(0-4)</td>
<td>(0-5)</td>
<td></td>
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<tr>
<td>Mean yrs of education</td>
<td>14.7</td>
<td>14.2</td>
<td>14.5</td>
</tr>
<tr>
<td>(Range)</td>
<td>(12-20)</td>
<td>(8-22)</td>
<td></td>
</tr>
</tbody>
</table>

Self-described health status:
- Good: 13* | 10 | 23 |
- Fair: 0   | 7  | 7  |
- Poor: 5   | 0  | 5  |

Suffered a loss in past 10 yrs:
- Yes: 14 | 15 | 29 |
- No: 6    | 4  | 10 |

Engaged in activities:
- 2 or fewer: 2 | 4 | 6 |
- 3 or more: 18 | 15 | 33 |

* Number of women endorsing the item.
Table 2

*Results of Inductive Analysis*

<table>
<thead>
<tr>
<th>Question 1: Major impacts</th>
<th>70s</th>
<th>90s</th>
</tr>
</thead>
<tbody>
<tr>
<td>personal health problems</td>
<td>75*</td>
<td>60</td>
</tr>
<tr>
<td>moving</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>health/death of family members</td>
<td>40</td>
<td>--</td>
</tr>
<tr>
<td>traveling</td>
<td>40</td>
<td>--</td>
</tr>
<tr>
<td>health/death of friends</td>
<td>25</td>
<td>--</td>
</tr>
<tr>
<td>importance of family/friends</td>
<td>--</td>
<td>35</td>
</tr>
<tr>
<td>health/death of spouse</td>
<td>--</td>
<td>30</td>
</tr>
<tr>
<td>deaths of family/friends</td>
<td>--</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2: Life changes</th>
<th>70s</th>
<th>90s</th>
</tr>
</thead>
<tbody>
<tr>
<td>limited/decreased activities</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>changes in relationships</td>
<td>55</td>
<td>--</td>
</tr>
<tr>
<td>increased freedom</td>
<td>40</td>
<td>--</td>
</tr>
<tr>
<td>caring for self</td>
<td>35</td>
<td>--</td>
</tr>
<tr>
<td>no change</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>physical decline</td>
<td>--</td>
<td>45</td>
</tr>
<tr>
<td>more lonely/withdrawn</td>
<td>--</td>
<td>20</td>
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<tr>
<td>less independent</td>
<td>--</td>
<td>20</td>
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Table 2 (continued)

<table>
<thead>
<tr>
<th>Question 3: Feelings about this time of life</th>
<th>70s</th>
<th>90s</th>
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</thead>
<tbody>
<tr>
<td>feeling positive</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>feeling ambivalent/ negative</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>feeling settled</td>
<td>75</td>
<td>95</td>
</tr>
<tr>
<td>experiencing turmoil</td>
<td>50</td>
<td>35</td>
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<table>
<thead>
<tr>
<th>Question 4: Feeling a particular age</th>
<th>70s</th>
<th>90s</th>
</tr>
</thead>
<tbody>
<tr>
<td>do not think about age</td>
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<td>45</td>
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<tr>
<td>feel their age</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>feel older</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>feel younger</td>
<td>40</td>
<td>70</td>
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Table 2 (continued)

<table>
<thead>
<tr>
<th>Question 7: Advice for women</th>
<th>70s</th>
<th>90s</th>
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<tbody>
<tr>
<td>concern about the future</td>
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<tr>
<td>engage in healthy behaviors</td>
<td>35</td>
<td>25</td>
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<tr>
<td>importance of friends/ family</td>
<td>35</td>
<td>40</td>
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<tr>
<td>advice on raising children</td>
<td>25</td>
<td>--</td>
</tr>
<tr>
<td>positive attitude</td>
<td>25</td>
<td>--</td>
</tr>
<tr>
<td>keep busy</td>
<td>--</td>
<td>25</td>
</tr>
<tr>
<td>no advice</td>
<td>--</td>
<td>25</td>
</tr>
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</table>

*Percent of the cohort acknowledging the item. Note that dashes indicate that the response was not applicable for the age group.
Table 3

*Results of Deductive Analysis*

<table>
<thead>
<tr>
<th></th>
<th>70s</th>
<th>90s</th>
</tr>
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<tbody>
<tr>
<td><strong>Ego integrity (Erikson):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sense of peace</td>
<td>45*</td>
<td>25</td>
</tr>
<tr>
<td>satisfaction with life</td>
<td>70</td>
<td>85</td>
</tr>
<tr>
<td>acknowledgement of death</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>philosophy of life</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>wisdom to share</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td><strong>Continuity (Atchley):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>external</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td>internal</td>
<td>80</td>
<td>75</td>
</tr>
<tr>
<td>developmental goals</td>
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<td>35</td>
</tr>
<tr>
<td>adaptive capacity</td>
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<td>10</td>
</tr>
<tr>
<td><strong>Peck:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social-historical time dimension</td>
<td>95</td>
<td>55</td>
</tr>
<tr>
<td>sphere of influence</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td>sense of self-definition</td>
<td>65</td>
<td>50</td>
</tr>
</tbody>
</table>

*Percent of the cohort acknowledging the item.*
APPENDIX

Oral Interview Questions

(The aim during the interview will be a natural conversational flow guided by the questions below. Thus the interviewer will adhere to standard wording of questions, but follow-up inquiries and clarifications can emerge in response to each particular subject.)

“In this part of the interview I would like to get an understanding of what has happened in your adult life during the past 10 years, and how you feel about this part of your life.”

1. What things have had a major impact on your life in the past 10 years?
2. Has your life changed in any major ways in the past 10 years?
   * If it has, how are you different now?
   * What do you think may have brought these changes about?
3. How do you feel about this period of your life?
   * Do you feel especially settled during the present phase of your life? To what do you attribute this feeling?
   * Is there turmoil associated with the present period of your life? Explain.
4. How old do you think of yourself as being?
5. Other reflections on your development now or during the past 10 years?
6. Anything else you’d like to say about this time in your life?
7. Do you have any advice for younger women for life at your age?