OLDER WOMEN AND RESILIENCE: A QUALITATIVE STUDY OF ADAPTATION

DISsertATION

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By

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* * * * *

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ABSTRACT

The purpose of this exploratory study was to determine factors that contribute to resilience in older women. A theoretical orientation that integrated critical gerontology, life-span development, and a feminist life-span perspective of aging was used. Maximum variety sampling was employed to address diversity in the experience of aging. A sample of seventeen women between the ages of seventy and eighty years was drawn from two south central Ohio counties. Audio taped in-depth interviews provided the primary source of data. An interview schedule consisting of open-ended questions derived from the resilience literature guided the conversations. A constructivist approach encouraged the women to name their experiences of, and reactions to, advantage and adversity across the life span.

Data analysis began with the first interview and continued during data collection through the use of the constant comparative method. Findings revealed that the women accumulated a variety of advantages and adversities across the life span. Each woman’s story was unique despite the influence of similar historical and cultural effects and social-structural forces. The women continued to realize a strong investment in and positive orientation toward life regardless of the challenges and losses they experienced.
Themes related to resilience include: social connectedness, extending self to others, moving forward with life; curiosity/ever-seeking; “head-on” approach to challenge; “maverick”; and spiritual grounding. Indicators of each theme suggest diversity in the capacity to be resilient and complexity in how resilience is exercised.

This research has multiple implications for social work practice with older women. Social workers must be conduits of knowledge and information about aging in order to facilitate empowerment and foster solidarity. Ageism must be confronted by educating persons of all ages about the facts of aging. To encourage resilience a strengths-based approach is suggested, whereby the focus is on the positive and possibilities. Future studies will benefit from the use of alternative methods of data collection and collaboration with older women. Through hearing the voices of older women needs for services and the direction for political advocacy will be more optimally addressed by gerontologists and social workers.
Dedicated to my mother, a model of resilience and my father, who encouraged me in every endeavor
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Abstract</td>
<td>ii</td>
</tr>
<tr>
<td></td>
<td>Dedication</td>
<td>iv</td>
</tr>
<tr>
<td></td>
<td>Acknowledgments</td>
<td>v</td>
</tr>
<tr>
<td></td>
<td>Vita</td>
<td>vi</td>
</tr>
<tr>
<td></td>
<td>List of Tables</td>
<td>xi</td>
</tr>
<tr>
<td></td>
<td>Chapters:</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Purpose of the Study</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Justification for the Study</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Research Question</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Personal Reflections</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Significance of the Research</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Assumptions of the Study</td>
<td>14</td>
</tr>
<tr>
<td>2.</td>
<td>Literature Review</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Perspective on Aging Theory</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Feminist Life-Span Perspective of Aging</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Life-Span Developmental Theory</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Life-Span Development and Resilience</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Psychological Resilience</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Self-related Processes and Resilience</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Early Studies of Resilience</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Resilience in Adulthood</td>
<td>34</td>
</tr>
</tbody>
</table>
3. Methodology ..............................................................44

Introduction: A Constructivist Approach ..............................................44
Choice of Qualitative Research Methods ..............................................46
Qualitative Research in Aging .................................................................48
Research Design ......................................................................................50
Focus of the Study ...................................................................................52
Methodology: Use of Multiple Methods ................................................53
First Focus Group: Pilot Study .................................................................53
In-Depth Interviewing .............................................................................54
Additional Data Collection Methods .....................................................58
Special Considerations ...........................................................................59
Sample Selection .....................................................................................60
Issues of Bias ..........................................................................................63
Data Collection Issues ...........................................................................66
Trustworthiness .......................................................................................70
Analysis of Data ......................................................................................74

4. Data Analysis and Findings ...............................................................76

Demographic Information ........................................................................76
Biographical Sketches of the Women in the Sample ................................80
Iris ...........................................................................................................80
Bess .........................................................................................................82
Sandra .....................................................................................................83
Ruth .........................................................................................................85
Thelma ....................................................................................................87
Marie .......................................................................................................89
Cecile .......................................................................................................91
Anne ........................................................................................................93
Louise ......................................................................................................95
Nancy .......................................................................................................97
Katherine .................................................................................................99
Helen ........................................................................................................102
Peg ...........................................................................................................103
Rebecca .................................................................................................105
Sue ...........................................................................................................107
Violet .......................................................................................................109
Claire .......................................................................................................112
Findings .................................................................................................114
Experience of Adversity .........................................................................114
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Demographic information for the sample</td>
<td>77</td>
</tr>
<tr>
<td>4.2</td>
<td>Experience of adversity: childhood to age sixty</td>
<td>116</td>
</tr>
<tr>
<td>4.3</td>
<td>Late life adversity: age sixty and above</td>
<td>120</td>
</tr>
<tr>
<td>4.4</td>
<td>Initial themes related to resources</td>
<td>125</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

The capacity to be resilient consistently depends on one thing: the meaning, you, the individual, make of where you are. (Young-Eisenrath, 1996, p. 22)

Background

“The plight of the elderly” is a phrase that occasionally surfaces in the media. This perspective implies that being old is negative and that older adults are to be pitied, or that they are victims who are doomed to living out their last days in undesirable circumstances. Gerontologists and researchers in human development remind us that later life is a time of loss and challenge (Baltes & Baltes, 1990; Brandtstadter & Greve, 1994). For example, upon retirement or being widowed older adults might experience role loss. They may need to reassess their lives in order to determine a new identity without the former predictable roles that guided behavior. For some older individuals living on a fixed income in the later years results in a constant balancing act just to pay for basic necessities. Many elders live with multiple chronic health conditions that affect their daily functioning and require ongoing monitoring and/or medication. Indeed, the realities of growing older may appear to be overwhelming.
Yet multiple studies show that older persons are generally satisfied with their lives despite the challenges and losses they experience (Coleman & Ruth, 1996; George & Clipp, 1991). Further, researchers report that high levels of adaptability persist well into old age despite life challenges (Brandstadter & Greve, 1994; Staudinger & Fleeson, 1996). This apparent discrepancy between increased risks in later life on one hand, and satisfaction with life and demonstrated adaptive capacity on the other, raises questions about the means by which older adults are able to adjust to the challenges and changes that come with age.

**Purpose of the Study**

While the majority of the population in the United State that is over sixty-five years old is female, much of the research related to aging has focused on both women and men, often resulting in generalizations to the entire aging population. This practice negated the experience of aging for women (Blieszner, 1993; Lopata, 1995). Less than thirty years ago the majority of studies related to health and aging sampled only males (Browne, 1998; Garner, 1999). Gerontologists have come to realize that while there are commonalities in the bio-psycho-social experience of aging for both genders the aging experience is quite different for women and men. These insights suggest that the issues of aging warrant attention and evaluation as women’s issues.

A brief overview of the demographic profile of the aging population supports this assertion. For every 145 women over the age of 65 there are 100 older men (Browne,
The differences in longevity between the sexes widen to the point that by age eighty-five, women outnumber men by 100 to 46 (U. S. Census, 2003). In essence, the numbers show that the percentage of older adults who are women increases from 59% at age sixty-five to just over 70% by about the age of eighty-five (Browne, 1998).

Life expectancy is longer for women than men, and it is longer for whites as a group than for many minority groups (DiNitto & McNeece, 1997). For females born in the United States in 1993 the projected life expectancy is 78.9 years, and for males it is 72.1 years. The life expectancy for white females is 79.5 years and for African American females, 73.7 years. White men are expected to live 73.0 years, and African American males 64.7 years (DiNitto & McNeece, 1997).

As a result of their increased longevity women are more likely than men to live alone. More than 40 percent of the women who are over sixty-five years old live alone. As women age past sixty-five, they are less likely to be married. This is in sharp contrast with the statistics for older men, 70 percent of whom are married and live with their spouse (Zastrow & Kirst-Ashman, 1998). Approximately 46 percent of women are widowed, whereas only 16 percent of men sixty-five years of age and older are widowed (DiNitto & McNeece, 1997).

The status of older women in the United States is further influenced by multiple factors related to gender inequities that impact them throughout the life course. Among these are economics, caregiving, health issues, and social-structural influences (Browne, 1998). These factors illustrate critical aspects of the life situations of older women.
First, in regards to economics, women in their later years are distinctly disadvantaged in comparison to men. The poverty rate for older women is about twice that of older men: in 2001, 12.4% of all United States females over the age of sixty-five had incomes at or below poverty as compared to 7.0% of males (U. S. Census, 2002). Of older adults who are poor--13% of persons over sixty-five years of age--74% are women (Tauber & Allen, 1993). The picture is even more disturbing for minority females. According to census figures approximately 44% of older African American women have incomes below the federal poverty guideline (DiNitto & McNeece, 1997). Further, they are five times more likely to be poor than are white males (Richardson, 1999). Wage inequities in employment, lack of pension coverage when employed, intermittent work histories, and outdated Social Security policies contribute to decreased resources for women in later life in comparison to men (Browne, 1998; DiNitto & McNeece, 1997).

Secondly, societal expectations for caregiving place the burden of care for children, elders, and the disabled on women. This is manifested in the perpetuation of the belief that women are more naturally nurturing than men and that in order to preserve the family, women provide the care (Browne, 1998; Hooyman & Gonyea, 1999). Further, it is assumed that women will be caregivers to older spouses or other family members who may require assistance with age. Because of the prevailing belief that caregiving is something women just do, it is unrecognized in the marketplace as an activity that deserves compensation (Davis, 1994). For many older women, providing care to their own young children situated them as moving in and out of the work force and/or in part-time jobs that paid less, and usually did not offer adequate benefit or retirement packages
Caregiving in the later years means another interruption in work history or taking early retirement for some women, perhaps at a time when they are at the peak of their careers.

A third factor that impacts women across the life span is their health. In later life women tend to have more chronic health conditions than men (Browne, 1998; Kart, 1997). What this means is that older women are living with a less-than-optimal health status, which affects their functioning and ability to care for their own needs. Minority women have historically accessed health care less frequently than have whites, which further negatively affects their experience of aging (Browne, 1998). Older women are also less likely than older men to have someone to provide care for them when they need it. This lack of the availability of persons to provide instrumental support coupled with a longer lifespan for women contributes to the bulk of federal expenditures for long term care being spent on older women, either in the home or in institutions (Browne, 1998).

The status of women in later life is affected by a fourth factor, social-structural influences in the United States (Browne, 1998; George, 1999; Stoller & Gibson, 1994). Expectations that accompany traditional life stages and varying social roles such as mothering, employment, and widowhood contribute to the choices and options that are available to women. Moreover, despite the increasing numbers of women in the work force, the number of occupations they enter remains low when compared to men (U. S. Census, 2002). Factors such as social location (Stoller & Gibson, 1994)—which includes social class, race, and gender—historical effects, and social-cultural mores also impact the experience of aging for women.
Ageism perpetuates the prevailing negative attitudes about and behaviors toward women, beginning in mid-life. This contributes to their internalization of the societal view that they are ineffective, unproductive, and worthless (Browne, 1998; Garner, 1999). These factors significantly stigmatize older women who may find themselves living lives quite different from their male counterparts: lives that may be filled with financial worries, loneliness without companionship of spouse, or impairment in activities of daily living due to chronic health conditions.

It might be assumed that as a result of such challenges in the later years women become depressed and are unable to adapt. The literature related to life satisfaction and adaptation by both women and men in later life does not support this assumption. Studies in recent years have also shown that older adults display resilient behavior well into old age, especially in the psychological domain (Brandstädter, 1999; Staudinger & Fleeson, 1996). Less is known about factors that contribute to resilience in older women specifically, and that is the focus of this research.

**Justification for the Study**

Much of the research about how older persons experience aging uses constructs such as life satisfaction, well-being, or coping. While these measures provide insight into the affective quality of the later years they do not completely explain the ability of older women to be resilient when faced with the many challenges and changes of later life. Moreover, studies of older adults are often problem-based, whereby issues such as caregiver stress, health conditions, or dementia are the focus. On the macro level older
adults have been portrayed in the media as being a burden on society in regards to the drain on Social Security and the need for increased funding for Medicare to meet skyrocketing health care costs.

Fewer studies have examined the positive factors related to aging or how women perceive their aging. In recent years investigators have begun to approach the study of aging by looking for factors that promote optimal aging, components of “successful” aging, and “productive” aging. These labels are not applicable to all elders, however. Such models of aging do not address how elders without resources such as adequate pensions or a support network of family and friends are able to achieve levels of success in their lives. What do we know about how persons who live on Supplemental Security Income view their daily lives, how they would define successful aging?

The influences on the lives of elders are becoming more varied and complex with the demographic shift in the proportion of older adults in the population. Given the changing demographic characteristics of older women, we should expect a wide variation in their life stories—many scripts, many intertwining paths to be followed in later life. The gerontological knowledge base must be extended to recognize a more heterogeneous population of elders, particularly older women. Yet researchers rarely take into account the perspectives of older persons regarding the provision of social services and health care to them (Coleman & Ruth, 1996). Moreover, women have often been overlooked as sources of information about their experience of aging or their needs for support or care in the later years (Browne, 1998; Leonard & Nichols, 1994). As gerontologists we must apprise ourselves of women’s perceptions of aging and join with them in knowledge building before we can advocate for services that will optimally address their concerns.
The above discussion suggests that the experience of aging for women has not been adequately researched. A feminist life-span perspective of aging as proposed by Browne (1998) asserts that there are gaps in knowledge related to the social-structural effects of life-long oppression on women. She maintains that both gerontologists and feminists have been remiss in their attention to older women’s issues. The basic premise of the feminist life-span perspective of aging is that while women are faced with personal troubles in living out their daily lives they are also influenced by factors in the political, economic, and social domains that affect them across the life-span (Browne, 1998). This perspective also alerts researchers to the interconnectedness of people’s lives and emphasizes critical approaches to gerontological research. Further, a feminist life-span approach to the study of aging calls our attention to the effects of ageism on women from mid-life onward, and encourages the use of feminist concepts in the practice of social work with older women (Browne, 1998).

Additionally, critical gerontologists and feminists suggest that aging studies have relied too heavily on positivist approaches that problematize the issues of later life (Tornstam, 1992). They recommend a strengths-based approach to the study of aging that would build on the resources of elders. They encourage investigators to relate to research participants as actors rather than as passive recipients of services (George & Clipp, 1991; Tornstam, 1992). Critical gerontologists also posit that to truly learn about the aging experience researchers must work collaboratively with persons from whom they seek information—to join with them in searching for knowledge about chosen phenomena. Such methods move the study of aging out of the realm of problems and into the realm of possibilities by recognizing elders as experts on their lives.
Research Question

The intent of this study was to add to the knowledge about how older women identify adversity and to determine what facilitates adaptation to the challenges and losses adversity may bring. In response to my increased awareness of some of the gaps in gerontological and feminist studies I designed the research to provide an opportunity for the voices of older women to be heard and heeded. The study was a joint effort in knowledge seeking between the women and the investigator. The research question “What are the factors that contribute to resilience in older women?” was addressed through the use of the constructivist approach. Study participants described challenges in their lives and named advantages that aided them to deal with the challenges. I attempted to limit the insertion of my biases on the data by eliciting the descriptive stories and perceptions of the women. Also, using the constructivist approach acknowledged cultural effects and other dimensions of diversity to inform knowledge.

Early studies of resilience examined children who grew up in dysfunctional homes or situations of poverty. Studies of adults have focused on survivors of abuse, neglect, or other trauma. Aging research about resilience has studied specific life transitions such as relocation or the effects of physical constraints. This study is a departure from those works, as it is not about a particular event or incident that the women experienced in common, but looks at the experience of adversity as defined by the women, located by them in the time of life in which it occurred. It was anticipated that through hearing the stories of the women knowledge about the accumulation of advantage and adversity
across the life span would be enhanced. Moreover, by learning from the women their perceptions of challenges and resources, a basis for assessing current policy and service delivery could be initiated.

Four general research questions formulated from a review of the resilience literature provided the framework for the inquiry:

1. What do older women identify as life challenges, adversity, or risks across their lifetimes?
2. How have older women dealt with challenges throughout their lives? What has assisted them in facing such challenges? Do older women notice changes in the manner in which they have handled adversity as they have aged?
3. What has hindered the ability of older women to effectively deal with risk, loss, or challenge?
4. What can older women tell us about their experience of challenge and risk that will inform the knowledge base about women in later life and provide guidance to practitioners and policy-makers? From the perspective of the older women, what supports or services would be most useful or beneficial to promoting resilience and well-being?

Personal Reflections

The idea for this study developed over a period of several years while I was involved in direct practice with older adults under the auspices of community mental health. Many of the older women with whom I interacted had survived difficult life events: conflicted
childhoods, unhappy marriages, physical illnesses, or the loss of spouse—yet they were actively engaged in life in their later years. I began to ask myself how these women could carry on, especially under circumstances of ill health, minimum support from family or friends, or with limited financial resources to draw from in old age. Some of the women were caregivers for multiple generations in their families. A few women were participants in volunteer programs, and some were housebound—yet reaching out to others in a variety of ways.

As I observed the lives of these women—sometimes for long periods—I became aware that despite losses and challenging life events they were adequately managing their life situations. I questioned how they were able to adapt in the face of change and loss or other adversities to meet the challenges of each day. The women utilized a variety of supports to assist them in their management of daily life. In some instances naturally occurring social networks comprised of family and old friends or created networks of new friends and service providers facilitated coping. For many of the women, exercising religious faith carried them through stressful and unsettling periods. Other women were able to derive some encouragement to keep going when they compared themselves with peers who were struggling with similar or more complex situations than they.

While many of the older women with whom I worked were receiving assistance from various agencies in the senior service network, it was apparent to me that this was not always an optimal arrangement. Sometimes a woman agreed to services for fear of being removed from her home; sometimes she was put in the position of accepting more hours of service than she truly needed in order to qualify for a program that provided for a
specific need. I concluded from my participation in and observations of the lives of many older women that practitioners and policy makers seem to have a limited understanding of the actual needs of older women. Too often programs appeared to be created for a specific function in mind and did not have the necessary flexibility to respond to the multiple concerns of this increasingly diverse population.

Through the course work I completed in my doctoral studies I was exposed to theory and research that validated my perception that the needs of older women are not well understood or adequately addressed. As I consider the illuminating call of critical gerontology theorists and feminists, I agree that to be effective as researchers and practitioners we must get inside the lived experiences of older women and listen to their stories.

The research question evolved from a culmination of those musings from my later years of practice, literature reviewed in social work and multidisciplinary courses in aging, and critical and feminist gerontology theory. Each component evolved separately yet they have come together in what appears to be a good fit. My journey through academe has led me to the cutting edge of current thinking about the life experience of older women and the need for studies specifically targeted to this population.

Significance of the Research

This exploratory study has significance for the disciplines of social work, gerontology, and feminism. As noted earlier, women comprise the majority of older adults who are over the age of sixty-five in the United States; figures indicate that 59% of older adults are female (Browne, 1998). Additional knowledge about the experience of aging for
women adds to the knowledge base in each discipline. Further, it was anticipated that the results of this study would stimulate further research about resilience in older women using larger and more diverse populations, thereby producing knowledge that would inform policy and services that will best support women in later life. Programs that were instituted in the early years of the formation of the aging network may not adequately meet the needs of the present cohort and future cohorts of older adults, especially the needs of older women.

Much of the social work that happens with older women occurs in publicly funded social service agencies or through a variety of medical providers. Not all older women interface with such institutions, yet they could benefit from contact with a social worker. It behooves the profession of social work to meet older women where they are—in their salaried or volunteer work, as caregivers for grandchildren, or as community activists—to build on their strengths rather than to provide care to undergird their weaknesses. A problem-focused approach to social service provision has had limited success and at times has been detrimental to the well-being of those served (George & Clipp, 1991; Saleeby, 1996). This study tapped into the self-knowledge of older women to understand how they define adversity and to determine factors in their lives that facilitated resilience in the face of such adversity. These insights could serve as the basis for further knowledge building.

Ultimately, it was my vision that this study would motivate other investigators in gerontology to more critically examine the means by which we assess the life situations of elders, and of older women in particular. Subsequently, by joining with older women to create supports that foster independence and enhance resilience, we will build on their
strengths. Through collaborating with women to learn about their resilient selves, future directions for aging policy and programming will be more fully informed, thus better-suited to truly addressing their concerns. As Kaufman (1986) so eloquently expresses, “…we may become more sensitive in our everyday interactions with older people and more effective with policies and programs we institute by becoming more sensitive to some of the processes of self-development in later life” (p.14).

Assumptions of the Study

One of the basic assumptions of this research was that the women who participated were experts on their lives and their experiences of aging. I viewed them as the most accurate reporters of adversity and advantage in their lives and sought no other data sources.

Secondly, I assumed that all of the women in the study would share truthfully with me. This does not mean that I expected them to tell me everything about their lives, but that what they did share was true from their perspective.

Due to the heterogeneity of the aging population I assumed that each story would be unique to the individual woman. Further, I assumed that the experience of aging is different for women than for men. This research was not an effort to compare the two experiences, but an effort to further our understanding of aging and resilience in women.
CHAPTER 2
LITERATURE REVIEW

Introduction

The review of the literature relevant to this research consists of both theory and empirical work. First, a brief historical overview of gerontological theory provides a backdrop for the use of life-span human development and the feminist life-span perspective in this research. A discussion of early studies of resilience in children follows and informs the exploration of resilience in later periods of life. Studies related to resilience in adulthood and later life are elaborated to inform as to the current knowledge of resilience and aging.

Perspective on Aging Theory

Aging theory has undergone a variety of changes at the micro, meso, and macro levels over the past four decades. Researchers agree in principle that there are three distinct generations, or stages of aging theory that have evolved since the early nineteen sixties (Marshall, 1999). The discussion of gerontological theory tracks the progression of theory development through the past four decades as it relates to the theoretical framework employed in this research.

Two theories from the first generation of aging theory had a major influence on subsequent theories and bear elaboration in regards to the present study. The first “grand
theory” of aging, disengagement theory (Cumming & Henry, 1961), emerged from the Kansas City Study of Adult Life. This theory integrated social, psychological, and biophysiological perspectives into a structural functionalist approach (Bengtson, Burgess, & Parrott, 1997). The premise of disengagement theory is that older persons and the social structures of which they are a part mutually withdraw from each other as aging progresses. The withdrawal was thought to be part of the preparation for death by older adults, and through their limitation of involvement in society, cultural norms for maintaining equilibrium within the system would be upheld (Lynott & Lynott, 1996). Although there was little empirical support for disengagement, the controversy it produced stimulated further pursuit of knowledge about aging. Further, the ensuing dialogue contributed to an awareness of the need for other approaches to the study of aging, and an eventual recognition of the diversity of the aging population (Marshall, 1999).

A second group of investigators who analyzed the same data from the Kansas City Studies using a different theoretical perspective found that the data yielded opposing results. This led to a split between the two camps and the emergence of activity theory (Marshall, 1999). Thus, the first micro level theory of aging was born. Activity theory asserts that satisfaction with life is contingent upon maintaining the activities of midlife into the later years (Havighurst, 1968; Maddox, 1964). The focus is the individual and her/his responsibility for achieving adjustment to aging through optimal activity. When an activity or relationship enjoyed earlier in life is no longer feasible the individual is expected to find acceptable substitutes.
There are some problems with the general applicability of activity theory. While replacement activities may be possible for elders with financial and social resources, older adults who experience loss of income upon retirement or role loss due to the death of spouse may not be able to make such substitutions. Additionally, activity theory assumes similarity and stability in the social and psychological domains throughout adulthood. It does not account for changes in life situations that may contribute to differing needs from one stage of life to another. A final criticism is that the theory implies that substitution of any type of activity is satisfactory, when in essence, the quality of an activity or relationship is the defining factor in maintenance (Kart, 1997).

Theories in the second generation of aging theory development further developed or disputed those of the first generation. A second generation aging theory that addresses the individual experience of aging is continuity theory (Atchley, 1971). Continuity theory suggests that consistency of lifestyle and behavior from midlife into old age is the primary determinant of adaptation. This theory posits that individuals develop conceptions of themselves and the world through feedback and make decisions about their lives based on the feedback they receive (Atchley, 1999). Further, continuity theory asserts that in order to adapt as they age individuals utilize patterns of mental processes that are established over time and reflect either an internal or external memory process, or both (Atchley, 1999). According to this theory adaptation is optimal when individual resources meet the demands of daily life.

While continuity theory has merit, it raises questions that bear additional study. First, continuity theory does not conceptualize growth; the focus is primarily on adaptation. Secondly, there is little explanation for the inability of persons to bounce back from
adversity or challenge; when the individual searches for a previously established pattern of behavior, tries it and is unsuccessful, what process eventually facilitates adaptation? Further, there is little provision for intervention in continuity theory.

As gerontological thought progressed into the nineteen seventies and eighties the focus shifted from the experience of the aging individual and her environment to an analysis of the researcher and the effect of the investigator’s perspective on the research (Lynott & Lynott, 1996). One premise of this approach is that language contributes to the construction of reality, and it is that reality which is subjected to study (Schutz, 1964). The argument is made that gerontologists create these realities (facts) of aging in their discourse with each other and then hold them out as actual facts (Lynott & Lynott, 1996). In this case the theory that eventually results is formulated from the viewpoint of the researcher rather than from real-life experiences of aging.

A reaction to the awareness of the creation of realities led to the use of new methods and new perspectives for evaluating the aging experience. Gubrium & Lynott (1983) applied an ethnographic approach to the study of life satisfaction and determined that interpreting experiences in relation to various aspects of time contributes to an understanding of the multiple factors involved in the aging process. Other investigators began to look at societal influences as explanations for the experience of aging. They began to question the emphasis on the individuality of aging and advocated for the acknowledgment of aging as a public issue in relation to the private troubles encountered in later life (Mills, 1959).

In a similar vein, Estes (1979) argued even more strongly that the problems encountered with age are not only the results of actions taken by individuals but are also
the result of labor market control in the political economy of a capitalist system. The political economy framework at the macro level cites the social-structural forces of economics and politics as responsible for contributing to inequities in later life due to gender, class, and race (Estes, Gerard, Zones, & Swan, 1984). Further, the welfare state is viewed as exercising control of individuals through the allocation of federal resources, which maintains the social order and in effect, the social class system (Estes, 1979). The political economy perspective also asserts that the system designed to support elders seems to be controlling them and contributing to difficulties they experience. Additional critique suggests that federally mandated benefits and programs such as Social Security and the Older Americans Act, and the health care system appear to be catering more to a growing employee base than to the service of the older population (Estes et al, 1984; Olson, 1982).

This perspective prompted the third shift in gerontological theorizing that began in the mid-nineteen-eighties and continues. Stimulated by critical theorists and feminists, the new era of thought was characterized by the recognition of the need for self-analysis. Critical theorists perceived that aging research engaged primarily in the traditional positivist approach, thereby searching for causality and reinforcing the norm (Moody, 1988). Much early aging theory building was based on white, male, middle class America, which ignored the female experience of aging (Blieszner, 1993; Lopata, 1995; Reinharz, 1986). Issues such as wage inequities, reduced financial resources for women in retirement, and the influence of social structures on women’s lives were not examined (Arber & Ginn, 1991; Lynott & Lynott, 1996).
Further, critical theorists and feminist scholars challenged underlying assumptions and constructs in aging theory. They disclose politically dominant and oppressive perspectives, thereby calling attention to the social realities of those who have been previously ignored by investigators—females, African Americans, and disenfranchised groups such as the disabled (Bengtson et al., 1996; Browne, 1998). Inherent in the critical stance is an opposition to bureaucratic and marketplace domination (Moody, 1992). Elaboration of the political economy of aging by Estes and Binney (1991) led to their identification of the *biomedicalization* of aging. These authors contend that aging is socially constructed as a medical problem and is viewed in a negative light (Kart, 1997). Elders are thus subject to social control by the medical profession, the mission of which is to intervene and “treat” the problem. This further perpetuates ageism in the larger society and has a negative impact on older adults.

In recent years gerontologists have begun to explore aging from a more positive stance at the micro level, exploring “successful” aging (Rowe & Kahn, 1987) and “productive” aging, for example. While these approaches move away from problematizing aging, they have other limitations. First, successful aging as determined by optimal health and cognitive function in relation to active engagement with life is not possible for all elders. Due to the difficulties some persons experience across the life-span in one or more domains, they enter old age already one-down from their more healthy, financially secure, well-educated counterparts. What this theory omits is the possibility of having a successful old age despite physical impairment or financial constraints, or being less
involved in the social domain than earlier in life. For women--especially poor women and women of color--being “successful” may be predicated on entirely different measures than those proposed by Rowe and Kahn (1987).

The progression of the development of aging theory outlined above provides background for the evolution of a feminist life-span perspective on aging mentioned in chapter one (Browne, 1998). This framework more adequately addresses the issues of older women by linking their personal, private struggles with the social structural forces that have a major impact on them throughout life.

Feminist Life-Span Perspective of Aging

A feminist life-span perspective on aging is applicable to this study for a number of reasons. First, this perspective draws from current thought in feminism, life-span development theory, gerontology, and social work to provide a holistic approach to the study of aging (Browne, 1998). It integrates aspects of aging theory that have previously been fragmented and draws them together in a coherent framework. This perspective emphasizes the interconnectedness of people’s lives through relationships in groups, relationship to the community, and to the larger social structure (Antonucci, 1994; Riley, 1985). Further, social placement, cohort effects and individual life stories are recognized as shaping women’s later years (Stoller & Gibson, 1994). This tenet of the feminist life-span perspective, the connection of persons to each other, ensures that the social-structural factors impacting women will not be ignored.

Secondly, by incorporating gerontological knowledge and criticism with this perspective, Browne (1998) is asserting the effects of a lifetime of development in
multiple domains, noting not only the disadvantages that come with age for women, but also the positives and possibilities that can occur. Moreover, the effects of ageism on women as they move into midlife and beyond are central to this perspective (Gonyea, 1994; Ray, 1996). Maintaining awareness of the pervasiveness of ageism can make us more sensitive to the downside of everyday encounters with popular culture for older women. Further, the feminist life-span perspective challenges current gerontological knowledge grounded in the dominant white, middle class, male power structure (deconstructionism) (Browne, 1998). Such questioning supports the notion of talking with older women to hear their stories, thereby adding to the knowledge base about women and aging.

Aligning the feminist life-span perspective with social work, the third element of this approach, is a logical connection given the increasing numbers of older women in the United States population. Using a feminist perspective in work with older women acknowledges the multiple forces that have impacted women across the lifespan, validates their experiences, and empowers them in living their daily lives (Browne, 1998). Feminism interjects the critical eye that reminds gerontologists and social workers of the need to learn more about the aging experience for women in order to better address their needs. By learning more about women’s strengths and how they have handled oppression in their lives, social workers can facilitate growth.

Out of this integration of feminism, life-span development, gerontology, and social work, several basic elements of a feminist life-span perspective have emerged. Among them is the acknowledgment that ageism adds to the oppression to which women are exposed throughout their lives (Browne, 1998). Further, the perspective builds on
strengths and encourages strategizing to create political changes. Finally, the use of
different research methodologies is advocated as a means to reach a better understanding
of women in later life (Browne, 1998). Thus, the feminist life-span perspective links the
streams of knowledge informing this study—life-span development, critical theory,
feminism, and gerontology.

Life-Span Developmental Theory

Research related to resilience in later life is situated in a life-span developmental
framework (Bergeman & Wallace, 1999; Ryff, Singer, Love, & Essex, 1998; Staudinger,
Marsiske, & Baltes, 1995). Life-span developmental theory views human development
as an ongoing process that includes both gains and losses and extends into old age
through the end of life. This approach considers stability and change in several life
domains. It incorporates the bio-psycho-social aspects of development while taking into
account social placement, historical effects, and the individual life story as related to the
process of aging (Stoller & Gibson, 1994).

A group of organizing tenets in life-span developmental theory places human
development in a dynamic ebb and flow throughout life. First, the developing individual
is seen as experiencing both gains and losses (Baltes & Baltes, 1990; Staudinger et al.,
1995). Using a slightly different orientation, the individual accumulates both advantage
and adversity across the life course (Ryff et al., 1998). Positive and negative life events
may occur independently of each other or their occurrence may be interdependent. A
cumulative effect results from the experience of the challenges that occur with age in
concert with the internal and external resources that become available to individuals from early childhood onward throughout life.

A second tenet important to the life-span paradigm is the person-in-environment (Germain, 1979; Staudinger, et al., 1995). Emphasis is placed on the interaction of the individual with the environment. The individual is acknowledged as being both a reactor to and an actor upon the environment, thereby capable of being a recipient of, as well as an instigator for, contextual change. This tenet asserts that the individual develops not just in response to genetic influences that are predetermined, but also as a result of interacting with societal and cultural influences (Staudinger et al., 1995).

Third, life-span development theory recognizes heterogeneity in development across the life-span (Baltes & Baltes, 1990; Staudinger et al., 1995). Studies show that when individual differences in development are acknowledged the effect of age in relation to function is diminished (Staudinger, Marsiske, & Baltes, 1993). Persons experience growth and change at different points in their lives in comparison to others the same age or of the same cohort, which is indicative of inter-individual variability. Further, an individual may vary in development and functioning from one domain to another, e.g., a woman who has rheumatoid arthritis may no longer be able to sew but is functioning well cognitively and is an avid reader, thus she is experiencing intra-individual variability. Inter- and intra-individual variability are especially evident in later life, a time characterized by increased challenges and changes (Staudinger et al., 1995).

Individual development is further influenced throughout life by three types of events that interact with biological and environmental factors: normative, age-graded occurrences such as retirement; normative, historical events, such as war, that affect most
persons in a cohort; and non-normative, or “critical” events, such as injury, which affect fewer people (Baltes, Reese, & Lipsitt, 1980). Additionally, whether the critical event is controllable by the individual or not also affects development, as do social-structural influences and culture. Thus we see that human development is a complex process, highly variable both within the individual and from one individual to another (Borden, 1992).

**Life-span Development and Resilience**

An elaboration of some additional constructs used in life-span developmental theory informs an understanding of the use of this theoretical perspective in resilience research. The first, *plasticity*, is the “potential for change in adaptive capacity” (Staudinger et al., 1993, p. 542). Plasticity reflects the capacity for change in the individual and indicates the degree of flexibility with which the person responds to risk or challenge. The range of plasticity is affected by *reserve capacity*, or the internal and external resources available to an individual at a particular time, also referred to as *protective factors* (Baltes & Baltes, 1990; Staudinger et al., 1995). These protective factors are drawn from during times of adversity and include both personal attributes, such as intelligence or personality, and environmental factors such as a strong social support network. The resources available to the individual are likely to change across the life span as growth and development occur (Staudinger et al., 1995).

Two additional constructs further elaborate the situation of resilience within the life-span perspective. *Multi-directionality* is defined as the increase, maintenance, or decrease of function in a specific domain of behavior over time (Baltes & Baltes, 1990;
Staudinger et al., 1995). An example of multi-directionality is when an individual experiences a decline in physical functioning following a heart attack, but after rehabilitative therapy returns to her former level of functioning. A related construct, *multi-dimensionality*, is the presence of multiple factors that comprise a larger construct. An individual might experience a decline in one dimension of the domain, but still be able to function well in another, e.g., in the psychological domain the individual may experience slowed reaction time but writes cogent essays on politics. Or, a person may have decrements in one aspect of psychological functioning, such as being clinically depressed, but is capable of performing complex functions on the job. This reflects the variable nature of development and function within the same person and is indicative of the complexity of development.

The connection between resilience and life-span developmental theory occurs through reserve capacity. *Resilience* is defined as “the ability to maintain and regain adequate levels of functioning in the face of risks and losses” (Staudinger et al., 1993; 1995) and as consisting of “resources that can be activated in times of stress to aid in returning to a previous state after a stress or trauma” (Bergeman & Wallace, 1999, p. 209). Thus the individual is seen as potentially having the capacity to regain the level of function at which she was operating prior to any challenge.

A slightly different perspective on resilience is proffered by Ryff et al. (1998). These investigators expand the scope of resilience beyond mere maintenance or recovery of a previous functional level to include the possibility of improvement in mental or physical performance after a challenge or critical life incident. A “presence of wellness” approach
(Ryff et al; 1998, p. 72) recognizes the capacity of the individual to develop and grow even after adversity or in light of physical or mental decrements at some level.

The availability of resources, or protective factors, explains to some degree the variation in adaptive capacity among individuals. These protective factors have been referred to as individual and family support factors (Bergeman & Wallace, 1999, p. 209); or categorized into sociological-structural, psychological, and social-relational factors (Ryff et al., 1998). The presence/availability of protective factors differs from person to person. Studies document well that social contact and support networks positively affect adaptation to the challenges in later life (Carstensen, 1995; Norman, 2000). Sociological-structural factors such as income, occupation, and education may be protective resources during times of duress or stress (Ryff et al., 1998). In the psychological domain, the disposition and personality traits of the individual affect adaptation. The interpretation of and reaction to challenge is especially important to resilience, for how one perceives an event determines any adverse effects.

Psychological Resilience

Multiple aspects of the psychological domain are involved in resilience. This discussion does not allow a thorough review of each; however, two of the models that explicate the psychological elements of resilience in later life are particularly relevant to the study, selective optimization with compensation and socioemotional selectivity. The theory of selective optimization with compensation (SOC) posits a psychological life-span paradigm of adaptation (Baltes, 1987; Baltes & Baltes, 1990). SOC is characterized by three interactive elements. The first element, selection, occurs when
persons begin to prioritize their activities based on a variety of influences that negatively impact function. Older adults may choose to focus their time and energy on fewer activities, usually those that are most important to them.

Optimization, the second element of SOC, suggests that older individuals exercise behaviors that will reinforce their internal resources and enhance their lifestyles. The third element, compensation, relies on the substitution of one skill for another in order to maintain oneself, or upon utilizing available resources in a different way in order to maximize function (Baltes, 1987; Baltes & Baltes, 1990). This positive emphasis on capacity, resilience, and adaptability acknowledges diversity in the experience of aging in the psychological domain.

A second theory that addresses psychological resilience is socioemotional selectivity (Carstensen, 1993; 1995). The tendency toward selectivity begins early in life and is affected by future orientation and familiarity with persons in the social world (Carstensen, 1995). In studies of the interactions of older adults, factors other than age were found to be influential in determining the level of involvement (Carstensen, 1995). Changes in social contact were selective and predicated on self-interest rather than due to social withdrawal or biological explanations. A primary determinant regarding with whom elders spent time was their view of their own longevity. For persons with a more limited future perspective, long-time friends were sought out for companionship. Less energy was invested in relationships in which affective ties were weaker. A variety of factors were found to affect social interaction across the life span and the salience of those factors changed with age (Carstensen, 1993). For example, a cognitively alert
individual may choose to sit alone despite having an opportunity to have a friendly visitor, as she does not choose to use her energy to facilitate a new relationship.

**Self-related Processes and Resilience**

A variety of processes related to the self have an influence on adaptive capacity with age. One set of processes that are effective in minimizing discrepancies between self-representation and the actual cognitive descriptions one holds of the self includes three functions: assimilation, accommodation, and immunization (Brandtstadter & Greve, 1994). The assimilative process involves both instrumental and compensatory activities as well as self-confirmatory actions that are intended to bring the actual self more in line with the self one would like to be (Brandtstadter & Greve, 1994). A sense of self-efficacy and view of oneself as actor influence the extent to which the individual is able to utilize assimilation. As the viability of assimilative behavior diminishes, the individual may begin to rely more upon accommodation as a means of maintaining a positive sense of self (Brandtstadter & Greve, 1994; Tobin, 1999).

Accommodation involves an adjustment of goals in the face of changes or decline that preclude goal pursuit. It may involve a “letting go” of specific goals. The individual may find it necessary to change the criteria upon which self-evaluation is based. Social comparison facilitates accommodation, as comparison of self to peers who are functioning more or less ably than oneself may assist an individual to be more flexible regarding expectations of the self for meeting goals (Brandtstadter & Greve, 1994; Herzog & Markus, 1999; Tobin, 1999). Two benefits that may be realized from this comparison process are maintenance of mental health and decreased anxiety, as
the individual is better able to forego goals that are no longer viable (Heidrich & Ryff, 1996).

Use of the third process, the immunizing function, provides an individual with protection from self-discrepant information, thus allowing an older person to maintain a relatively stable view of the self (Brandtsadter & Greve, 1994). Immunization may take one of two forms. It may be data-oriented, such that evidence revealed to the elder is construed in a manner that is not detrimental to perceptions of self. Or the immunizing process may be conceptually oriented, whereby the individual changes self-referent criteria, emphasizing those measures of performance that affirm competence (Brandtstadter & Greve, 1994). This shifts the focus from criteria that signify disease, or an aging-as-decrement attitude, to a focus on strengths.

By employing instrumental efforts to change oneself or the situation—use of assimilation; exercising flexibility in setting and pursuing goals—accommodation; and utilizing self-referent information in new ways—immunization, older persons exercise resilience. They are thus able to maintain a strong sense of self and avoid depression or other difficulties that detract from their ability to cope with change and loss (Brandtstadter & Greve, 1994).

Additional individual factors have been noted as especially salient to resilience in later life and bear mention in regards to this study: self-concept and hardiness (Bergeman & Wallace, 1999). The self-concept is seen as playing an organizing function, thereby providing continuity in the midst of risk or challenge. Three aspects of the self-concept serve as protective factors. A review of life experience (life review) may remind the
older adult of skills used in the past and provide validation of retained capacities. This enhances self-esteem. The possible self may offer the challenge of a goal toward which to work. Using social comparisons facilitates positive self-appraisals and can also serve as stimulus for change (Bergeman & Wallace, 1999; Brandtstadter & Greve, 1994; Tobin, 1999).

Hardiness is a personality trait that is grounded in existential psychology and has been found to contribute to positive outcomes in navigating life experiences (Bergeman & Wallace, 1999). Persons identified through research as being hardy are found to use coping skills to reduce emotional stress. The resultant emotional well-being eases physiological stress and thereby reduces the negative effect of stress on health (Kobasa, Maddi, Puccetti, & Zola, 1985). A hardy personality has three components: commitment, or belief in oneself; control; and openness to life events, referred to as challenge (Kobasa, 1982). Commitment refers to the belief one has in oneself and one’s activities, e.g., purpose in life.

A sense of control is important throughout life. Control may facilitate health-oriented action by the individual. Older persons who see themselves as not having control in their lives have been found to exhibit physical or mental health problems (Bergeman & Wallace, 1999). Persons who see themselves as in control tend to believe that they can affect events in their lives, thus realize a sense of well-being, or efficacy. Another way in which control affects health is whether a challenge is perceived as stressful (Rodin, Timko, & Harris, 1985). By perceiving an event as controllable, the individual is better able to predict outcomes, and may experience positive benefits from the challenging event. The third component of hardiness, challenge, reflects an openness to change,
whereby the individual views change as a normal part of life and a benefit to growth. Hardiness may help to explain why some people age more optimally than others (Bergeman & Wallace, 1999).

The above discussion of theory related to the developmental life-span perspective and resilience in later life establishes the larger theoretical framework in which this study of older women is embedded. A review of early empirical works related to resilience explicates the basis for subsequent studies at varying stages of life.

**Early Studies of Resilience**

Resilience is studied as both an outcome and a process. Longitudinal work affords investigators the opportunity to observe the development of resilience over time and also provides information about resilience as an outcome of experience. While retrospective cross-sectional research may examine resilience as process, the use of prospective longitudinal studies, whereby data are collected soon after a risk or challenge, may be more suited to looking at outcomes. Both types of studies have value in adding to the knowledge about resilience. The research described in the following sections includes longitudinal and cross-sectional work.

The general focus of early research on resilience was psychopathology (Ryff et al., 1998; Staudinger et al., 1993). These studies examined children and adolescents within the context of adverse living situations (Garmezy, Masten, & Tellegen, 1984; Rutter, 1985; Werner & Smith, 1977). In recent years researchers have come to realize that resilience research may provide us with information about the positive aspects of adaptation and coping throughout life, and especially in old age.
Early works consist of a group of three longitudinal studies of children and their families. The first, a study conducted by Rutter (1985; 1987), of children born to mentally ill parents found that many of the children were mentally healthy and appeared to be well-adjusted. The dependent variables used in this work tended to be negative; i.e., depression and conduct disorders. The investigator concluded that resilience is a positive reaction to stress and adversity (Rutter, 1990). A second set of longitudinal work by Werner (1993) and Werner and Smith (1977) followed children in Kauai over a period of thirty years. Results indicated that about one third of the children identified as at-risk because of poverty and dysfunction in the family developed into capable adults. This work approached resilience from a perspective of “sustained competence under stress” (Werner & Smith, 1977).

A final set of longitudinal work by Garmezy (1991) and Garmezy et al. (1984) studied children from low income and conflicted families. While some of the children were identified as less competent, others in the study were described by school personnel and peers as being capable and free of negative behaviors. In this body of research, resilience was defined as “the capacity for recovery and maintaining adaptive functioning following incapacity” (Garmezy, 1991).

In follow-up to these earlier studies investigators were able to identify multiple protective factors as possible explanations for positive outcomes despite negative living conditions in childhood. Among these protective factors are individual characteristics such as IQ, personality traits and temperament, and problem-solving skills. Early behaviors in infancy and childhood, such as being affectionate and outgoing, are cited by Werner (1995) as protective mechanisms within the individual. Other protective factors
include growing up in a family that is warm and displays cohesiveness and quality parenting, and being of high socioeconomic status (Garmezy et al., 1984). Having a close tie with a nurturing and mentally healthy parent was also significant in Werner’s (1995) work.

Another set of protective factors emerged from the early studies—those found in support networks within the community (Garmezy, 1993; Werner, 1995). Peers or other adults in the community were found to provide a protective function in the face of stress and adversity. These protective factors had either a direct effect on, or interacted in such a way as to ameliorate difficult early life experiences (Garmezy et al., 1984; Rutter, 1985, 1987).

Resilience in Adulthood

Research related to resilience in adults grew out of the studies of children. In an early longitudinal study of adult male development, Vaillant (1977) addressed the issue of adaptive functioning and its inter-individual variability in a sample of men who had attended Harvard. He found that mature mechanisms for coping with challenge increased with age. (Vaillant’s later work (2002) will be elaborated in the discussion of findings). A more recent work by Higgins (1994) studied male and female adults of various ages who had experienced severe adversity as children and adolescents. The participants in Higgins’ (1994) study were able to realize meaningful lives in adulthood that were characterized by mental health and close personal relationships despite the adversities of their earlier years.
An elaboration of Higgins’ (1994) work yields factors that were characteristic of the study participants and contributed to their resilience. First, they acknowledged the importance of love and maintaining loving relationships (Higgins, 1994). These resilient women and men who had been abused also relied on faith to see them through a variety of traumatic situations. Their faith was linked to involvements they had with others who filled a surrogate-nurturer role in their lives. The non-parental nurturers conveyed a powerful sense of love to the survivors when they were young. Moreover, the energy between the nurturer and the child sustained the child in a life-enhancing way. A message of acceptance conveyed by the nurturers also encouraged the young people to be themselves and follow where their strengths might carry them (Higgins, 1994).

A thirty-year study of survivors of the Holocaust and Hiroshima by Lifton (1968; 1993) found resilience in persons who have experienced extreme stress. The survivors exhibited resilient behavior across the life-span and were able to find meaning even in the midst of traumatic events. Further, they were committed to enhancing life; survivors were connected to others and sought meaning through spirituality (Lifton, 1993). From his work with these populations Lifton (1993) concluded that when survivors of trauma are given the opportunity to speak and have their voices heard they are able to transcend their pain and reconcile their life stories.

**Studies of Women and Resilience**

Longitudinal studies also inform our understanding of resilience in women. In a review of works in the areas of chronic poverty and family dysfunction, pregnancy in adolescence, and sexual abuse Wright (1998) determined the effects of the early years on
resilience in adulthood. Beginning with the work of Werner (Werner & Smith, 1992), females who were identified as resilient were better readers and could reason more effectively than could females who had more difficulty coping with life events. Assertiveness and independence characterized the females in adolescence, and they usually had one or more close friends. Further, both adolescent females and males displayed positive feelings about themselves and exhibited behaviors such as orientation toward achievement and maturity in social situations (Werner & Smith, 1992).

By the age of thirty, internal factors were found to be salient to successful coping for the resilient women, whereas for men in the sample, external supports were more relevant (Werner & Smith, 1992). The high-risk children who realized success as adults were also characterized as having an internal locus of control and positive self-esteem as well as realistic goals for education and career. Resilient persons made a transition from a passive stance as care recipients when children to a more active mode in selecting environmental conditions that were conducive to growth as adults (Wright, 1998). Those factors labeled as protective for the high-risk children may also be associated with less vulnerability, thereby contributing to optimal adaptation in the individual (Wright, 1998).

Using the risk factor of teenage pregnancy, Furstenberg, Brooks-Gunn, and Morgan (1987) determined protective factors that contributed to positive outcomes following the birth of a baby. Among the external factors that facilitated successful adaptation were participation by the teenage mother in intervention programs and the presence of a responsive social support system. The teen mother’s personal traits and career decisions
made after the birth of a child also resulted in good outcomes. Provision of financial support and childcare by the teen’s family were pivotal in contributing to long-term positive results (Furstenberg et al., 1987).

Retrospective studies of women who are survivors of sexual abuse or assault indicate resilient behaviors (Wright, 1998). Factors that have been found to serve as resources include: ascribing blame to an external actor versus internalizing blame; internal locus of control; maintenance of a positive view of self; and the ability to foster caring relationships outside the family (Wright, 1998). From her work with women who survived trauma, Herman (1992) concluded that caring relationships have been found to facilitate healing and recovery following a sexual assault. Resilient women may also eventually realize some positive growth as a result of the experience, and ultimately, empowerment (Herman, 1992). Outcomes are affected by personal traits such as temperament; external factors such as the support of loved ones; and circumstances of the event, such as the relationship with the abuser prior to the abuse (Herman, 1992).

From her review of these three longitudinal research projects Wright (1998) compiled a set of characteristics that appear to enhance resilience in women. She cautions that changes over time will affect both vulnerability to risk and the capacity for resilient behavior. Among the resources or protective factors Wright (1998) noted are: active problem-solving; the ability to see the value in painful experiences; faith that adds meaning in life; the presence of nurturing adults who may act as parent figures; and the ability since childhood to procure attention and support from others. Such resources may enhance the ability of women to affect their environment so as to receive from it those responses that foster efficacy.
In a qualitative study of minority female graduate students Bachay and Cingel (1999) also determined constitutional and relational factors that enhance resilience. Respondents attributed their success within a paternalistic culture to self-determination, their faith in God, and optimism about life. Family relationships were valued by the women, and they credited other people with having provided nurturing and support that contributed to feelings of empowerment (Bachay & Cingel, 1999). As children they were leaders in elementary school, and in adolescence they developed relationships that eased them through the trials of the teen years. The women found relationships with people in the church and with teachers to be most influential, and as adults they continued to value the support of others (Bachay & Cingel, 1999).

Critical incidents or life events were also identified as influential by the women in the study, when as adults they experienced divorce—their own or their parents—and loss of loved ones through death (Bachay & Cingel, 1999). Study participants related that these types of adverse events contributed to their growth and development. An additional protective factor for the women was their culture. Ethnic identity, issues of power, and the experience of poverty are cultural influences that contributed to the strong sense of self in the respondents (Bachay and Cingel, 1999).

In an analysis of the life histories of midlife women who had experienced major depression in earlier years, Ryff et al. (1998) denoted four life trajectories that reflect resilience. Each life trajectory, or path, was characterized by adversity at some time in the life course. The first trajectory included women who reported basically positive experiences in their youth and also benefited from upward mobility in their work.
Adverse experiences for this group of women consisted of the death of a loved one or having taken on a caregiver role. Despite these adversities the women reported positives related to work and their self-assessments.

The second group of women had experienced adversity early in their lives in the form of alcoholism in the home (Ryff et al., 1998). For these women, who also experienced acute events such as the death of a loved one or loss of a job, social relationships and a stable work environment served as protective factors. A third group reported positive early life experiences, but was beset with adversity later in their maturational years. Their early beginnings are credited with seeing the women through their times of difficulty (Ryff et al., 1998).

An early start of mixed advantage and disadvantage characterized the fourth group of women. They faced multiple challenges as they progressed through the life course. The authors suggest that it is difficult to explain the resilient behavior of these particular women. They concluded that early positive experiences and affirming relationships, as well as favorable work situations and positive social comparisons played a protective role in the promotion of resilience for this group of women (Ryff et al., 1998).

In another study of midlife women, McQuaide (1998) noted that the women who were most resilient and coped optimally in their middle years were socially connected to others. Further, they had a positive view of themselves and maintained a high level of self-efficacy. When describing various treatment approaches to enhancing resilience McQuaide (1998) emphasized the importance of hearing the stories of women. She posits that one of the primary resiliency factors for women is their ability to construct
their life stories in a way that recognizes explanations of women and aging that counteract the culturally prevalent derogatory view of older women (McQuaide, 1998).

The review of the studies of females in adolescence, young adulthood and midlife informs us as to protective factors that facilitate resilience in the face of multiple and varied life challenges. In the next section the discussion moves to research related to resilience in older adults.

**Studies of Older Adults and Resilience**

Research related to resilience in later life tends to focus on specific domains in which the individual may experience a challenge or loss. This facilitates knowledge building by providing information about a particular aspect of aging. In an analysis of data from the Berlin Aging Study, Staudinger and Fleeson (1996) examined adaptation in older women and men utilizing two processes related to the self in old age: coping and personal life investment. Personal life investment is defined as “the amount of energy (in terms of thought and behavior) individuals invest into the realization of selected goals” (p. 871).

The researchers looked at relationships between adaptation, coping styles, personal life investment, age, and physical constraints in a sample of older adults ages seventy to one hundred three years. The construct “physical constraints” is comprised of four measures: morbidity (i.e., the number of chronic health diagnoses); vision; hearing; and ADLS. The findings suggest that adaptive capacity of the self is maintained well into old age. Moreover, in the presence of physical constraints there is an association between coping styles and personal life investment, and resilience (Staudinger & Fleeson, 1996).
A second result of this research was that selective flexibility in coping was associated with resilience (Staudinger & Fleeson, 1996). This means that older persons benefit from the protective influence of a moderate amount of coping skills to be drawn from during challenge. In instances of extreme physical constraint the capacity for resilience was somewhat negatively affected. An unanticipated finding in this study was that for the oldest-old, physical constraints were less negatively associated with age, which perhaps suggests transcendence for those most frail (Staudinger & Fleeson, 1996).

Resilience in Older Women

In a study of relocation of older women from their own homes to a retirement community or apartment, Ryff et al. (1998) looked at the accumulation of adverse events and the reactions of the women to the events. A tabulation of both positive and negative events revealed a high number of events occurring in the women’s lives within a relatively short time frame, thereby upholding the commonly held perception that later life is a time of accumulated challenges. The distribution of events was highly variable which suggests that profiles of health and well-being, and interventions to enhance resilience will be highly variable. A final conclusion from this research was that respondents’ lives were full of both positive and negative life events, which supports the theoretical stance that resilience is affected by both cumulative advantage and adversity (Ryff et al., 1998).

To determine resilient outcomes in the sample of relocated women, Ryff et al (1998) measured overall well-being, stability of well-being, and physical health. Using a definition of resilience that reflects maintenance or improvement in physical and/or
mental health, the researchers found that approximately 42% of the women could be
categorized as resilient, 32% were in the vulnerable group, and 25% in the mixed
category (Ryff et al., 1998). The authors suggested that the explanation for resilient
behavior lies in the mediating role played by particular protective factors—the
psychological. Among the psychological processes the participants used to make sense
of their lives were social comparison, self-appraisal, and self-perceptions of behavior
(Ryff et al., 1998).

Other research with the sample of relocated women yielded additional indicators of
resilience. It was found that when the new environment presented difficulties, women
who had more resources available to them prior to the move—autonomy or mastery of
the environment, for example—were happier and appeared to be less angry and sad than
the women with fewer pre-move resources (Smider, Essex, & Ryff, 1996).

A comparison of the relocation sample and a sample of long-term female caregivers
produced results that also indicated the variability of resilience (Kling, Ryff, & Essex,
1997). The women who relocated had more optimal psychological well-being and
reported that they utilized problem-focused coping more frequently than did the
caregivers. What is significant to this study is that the caregivers exhibited a stronger
relationship between a sense of well-being and coping than did the relocated women.
This suggests that resilience is realized through challenge that endures over time—in this
case, providing care to a child who is mentally retarded (Kling et al., 1997).

An additional study of resilient older women revealed that involvement in an
organized religious group provided structure and meaning in life (Ramsey & Blieszner,
1999). Through forgiveness and caring relationships the Lutheran women in the study
were able to transcend adversities in their lives. Consequently, spiritual resilience contributed to favorable views of the self. These positive self-perceptions motivated the women to extend themselves to others whom they saw as in need of support (Ramsey & Bieszner, 1999).

In research that set out to study vibrant older women in their seventies and eighties Hurwich (1982) sought to learn what facilitated their vitality. She was surprised to find that attitude was the primary factor that affected the optimal aging of the women in her sample. Having a positive outlook, being actively engaged with life, and adapting to environmental challenges were characteristic of the women she interviewed. The findings from this research also indicate that older women do not necessarily follow traditional gender roles, nor do they identify themselves primarily by those roles (Hurwich, 1982).

It is only recently that gerontologists began to consider resilience as a construct noteworthy of study. From the review of the studies of resilience in later life it is evident that the body of knowledge is small but growing. This study of older women and resilience provides a view of their lives in the present and also a retrospective look into their earlier years as children and younger women.
CHAPTER 3
METHODOLOGY

Introduction: A Constructivist Approach

A constructivist framework is relevant to this study of older women and resilience for a number of reasons. First, constructivism is based on the tenet that “the reality that humans perceive is created by them” (Fisher, 1977). This implies that meaning is ascribed to experiences and situations by those living them, rather than meaning being ascribed by outside others. The use of the constructivist approach in this research allowed the voices of the older women to be heard. In my interactions with the women in the study I attempted to set aside my own biases and perceptions to enter their interpretive worlds (Denzin, 1989; Gubrium & Holstein, 1999).

Secondly, the constructivist approach emphasizes the making of meaning. This aspect of constructivism refers to the significance that particular events hold for the individual. The significance of events in persons lives may be determined by looking at the “what” and “how” of meaning (Gubrium & Holstein, 1999). Context is critical to meaning; the situation in which events occur has a formative effect on the meanings that persons ascribe to the events. An understanding of culture also informs this perspective, whereby culture is viewed as a “distinct and stable set of shared meanings…it makes people what they are, formulating their identities and lives in its terms” (Gubrium & Holstein,
1999, p. 292). This suggests that the individual is strongly influenced by an established fount of meanings. A counter to this is the proposition that the individual is an actor who creates or contributes to the culture, thereby making meaning (Geertz, 1983).

A third benefit of using a constructivist approach in this research is that constructivism recognizes individuality and diversity in life experiences—among them, aging and the experience of being female—and emphasizes choices individuals make in constructing their realities. Constructivism includes the appreciation for and existence of multiple truths in the lives of those being studied (Denzin, 1989). This aspect of constructivism meshes well with the deeper, richer understanding of life experience provided through the qualitative research methods used in the study.

Finally, constructivism complements the theoretical base of this research. Life-span developmental theory incorporates the bio-psycho-social contexts of development, taking into account social placement, historical effects and the individual life story as related to the process of aging (Stoller & Gibson, 1994). Further, inter- and intra-individual differences in development across the lifespan contribute to heterogeneity in the experience of aging (Baltes & Baltes, 1990; Staudinger et al., 1993). The adaptation of the individual is affected by internal and external resources that are available at a particular point in time. These resources comprise a reserve capacity that facilitates resilience when one is faced with challenge or adversity. A constructivist approach informs these aspects of life-span development and allows for a wide variation in aging processes among individuals.
Choice of Qualitative Research Methods

Qualitative research refers to “methods and techniques of observing, analyzing and interpreting attributes, patterns, and characteristics and meanings of specific, contextual or gestalt features of phenomena under study” (Leininger, 1985, p.56). The use of qualitative research methods in this study is appropriate for a number of reasons. The first reason qualitative research techniques are well suited to the study is that they allow us to get inside the lived experiences of the participants, thereby revealing the more subjective aspects of everyday life (Denzin, 1989; Padgett, 1998). Drawing from behaviors of daily living and organized patterns of behavior to generate theory, qualitative techniques “ground” a study in the natural environment in which people move and live (Strauss & Corbin, 1998). The use of such an expanded view more fully enhanced my understanding of the constructed realities of the women in the study (Erlandson et al., 1993). The naturalistic approach lends credence to knowledge older women have about their own experiences. Traveling through the rich landscape of the women’s lives provided me an in-depth look at interpersonal and social phenomena, thus bringing their stories of resilience to life (Denzin, 1989).

The second reason for using qualitative research methods in this study is that they complement the theoretical framework of the research. Both feminist theory and critical gerontology theory emphasize hearing the voice of the respondent (Browne, 1998; Tornstam, 1992). The women’s voices were heard in the focus groups and individual interviews through the use of in-depth interviewing techniques, audiotapes and my field notes. They were treated/regarded as the experts on their lives. Further, the developmental life-span perspective and feminist theory both acknowledge heterogeneity
and diversity in the aging experience of older women (Browne, 1998; George, 1999). A broad range of life experiences, realities and perspectives was elicited by sampling women from varied racial and socioeconomic backgrounds.

The third reason I chose qualitative methods is that they are relevant when there is a limited amount of research to guide a new study (Gubrium & Sankar, 1994). As was pointed out in the review of the literature, empirical work related to resilience in later life has grown in recent years but there are few studies of older women and resilience. This study is an effort to add knowledge to what is known about resilience in older women as they face challenges and changes that come with age.

The definition of qualitative research above suggests that qualitative methods are applicable in instances where emphasis is to be placed on meaning and the perspective of the participants within the context to be studied (Gubrium & Sankar, 1994). That is the fourth reason I used qualitative methods. A constructivist approach to knowledge building requires that research participants identify issues (such as adversity, challenge, and resources) from their own personal experiences; thus, the selection of a research design that would elicit perspectives and ascribed meanings was indicated for this project.

The fifth reason for using qualitative methods in this research is that the conversational approach employed in the focus groups and open-ended interviews built on the interaction and collaboration of the respondents and the investigator as partners in learning (Glesne & Peshkin, 1992; Kvale, 1996). The use of open-ended interview questions afforded me the opportunity to ask for clarification and to probe for additional information when appropriate. By being able to test out a response to a specific question
I was able to confirm or refute the accuracy of my interpretations. Through dialogue the women and I were able to sift through our assumptions and perceptions to achieve clarity. Together we explored life events and the meaning women ascribed to them.

In an attempt to link critical perspectives about the current state of aging research in general with knowledge about resilience in older women in particular, it was apparent to me that a qualitative study would facilitate knowledge-building in this relatively uncharted domain.

**Qualitative Research in Aging**

Qualitative research can be especially beneficial to the study of aging. First of all, qualitative research is useful to determine interpretations of meanings and social phenomena that “…underlie observed relationships between social structures and individual outcomes” (George, 1990, p. 199). Such studies enrich our understanding of the experiences and meaning of aging and describe processes used by the older individual to negotiate a meaningful life (George, 1990). I was interested not only in the personal, private troubles of the women, but also wanted to learn how public institutions, social structures and policy affected their lives.

Secondly, although rating scales used in quantitative research are helpful in gathering information, they are limited, as they do not reflect the context—the how or the why—in which the individual is experiencing life. The use of scales to measure concepts such as well-being or life satisfaction in older adults results in a rather superficial treatment of more complex issues (Atchley, 1982). Qualitative research methods in this study facilitated an awareness of contextual embeddedness and the complexities of the self,
growing older. The implementation of descriptive, naturalistic research may fill some of
the knowledge void in terms of the developmental aspects of the aging self (Atchley,

Third, qualitative methods, through capturing the viewpoint of the research
participants also capture their subjective experience of life (Denzin, 1989; Kaufman,
1993). The use of in-depth data collection methods in this study yielded not only facts
about the experience of challenge and loss by the older women, but also elicited their
reactions and adaptations to adversity in managing their daily lives. This added depth
and breadth to the collected data (Reinharz & Rowles, 1988).

A fourth benefit to the use of qualitative research methods in studies of aging is that
data are not confined to brief, closed-ended responses that provide a one-dimensional
assessment of a phenomenon. Elaboration during an in-depth interview may yield data
that reflect patterns of behavior and reveal meaning and values that would not be
captured otherwise (Reinharz & Rowles, 1988).

Fifth, by using qualitative methods the investigator is able to clarify apparent
contradictions or unclear statements in the responses of the study participants. Research
participants in a quantitative study may not always read instructions, could have
problems marking their intended answers, or omit altogether answers to questions that
may be embarrassing or threatening to them. The interview process in qualitative
research allows an investigator to revisit comments made by the participant and probe for
elaboration to unclear responses, especially in threatening areas (Reinharz & Rowles,
1988).
A sixth advantage to the use of qualitative methods in aging research is that through personal interaction and/or observation, the investigator can get a feel for the quality of interactions an older adult has with others (Reinharz & Rowles, 1988). The larger body of resilience literature informs us about the link between social connectedness and resilience. Likewise, the aging literature reflects the importance of social interaction to the well-being of older adults. Through our conversations I was able to determine not only the types of social relationships in which the women were involved, but also how they felt about their relationships.

The characteristics of qualitative research enumerated above support the use of qualitative methods to facilitate our understanding of resilience in older women.

Research Design

The design issues in qualitative research differ from the issues related to design in quantitative studies. First, flexibility is important in qualitative research due to the descriptive or exploratory nature of qualitative studies. The aim of most quantitative studies is to show cause and effect (or at a minimum, a relationship between variables); hence, quantitative research is explanatory by design. A second difference between the two approaches is that the inductive orientation in qualitative methodology facilitates the emergence of categories from identifiable themes in the data, whereas quantitative inquiry begins with identified categories and variables, manipulates them and makes deductions based on the results.
Differences between qualitative and quantitative designs also appear in a third area, the actual execution of the study. Various authors suggest that a qualitative design framework is necessary, but that it should be loosely organized to allow for adaptation as the data emerges (Erlandson et al., 1993; Padgett, 1998). An “open contract” (Locke, Spiriduso, & Silverman, 1993, p. 11) whereby the investigator moves between data sources to data analysis—and back again—during the data collection process is a good fit with my research. This method of constant comparison permits the integration of new insights as a study progresses (Corbin & Strauss, 1967). Interview questions may then be refined or changed as themes emerge in the early data analysis in order to more fully capture information that is relevant to the research question. This technique differs markedly from the proscribed regimen followed in a quantitative study, especially one that is experimental, in which temporal aspects play a significant role.

The flexibility of the qualitative approach does not imply laxity in implementing a study. The use of an organizational framework throughout the qualitative research process ensures useable data. Multiple methods of data collection enhance the credibility of findings. More than one means of gathering material provides a broader understanding of the research context and allows for confirmation or disconfirmation of findings (Denzin & Lincoln, 1994; Erlandson et al., 1993). Confidence in study results is strengthened by the extent to which findings from multiple data sources converge; this “truth value” increases the validity of the information that is collected (Erlandson, et al., 1993, p. 29). The rigor, relevance and social responsibility with which qualitative work is carried out lend credence to this discovery approach (Erlandson, et al., 1993).
Focus of the Study

The focus of this study is resilience in women born between the years 1920 and 1930, residing in their homes in the community. I chose this cohort because they have lived through a variety of historical, social and technological events that had a profound effect on their lives. The parameters of age and living arrangement are relevant to informing policy and service provision to elders. I wanted to study women because in my work with older adults I became aware that many older women continue to be actively involved with life despite adversities they face. Social scientists have long been perplexed about the seemingly high level of satisfaction elders report regarding their lives despite chronic illness, role loss or other life altering events. I wanted to know more about how women manage to stay engaged in life amidst the challenges and changes that come with age. The literature related to resilience and aging provides some possible explanations for this, but few studies about the topic have focused on older women.

Further, just as the awareness and understanding of women’s issues in general has developed over the past forty years, so should our knowledge of the issues specific to older women. With the passage of the Older Americans Act in 1965 the federal government of the United States endorsed an array of services to be made available to persons over sixty years old. Much of the programming provided by the original legislation, with some amendments, continues into the twenty-first century. It is appropriate to explore whether the needs of older women are being met by the service network currently in place through programs established many years ago. With the aging of the Baby Boomers the population of older adults is becoming increasingly heterogeneous. Diverse needs necessitate variety in services and programs and require
creative problem solving. It is worthwhile and timely to hear from older women about the challenges they experience and the supports that are necessary for them to navigate their daily lives.

Methodology: Use of Multiple Methods

Multiple methods of data collection were used in this research. These methods included: two focus groups, one at the beginning of the study and one at the end of the study; in-depth individual interviews; field notes recorded by the investigator during and after each interview; and a reflexive journal kept by the investigator. The first focus group served as the pilot for the study and allowed for trying out the interview questions. The in-depth individual interviews were the primary source of data collection. A second focus group, convened after the individual interviews were completed, was the final data-generating technique employed. Field notes by the investigator added contextual depth to the data; the notes included descriptions of interview settings, my perceptions of the respondents and other information relevant to the data collection milieu (Padgett, 1998). The use of the reflexive journal facilitated critical reflection about the chosen theoretical framework as well as my biases and subjective experiences as investigator (Schwandt, 1997).

First Focus Group: Pilot Study

The focus group format stimulates the thinking of the participants and facilitates recall, thereby having a synergistic effect (Denzin & Lincoln, 1994; Kvale, 1996; Padgett, 1998). In this study the (initial) focus group participants served as a resource on
older women and resilience, and also as collaborators in the knowledge-building process (Denzin & Lincoln, 1994; Kvale, 1996). Collaborating with a group of women around the topic of resilience and aging prior to doing the individual interviews supported the feminist and constructivist view that the targeted population should be included in every stage of the research process and regarded as experts on their lives (Browne, 1998; Lincoln & Guba, 1985). Further, using the first focus group as the pilot study allowed for the emergence of any logistical problems and/or conceptual concerns that might arise in the data collection process (Locke et. al, 1993; Padgett, 1998). Through guided conversation and the spontaneous exchange of ideas the resulting data informed constructs and questions to be used in the subsequent individual interviews.

In-Depth Interviewing

“The purpose of the qualitative interview is to obtain descriptions of the lived world of the interviewees with respect to interpretations of the meaning of the described phenomena” (Kvale, 1996, p. 30). The interviewing process is somewhat of an art (Kvale, 1996). First, interviewer flexibility is critical to this research methodology. Various nuances that can occur in an informal exchange require the investigator to be prepared for anything. Within the experience of an individual interview issues may emerge that require the researcher to make changes in data collection techniques, i.e., re-wording a question, changing the sequence of interview questions, or modifying interview locations. Secondly, familiarity with the topic allows the researcher to make associations between the literature and information gathered from the participant while
the conversation is occurring, which can facilitate further elaboration of responses. A third feature of interviewing as art suggests that the investigator be skilled at using conversation as a means of gathering information.

Of two metaphors used by Kvale (1996) to characterize the interview process, that of miner and that of traveler, the traveler metaphor appeared to be a good fit for this study. “The interviewer-traveler wanders through the landscape and enters into conversations with people encountered…asks questions that lead subjects to tell their own stories of their lived world” (p.4). This metaphor complements the postmodern, constructivist orientation brought to this research; the conversational approach builds on the interaction/collaboration of the respondent and investigator as partners in learning (Glesne & Peshkin, 1992; Kvale, 1996).

The collaborative relationship in the learning experience was accomplished in a variety of ways in this study. First, the older women were viewed as active participants in the research process rather than as passive objects to be studied. In this framework the interview became a joint venture between the respondents and me in the quest for knowledge (Glesne & Peshkin, 1992; Kvale, 1996). This was accomplished in part through flexibility in the use if the interview guide, whereby when needed, I asked probing questions to clarify statements or contradictory information. The women were also encouraged to ask any questions they had during the interview process. We engaged in the creation of meaning from the information that emerged during the interview conversation. My interpretation of that information, balanced by feedback from the participants, facilitated the construction of their stories.
A second means of facilitating collaboration in the study was through creating a comfortable atmosphere during the interview (Gubrium & Sankar, 1994; Kvale, 1996). I prepared the women for the focus group or interview by explaining the general purpose of the study, providing them with informed consent, and allowing time to ask questions about the research. Minimizing the power differential between the women and me also contributed to a level of comfort between us (Gubrium & Sankar, 1994; Kvale, 1996). I facilitated this by dressing casually and using language familiar to the women as opposed to using the language of academe. I made an effort to remove my “self” as investigator from a position of authority into the role of the traveler by expressing a desire to learn from each woman and her life experience. I used this egalitarian approach to promote less distance between the older women and me and to insure that the findings reflected the respondents’ lived experiences rather than my perceptions (Jaffe & Miller, 1994).

While complete equity could not be achieved given the nature of the socially constructed relationship between the women and me, I attempted to remove as many barriers as possible. I visualized the women as thinking, feeling individuals and related to them as such (Jaffe & Miller, 1994). I also tried to acknowledge my own personal cognitive processes and subjective experiences that could affect my perceptions. I accomplished this by soliciting feedback from other researchers and through writing in my reflexive journal. The intent of both of these efforts was to promote closeness to the participants’ world and an awareness of my “self” as an instrument of research (Eisner, 1985; Jaffe & Miller, 1994; Kvale, 1996).

In naturalistic research interviews take on the format of a dialogue. To enhance the dialogue I attempted to adopt a stance of “deliberate naivete” (Kvale, 1996, p.31), which
allowed me to be open to unexpected information. Presenting a clean slate upon which the women’s words would fall allowed me to separate my beliefs and values from their stories. I also kept in mind that the women could provide contradictory information and that I should not be threatened by this, but rather should attempt to see it as a reflection of the complex environments in which the women lived (Kvale, 1996). When it appeared during an interview that I was hearing discrepant information I attempted to get clarification by probing, asking the same question in a different way, or by sharing my confusion with the participants. This usually resulted in an elaboration by the women that helped me better understand their lives as they perceived them. The interviews were open-ended and semi-structured, which provided flexibility in data collection and encouraged the emergence of the women’s realities (Denzin & Lincoln, 1994).

By encouraging the older women to tell their stories, I invited the use of narratives. Narratives are useful in a variety of ways: in meaning-making; as an expression of culture; in historical contexts; and by providing structure to the lived world (Reissman, 1994). Life stories can help older women make sense of what has happened in their lives and enable them to share their personal experiences with others (Hyden, 1994). Further, language can be a path to meaning: what is said by an individual reflects her experience of reality (Kvale, 1996). Being alert not only to what was said but also to how it was expressed facilitated a more accurate interpretation of the data.

In this naturalistic study of resilience in older women an interview guide was used to direct the flow of the conversation (see Appendix E ). A dual approach was used to construct the guide (Kvale, 1996). First, questions were formulated that related to the theoretical base of the study in order to promote knowledge building in the little-explored
area of resilience in older women. Secondly, questions were brief and worded in language that was familiar to the participants. Specific interview questions were drawn from a review of the literature related to aging and resilience and from the pilot study focus group discussion. I utilized questions in the interview schedule that asked for description—“what” and “how” questions in order to elicit a richly descriptive response (Kvale, 1996, p. 130). Examples of questions in the guide include: In thinking about your life, how would you generally describe how it has gone? What have been some of the highlights? What was of help to you during difficult times?

Additional Data Collection Methods

Four additional means of collecting data were employed in this study. First, following the completion of the individual interviews, I facilitated a second focus group composed of women who had been interviewed individually. The purpose of convening this group was to provide an additional opportunity for the women to share their experiences of challenge, adversity and resilience, thereby elaborating and adding depth to the data from the individual interviews (Padgett, 1998). I anticipated that the exchange of ideas in a group would lend credence to the individual interview data and might generate some new information.

Secondly, field notes offered the means of capturing observations as the interviews were occurring; they supplemented the audiotapes, and in some instances were necessary to piece together statements that were garbled or inaudible on the tapes. The use of field notes afforded the notation of environmental events that occurred before, during, and
after the interviews, data that could not be captured on the audiotape (Rubin & Babbie, 1993). The content of the field notes included observations relevant to the study as well as my reactions to those observations.

The investigator maintained a reflexive journal as a third additional means of data collection. A reflexive journal served as a diary of the investigator’s experience, including such items as schedule, rationale for decision-making and perceptions of the research process (Lincoln & Guba, 1985). I made entries after each interview and member check, when reviewing interview data, during times of personal questioning and deliberation, and any time I felt there was a need to record something.

Data from some of the member checks, a fourth source of useable material, provided a richness and depth to the original interview findings. While member checks were intended primarily as an opportunity for the women to confirm and/or clarify my interpretation of the individual interview data, there were some instances in which new information emerged. Sharing that occurred in the member checks enhanced my understanding and appreciation of the women’s lives.

Special Considerations

Two additional issues required consideration as I planned this study. First, I was aware that interviewing older women might require allowance for a variety of circumstances. While I thought an allowance for fatigue in order to collect ample data might be necessary (Gubrium & Sankar, 1994), I was less prepared for having to negotiate interview appointments well in advance due to the busyness of many of the
women’s schedules. Thus, some interviews were delayed a few weeks from the time of initial contact and I had to make adjustments in my timetable to accommodate the schedules of the women.

Secondly, when soliciting participants for the study I did not offer an incentive for participation as I did not want to appear to be paying the women. I wanted to affirm the importance of each respondent to my study, and after the first focus group and each individual interview I offered the women a $10 gift certificate from a local department store as an expression of my appreciation.

Sample Selection

The sample for this study was drawn from a cohort of older women born between 1920 and 1930, residing in Greene and Montgomery counties in Ohio. Greene County is a mixture of several small to mid-size communities and has a sizeable rural area, while Montgomery County is largely urban, with some outlying farm communities. An effort was made to sample a heterogeneous group of women with varying backgrounds and lifestyles characteristic of the general population of women in this cohort. I chose to use maximum variety sampling in this study of older women and resilience, as it is useful when dealing with an abstract concept and is appropriately utilized with persons from differing backgrounds who may share something in common (Denzin & Lincoln 1994). Both factors are true for this research. Resilience is an abstract concept, and the women in the study share three general characteristics: gender, birth cohort and aging. Further,
maximum variety sampling facilitates the discovery of variance that occurs in individual adaptation (Erlandson et al, 1993), an issue that was of great interest to me as I considered the relationship between adaptation and resilience in the lives of the women.

The decision to use a heterogeneous sample was made for two additional reasons. First, much of the aging research has sampled white, middle class persons—often male—with little consideration for women, or women of color or diverse ethnic background, for example (Browne, 1998). Many qualitative studies related to aging have sampled a specific group of persons, such as nursing home residents or participants in senior citizen center programming; few aging studies have sampled community-dwelling women with diverse characteristics (George, 1999). I sought out women who have traditionally been passed over in aging research: women of color, the never-married and the disabled. By drawing a sample from differing social strata, racial and ethnic backgrounds, and marital situations the data generated a broad range of life experiences among the older women (Browne, 1998; George, 1999).

A second rationale for choosing a heterogeneous sample lies in the theory related to resilience. Research suggests that a variety of factors contribute to resilience and that there is variation in the development of resilience in one individual to the next (Staudinger et al., 1995). Factors that contribute to resilient behavior in one woman may not be present in the life of another woman who is also resilient. The cumulative adversity and advantage of each woman in the study varied depending upon her life circumstances and available resources. Each woman shared with me her unique experiences of adversity, challenge and loss. Varying reactions to challenge and a broad continuum of resources to handle adverse situations were elicited.
I used several techniques in order to sample from a variety of communities within the selected geographic area. The use of local news media sources met with limited success. I placed an ad in the major regional daily newspaper that is delivered throughout both counties (see Appendix A). When the ad appeared in the newspaper it had been edited such that pertinent information was omitted. An ad placed in one of the local community newspapers was printed using a font size smaller than ten point and very difficult to read, which probably eliminated potential respondents. When I inquired about placing an advertisement on public access television in one community I was told that I would have to meet with city council to explain the study and receive approval. I chose not to use this option as I feared it might delay the start of the study.

The most productive efforts to solicit study participants came from my professional contacts. I met with a group of social service providers in one of the counties and briefly explained the study. I also spoke individually with other colleagues who had an awareness of older women living in the community. Professional acquaintances who were willing to assist me were asked to invite older women to be respondents. Each professional was given a copy of the solicitation script (see Appendix B) to use when talking with potential participants. The names of women who were interested in the study and who had given their permission for a referral were then forwarded to me by my colleagues. Fourteen of the seventeen women in the study sample (82%) were identified in this manner.

In qualitative research the aim is to “maximize discovery of the heterogeneous patterns and problems that occur in the particular context under study” (Erlandson et al., 1993, p. 82), which supports the use of purposive sampling in this study. I deliberately
sought out women who appeared to exercise resilient behavior. In general, women who were perceived as effectively managing their daily living despite the adversity they had experienced were viewed as potential participants. Professionals noted traits such as optimism, independence, and the ability to overcome obstacles as characteristic of the women whom they referred to me. Sampling women with characteristics that reflected resilience was a means to facilitate knowledge-and theory-building (Mason, 1996). I interviewed women until repetitive material was collected from several sources. At the point of saturation—when additional interviews no longer introduced new themes—sampling ceased (Gubrium & Sankar, 1994).

Issues of Bias

There are instances in which bias may be introduced in qualitative research. First, related to sampling, when using the constant comparative method of data collection respondents are ideally selected in or out of a study depending on the content of data collected in the initial interview and each interview thereafter (Erlandson et al., 1993). Subsequent participants are to be chosen for the relevance of their life experience to the theoretical framework used in the research. Yet persons who could provide a wealth of information about a phenomenon may be unavailable or refuse to participate in research. In the present study it was not feasible to develop a large pool of potential participants from which to select a sample due to time constraints, accessibility issues, and financial considerations. While an effort was made to select women who might provide new data from one interview to the next, the sample was affected by the number of women who
responded to advertising and solicitation efforts. The majority of the participants came from referrals by professionals working in the field of aging, which undoubtedly introduced bias.

A second issue regarding bias is that the qualitative researcher utilizing in-depth interviewing is the instrument (Gubrium & Sankar, 1994). This presents the investigator with some challenges beyond the usual concerns related to bias. In essence, the self of the investigator must be taken into account in qualitative studies, as the characteristics and experiences of the researcher influence everything from the selection of the research problem to the collapsing of data into categories. I am aware that my gender—female; race—White; socioeconomic status (SES)—middle class; education—graduate level; and age—fifty plus—all impacted the direction of the study. An example of this is my choice to limit the sample to older women, as I worked from a feminist and critical theoretical perspective that acknowledged that the experience of the individual older woman has been ignored or neglected for too long in social science research.

“The process of a woman interviewing women can be an effective, as well as an essential way, of giving the subjective situation of women greater visibility” (Roberts in Ahern, 1994, p. 10). When the interviewer and the respondent are both women, bias may be decreased (due to having at least that one similarity between them). My perception based upon my professional experience is that older women relate to me more easily than do older men. I am also aware that I feel more comfortable relating to older women than to older men in certain circumstances, particularly when the topics of discussion may become personal. I felt that my “self” as investigator would produce more viable data if I interviewed older women only.
It was incumbent upon me as the investigator to take steps to reduce contamination of the data by engaging in reflexive thought and activity throughout the course of the research. “Regardless of our intention to remain neutral researchers, our stereotypes and other presuppositions become part of our representation of elderly individuals and the aging process and part of the ‘knowledge’ we produce about them” (Gubrium & Sankar, 1994, p. 126). The qualitative investigator is encouraged to utilize critical self-appraisal regarding personal biases, the theoretical stance taken and one’s personal preferences (Schwandt, 1997). I accomplished this through the use of the reflexive journal and by meeting regularly with a peer who was also doing a qualitative study with older adults. My peer de-briefer was able to help me clarify my thinking and offer suggestions about specific concerns related to the research process.

I found that throughout the course of my research it was necessary for me to critically examine the overall flow of the project. As new information and insights were offered by the women I felt challenged to learn more. I went back and forth between reading literature related to aging theory, resilience and older women, to sampling and collecting data (Schwandt, 1997). This evaluation of the research process as a whole offered a check on the fulfillment of my goals for the study at the expense of the reality of the participants. Both of these aspects of reflexivity, critical self-appraisal and evaluation of the research process, assisted me to identify my hidden beliefs and attitudes related to resilience in older women. Reflexivity enhanced the integrity of the research process by making me accountable for my decisions. The reflexive journal was the depository of information regarding my experience of doing research (Lincoln & Guba, 1985). My reactions, thoughts, suppositions and questions related to the interviews were recorded in
the journal and subsequently processed. Entries in the journal were made on a regular basis—at least once a week during the data collection process—and any time I felt a need to get something down on paper.

When recording my notes I used the schema delineated by Richardson (1994, p. 526) whereby I labeled segments as observational, methodological, theoretical or personal. Categorizing the notes facilitated recall and prodded me to dig a little deeper when reflecting on the data. The reflexive nature of the journal and meetings with my colleagues and professors helped me question my biases and served as a monitor of my perceptions, behaviors and interpretive processes (Reissman, 1994; Schwandt, 1997).

Data Collection Issues

A variety of ethical issues related to procedure required attention prior to interacting with the participants. First, I chatted briefly with each woman in an attempt to put both of us at ease and to become acquainted with each other a bit before we got down to the business of the interview. Secondly, I prepared the participant for the interview by explaining the overall purpose of the study and allowing time for her to ask questions about the research (see Appendix C). Confidentiality, a third and important concern was addressed in the consent form (see Appendix D). The consent form was explained to the participant, she was given as much time as needed to read it, and then was asked to sign the form. Each woman was given a copy of the consent form to have a record of what she signed. The participant was told that she could drop out of the interview at any time and that she was under no obligation to complete the interview.
A fourth issue, protecting anonymity, was addressed in several ways. I explained to the women that pseudonyms would be used in the final written text (Erlandson et al., 1993). An identification number was assigned to each individually interviewed woman. A list of the name of each woman with the corresponding assigned number was kept under lock in a separate location. Data were also stored in a locked container.

In order to allow me to be more fully engaged with the participant I audio taped the individual interview. This allowed me to attend to the respondent and what she was saying. By taping the interview I did not have to try to catch every important piece of information in my field notes. The field notes were somewhat sketchy as they were intended to serve as reminders about the content of answers, and consisted of significant words, phrases or identifying information. These notes supplemented the audio tape and in cases in which the tape was a bit garbled or a comment too soft to hear clearly, the notes served as a replacement for the tape (Lofland & Lofland, 1995).

While in-depth interviewing is less structured than a survey questionnaire, I decided to use an interview guide in order to provide some structure to the conversation (Kvale, 1996). As described previously, the interview guide consisted of several open-ended questions that were developed through reading the literature related to resilience (see Appendix E). The questions served as a general framework for each interview. I attempted to ask each woman the original questions in the interview guide as a means of ensuring dependability. Scheduling of interviews was spaced to give the investigator adequate time to review the content of one interview prior to initiating the next. This provided an opportunity for the interviewer to add or change questions in the interview
guide as needed (Kvale, 1996). At the time of the interview I asked if I might return for a second conversation in order to pave the way for gathering additional information and suggest the member check.

Questions more general in nature were asked at the beginning of the interview and then moved into more specific areas as the interview progressed. Any spontaneous reactions or unclear responses by the respondent were pursued for further investigation (Kvale, 1996). I used follow-up questions to encourage the respondent to expand on responses when appropriate; the use of probes further facilitated clarification and the accuracy of my interpretations (Lofland & Lofland, 1995; Padgett, 1998). This required thorough preparation and alertness on my part, as I sought to obtain as accurate a view of the woman’s world as possible. Such attention to process assured that the truth of the study was based primarily on the experiences of the participant and not on my perceptions and interpretations as investigator (Gubrium & Sankar, 1994; Kvale, 1996).

A face sheet (see Appendix F) was used for the first focus group and at each interview to assist in the organization of data (Lofland & Lofland, 1995). The face sheet contained basic demographic information for each participant and included, but was not limited to birth date, marital status, number of children—if any, highest educational level attained, ethnicity, place of residence, major life roles and other items pertinent to the study criteria. The face sheet was presented to the participant at the end of the interview, as that seemed an appropriate time to collect such information.

The interaction between the investigator and the participant in a study is considered part of the interview process and affects the content of the data collected (Glesne & Peshkin, 1992; Kvale, 1996). While I took notes related to our dialogue I also noted the
emotional state of the respondent, the flow of the conversation and the overall quality of
the interview. Initially I had some concerns that my note taking would be a distraction
but this did not prove to be the case. Once we began the interview the woman told me
her story in a natural flow of conversation. I attempted to make eye contact and wrote the
notes as unobtrusively as possible. Additional notations about interview process, the
appearance and demeanor of each woman and a description of the physical environment
in which the interview occurred were made in my reflexive journal after I left the
interview site.

Each woman was alert and able to participate actively in the interview. With the
exception of one interview in a café over lunch, the interviews took place at the home of
the participant. The shortest interview took about fifty minutes to complete, and the
longest interview lasted for three and one half hours. To compensate the women for their
time I offered each a ten-dollar gift certificate from one of three local stores. This was
intended as a gesture of appreciation rather than as an incentive or as payment (Padgett,
1998). Several of the women declined the gift certificate as they stated they participated
because they wanted to and did not expect anything in return.

A second focus group made up of women who had been interviewed individually was
convened after all the interviews were completed, the transcriptions reviewed, and data
analysis well underway. The primary purpose for the group meeting was to provide
another data source for the study. I thought that the interaction among the women might
have a synergistic effect that would stimulate memories and sharing to produce new
information about resilience (Kvale, 1996; Padgett, 1998). Six of the women who had
been interviewed individually responded to an invitation extended to all the participants
to meet as a group. The discussion between the women was consistent with statements they made when interviewed individually. Also, issues raised in the group were similar to the themes that emerged in the interview data.

Trustworthiness

In qualitative research the rigor of the study is determined by its trustworthiness. “Trustworthiness”, according to Guba and Lincoln (see Erlandson et al., 1993, p. 29) provides credibility related to the inquiry of the study, facilitates appreciation, and affords a review of the results. Subsequently, trustworthiness contributes to external judgments about consistency of procedures and neutrality of findings (Erlandson, 1993). These standards assist qualitative researchers to establish guidelines for rigorous research in the following areas: credibility, transferability, dependability and confirmability (Erlandson et al., 1993; Guba & Lincoln, 1989).

A credible study is one that reflects the truth as experienced by the study participants (Erlandson et al., 1993). Qualitative work involves the interpretation of the lived realities of the persons being studied. In this study multiple truths emerged as the women shared their life stories. It was my responsibility as a critical investigator to portray the reality of the lives of the participants such that, when presented with written summaries of the interviews, the women would concur with them (Denzin & Lincoln 1994). Strategies that were used to ensure the credibility of the study are triangulation of data collection methods, peer debriefing, and member checks.

Triangulation of data collection involves the use of multiple data sources. Incorporating two or more sources of data offers a more comprehensive look at a fixed
point of reference (Padgett, 1998). Data related to resilience and older women were collected through several means in this study: focus groups, in-depth interviews, field notes and the reflexive journal of the investigator. The various data sources produced multiple viewpoints, thereby adding breadth and depth to the data.

The purpose of peer debriefing is twofold: to provide support to the researcher and to provide an oversight role in minimizing researcher bias (Erlandson et al., 1993; Padgett, 1998). Peers may help interpret the findings and offer insight into whether emerging data are truly representative of the population being studied (Erlandson et al., 1993). To this end, I met regularly with another doctoral student who was also doing a qualitative study with older adults. We provided each other with summaries of our data collection efforts and discussed our perceptions. We challenged our biases and provided critical and helpful feedback to each other.

Member checking addresses reactivity and offers a filter for researcher and participant bias, further enhancing credibility (Erlandson et al., 1993; Lincoln & Guba, 1985). This technique requires the investigator to go back to the respondents and solicit their reactions to the interpretation of the data. Results of the member checking contacts were varied. At the first member check I asked the participant to look over the entire interview manuscript, numbering twenty-three pages. The woman asked if she had to read it all and I could see that she was not finding this review meaningful. For subsequent member checks I shared a two to three page biographical summary based on the interview data. By going over the notes from each interview, transcribing the tapes and summarizing journal notations I was able to offer each participant a thoughtful synopsis of the interview dialogue. The member check visits were informal and briefer than the initial
interview. A few women offered minor corrections to my interpretations of their stories. In only one instance did the participant and I disagree about an interpretation. After discussing this with her I decided that to be true to her intent I must change my wording.

The second standard for rigor in qualitative research, transferability, reflects the extent to which research findings may be employed in other situations (Erlandson et al., 1993). Transferability is especially dependent upon context and may be addressed through the use of thick description and purposive sampling. A detailed representation of the findings by the investigator provides the means for other researchers to apply the knowledge to a similar context. It also enables other researchers to make speculations regarding the application of findings to their work (Erlandson et al., 1993). Purposive sampling further contributes to transferability by seeking confirming and disconfirming cases based on insights realized during early data collection, thus ensuring that information relevant to the research question is obtained (Erlandson et al., 1993; Padgett, 1998).

Dependability, a third means of ensuring rigor in qualitative research, refers to making available evidence such that if the study were replicated with participants similar to those in the original study in a similar context, context the results would be similar (Lincoln & Guba, 1985). This aspect of qualitative research parallels reliability in quantitative studies and reflects consistency. Dependability in this study was addressed through the use of an audit trail, whereby information about data collection procedures and all raw data are accessible and available for verification by others.

A fourth standard for enhancing the rigor of qualitative research, confirmability, also relies on the audit trail. Confirmability means that the results of research truly reflect the
research problem and not the biases of the investigator (Lincoln & Guba, 1985).

Coherence and correspondence provide the framework for confirmability (Denzin and Lincoln, 1994). An analysis of data is seen as coherent when findings from different data collection methods support each other. Correspondence refers to the “fit” between data and theory within the context of the research framework. Naturalistic inquiry assumes that there is no objective reality and defers to the data to provide confirmation and corroboration of investigator interpretations.

Coherence was achieved in this study by comparing the data from the multiple sources. The first focus group laid the groundwork for the investigative process. Transcripts of the individual interview tapes, my reflexive journal and field notes provided a wealth of information about each woman. The member checks often supplemented or confirmed initial data. Discussion of the initial data analysis in the second focus group affirmed my interpretations of the data. The various stages of coding data revealed correspondence between the findings and the theoretical framework used in this study.

The audit trail provides an evaluation of the data collection and the analytic processes used in this study and facilitates an assessment of the findings (Erlandson et al., 1993). An audit trail also offers evidence that other methods of enhancing rigor have been used by the researcher. It is the intent of this investigator to be open about all data collection materials, making them available should they be requested by others.

It is through the four standards of credibility, transferability, dependability and confirmability that the rigor of this exploration of the construct of resilience in older
women was established. Adhering to these standards ensured that the study was methodologically sound and could withstand the scrutiny of interested others.

**Analysis of Data**

Data analysis began after the first focus group and continued throughout the entire data collection process. The analysis of data was facilitated through the use of grounded theory techniques as first described by Glaser and Strauss (1967). Themes that emerged from the first focus group were used to inform the list of questions for the interview guide that was used in the individual interviews. Data from early interviews suggested themes and concepts that were then compared to the data that emerged in subsequent interviews. This constant comparative method (Glaser & Strauss, 1967) allowed for the refinement of data, which facilitates knowledge building and informs theory.

When I designed the study I decided that I would transcribe the audiotapes myself. This allowed me to become immersed in the data and thoroughly familiar with the women’s stories. I began data analysis with a line-by-line review of the transcripts, underlining words, phrases or sentences that might suggest themes. This process, known as unitizing the data (Lincoln & Guba, 1985), facilitates the identification of bits of meaning that will eventually contribute to the formation of categories. I then selected underlined words or phrases that occurred repeatedly in the transcripts or jumped out at me as meaning-laden and recorded them on sheets of paper that I taped to the wall. The impact of this exercise was palpable. As I wrote I began to see patterns and make connections between bits of data. By having the emergent themes displayed all around me I moved from thinking about specific details of the women’s lives to thinking about
concepts. Several categories emerged from this process. I generated a list that was refined as the data analysis continued (Maykut & Morehouse, 1994).

In order to move into the next step of analysis, refining the categories, I went back to the marked transcripts and cut the unitized bits of meaning apart, taped each unit to a separate 5 X 8 inch index card and labeled it with an identifying word or phrase. These cards were then sorted according to content. I matched the cards with the categories that had been generated previously, placing the cards that were grouped under a category label on to a poster board. This process continued until most of the cards had been placed under a category. As I worked I realized that my first list of categories was not inclusive and also that some of the categories did not have much data to support them. Some categories were discarded altogether and others were collapsed under a new label until the list was refined to its final form. Negative cases were also noted.

After several data cards were placed on a poster board under a given category, I developed a standard for including units of data under the category. These standards were written as propositions that allowed me to make my best guess as to what the data were telling me, that is, the meaning within the data (Maykut & Morehouse, 1994). This inductive process produced the final propositions that frame the discussion of the results of the research.

While the elements of an audit trail were maintained it was not possible for the purposes of this research to engage an independent auditor to review the research process. Thus, by not having an outside analysis with which I could compare my findings there is the potential for bias.
CHAPTER 4
DATA ANALYSIS AND FINDINGS

Demographic Information

This study of resilience in older women included a total of twenty-two women between the ages of seventy and eighty, residing in their homes in the community. The research process spanned about two and one half years. In February 2001, five women participated in the first focus group, which served as the pilot study for the research. Individual interviews were facilitated with seventeen women from the fall of 2001 through April of 2003. Three of the women in the sample resided in Montgomery County and the remaining fourteen lived in Greene County, Ohio. The second and final focus group, comprised of six women who had been individually interviewed, was convened in October of 2003. It is the sample of women who were individually interviewed that is the focus of this discussion.

The sample was diverse in several areas (see Table 4.1). The oldest woman interviewed was one day shy of being eighty years old and the youngest woman was
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marital Status</th>
<th>Education</th>
<th>Race</th>
<th>Housing</th>
<th>Work Status</th>
</tr>
</thead>
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<td>Divorced</td>
<td>H.S. plus</td>
<td>Cauc</td>
<td>Own Home</td>
<td>FT</td>
</tr>
<tr>
<td>Bess</td>
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<td>Bachelors</td>
<td>Cauc</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
<td>Sandra</td>
<td>72</td>
<td>Widowed</td>
<td>PhD</td>
<td>AfrAm</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
<td>Ruth</td>
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<td>Married</td>
<td>Bachelors</td>
<td>Cauc</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
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<td>Some Coll</td>
<td>AfrAm</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
<td>Marie</td>
<td>75</td>
<td>Married</td>
<td>H.S. plus</td>
<td>Cauc</td>
<td>Trailer</td>
<td>Ret.</td>
</tr>
<tr>
<td>Cecile</td>
<td>70</td>
<td>Married</td>
<td>Some Coll</td>
<td>AfrAm</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
<td>Anne</td>
<td>71</td>
<td>Widowed</td>
<td>Masters</td>
<td>Cauc</td>
<td>Condo</td>
<td>PT</td>
</tr>
<tr>
<td>Louise</td>
<td>78</td>
<td>Widowed</td>
<td>Masters</td>
<td>AfrAm</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
<td>Katherine</td>
<td>79</td>
<td>Widowed</td>
<td>H.S.</td>
<td>Cauc</td>
<td>Own Home</td>
<td>Ret.</td>
</tr>
<tr>
<td>Helen</td>
<td>77</td>
<td>Widowed</td>
<td>H.S.plus</td>
<td>Cauc</td>
<td>Own Home</td>
<td>PT</td>
</tr>
<tr>
<td>Rebecca</td>
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<td>Some Coll</td>
<td>Cauc</td>
<td>Condo</td>
<td>Ret.</td>
</tr>
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<td>Sue</td>
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<td>Cauc</td>
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<td>H.S. plus</td>
<td>Cauc</td>
<td>With Family</td>
<td>Ret.</td>
</tr>
</tbody>
</table>

Table 4.1: Demographic information for the sample
seventy years old. The average age of the women sampled was seventy-four and one half years. Four of the women were married at the time of the interview, eight were widowed, four had been divorced in their middle years and had not remarried, and one had never been married. Twelve of the women were Caucasian and five were of African American descent. The women as a group were well educated. Four had high school diplomas, including one who completed her GED at age sixty. Seven of the women had taken some training post-high school, which included workshops, technical training, continuing education and college courses. Six women had completed college degrees: two Bachelors, three obtaining Masters and one a Doctorate. Most of the women lived in their own homes—thirteen—while three lived in subsidized senior apartments and one resided with her granddaughter.

A comparison of the demographics for this sample of women with data from the United States Census Bureau (2002) for all women over sixty-five years of age yields some interesting findings. In regards to marital status, while forty-one percent of women over sixty-five in the United States are married, twenty-four percent (N=4) of the women in the study were married. Rates of widowhood and never-married were nearly the same for the sample and the larger population of women: the rate of widowhood for this cohort of women nationally is forty-six percent, and for the sample, it was forty-seven percent (N=8); nationwide, four percent of women over sixty-five are never married, and in the study, one woman, representing six percent of the sample, had never been married. One of the most notable differences is in the rate of divorce. In the larger population of women over sixty-five the divorce rate is ten percent (U.S. Bureau of the Census, 2002), and it was twenty-four percent (N=4) in the sample.
Comparison of other demographics suggest that the sample further differed from the larger population of older women over sixty-five years of age. The racial composition of the study included five African American women, or twenty-nine percent of the sample, whereas nationally, African American women over the age of sixty-five comprise nine percent (9%) of the population (U.S. Bureau of the Census, 2002). Further, in regards to education, census data reveal that seventy-two percent (72%) of women over sixty-five have completed high school, whereas all of the women in the sample (100%) had a high school diploma or equivalent. Approximately thirteen percent (13%) of women in the larger population have a bachelor’s degree or higher, and in the sample the rate was thirty-five percent (35%). And finally, in regards to employment, ten percent of women are in the work force nationally. In the present study, three of the women were employed either full- or part-time, representing approximately eighteen percent (18%) of the total interviewed.

It is important to keep in mind these differences between the women in the sample and the larger population of women sixty-five years of age and older when considering the results of the research. The findings were undoubtedly impacted by the higher level of education, rate of divorce, representation of African American women, and participation in the work force in the study sample than in the larger population of older women.

While no specific questions were asked about health or function, these factors were assessed through anecdotal information provided by the women and the observations of the researcher. Ten of the women ambulated independently, while three occasionally used a cane, two utilized walkers and two were confined to a wheelchair. At the time they were interviewed eleven of the women were able to drive a car and six were no
longer driving. Three of the women were still working: one full-time at a job she had held for over twenty-five years, and two were employed part-time. Each woman was alert, oriented and able to actively participate in the interview.

The discussion of the results of the study is divided into two parts. A brief biographical description of each of the women in the sample is provided in the first section. The biographical sketches lay the groundwork for the second section, which elaborates the types of adversity the women experienced and delineates the core categories that emerged from the interview data.

Biographical Sketches of Women in the Sample

Iris

In many respects, Iris, at the age of seventy-two, was a self-made woman. Growing up with a controlling and abusive father, and a gentle, loving mother, she experienced family discord first-hand. While Iris vowed she would never do the same things her mother had done to maintain a marriage, she remained in a thirty-year relationship with a man who dominated her and their children and dismissed her opinions as insignificant. When her husband left the family Iris was devastated. She then assumed the role of single parent, dealing with the stress of the anger and sadness of her children and the necessity of providing financially for herself and the three children remaining at home.

Emerging from the role as a dutiful pastor’s wife proved to be a life-changing experience for Iris. In contrast to her muted voice in the marital relationship, she became a vocal advocate for older adults. Over the course of a twenty-five year (plus) stint as a
manager of a senior service organization she backed down to no one. Iris learned how to write grants and procure community funding. She took continuing education courses and attended workshops to hone her administrative skills and increase her knowledge of aging. In her professional role Iris raised the awareness of community leaders regarding aging issues and continued to work full time.

Iris also grew personally during this time; she began to feel more self-confident and her self-esteem increased. She experienced an unexpected blessing in a long-term relationship with a man who related to her with respect and caring. This man’s appreciation and acceptance of Iris made her feel cherished and valued. When he died after battling cancer for several years Iris grieved, but she felt less despair than when her husband rejected her by leaving. Her companion’s final gift to her, his entire estate, was a surprise to Iris, and symbolic to her of how much he truly valued their relationship.

Family ties played a large role in Iris’ life. She continued to draw strength from memories of her mother, who had been dead for several years. Iris’ mother left a legacy of giving and caring to Iris and her children. She was a tremendous help to Iris, believing in her and supporting all her efforts. Iris tried to stay in touch with her seven adult children on a regular basis. Each child was treated to a vacation with Mom upon reaching her or his fiftieth birthday. Iris related that there were some unresolved issues from the past that affect her closeness to each child but that she tried to maintain an open line of communication.

Iris adapted to being alone by keeping herself busy; she was not comfortable being at home alone. She worked ten-hour days, brought work home and always tried to have something worthwhile to do in her spare time. Iris cooked dinner for friends of varying
ages once or twice a week, socialized with her children, and visited with friends locally and outside her community. Experiencing the world as a “couples’ world”, Iris struggled to find her niche as a single woman. While aware that cultivating friendships with women her age could be socially beneficial, Iris chose to socialize with mixed age groups.

Iris used a variety of resources to withstand loss and change. First, she relied on her faith. Despite her feelings about the organized church and her experience of betrayal by a pastor (her husband), Iris developed awareness that “God does have a bigger plan than we have a clue about…”. This approach helped her make sense of all that she experienced in her life. Secondly, Iris promoted good physical and mental health by following Norman Cousins’ suggestion of surrounding oneself with positive input—from literature to comedic television—firmly believing in the healing powers of laughter. A third adaptation Iris made was to be proactive in her social life. She planned ahead and ensured that her days were filled with activity.

**Bess**

The tenth of eleven children, Bess knew at a young age that she had to have an education. She wanted to get out of the mountains and not live the life her parents lived. Bess related that she “went to school on blind faith”, as she had no one to guide her and very little money. Bess credited her parents’ example of working hard and persevering despite the circumstances as formative to her ability to make the best of a situation. It was this legacy of determination that Bess hoped to pass on to her children and grandchildren through her stories and writing.
Having lost her husband nine months prior to the interview, Bess was working through her grief and feelings of loss. She had cared for her husband in their home for eight years as he progressively declined due to Parkinson’s disease and Alzheimer’s. Although agency personnel came to assist her and friends would help out once in awhile Bess provided the bulk of the care. She drew heavily on savings to pay for care to keep her spouse at home but she was committed to doing so. Despite the admitted stresses of being a caregiver, it was the most fulfilling role of Bess’s life.

Finding a new lifestyle after her husband’s death was difficult for Bess. Since she was no longer a caregiver in her personal life or professionally, she was unsure of her role and her purpose. She was one of the few women in the study who did not feel comfortable with her life. Bess related that she knew what types of things she should be doing to help herself but was not always able to follow through. She wanted to be involved with people and bring some happiness to them without having primary responsibility for their care. Contacts with the local school system, an assisted living facility and an adult day services program provided some volunteer opportunities. She searched for additional ways to enrich her life and attended a Bible study and a writing group. Bess was feeling her way in these new ventures and had not yet settled into a regular routine.

Sandra

From her perspective, being a smart, ambitious, African American female was a big challenge for Sandra, who attended a major university at a time when few women and even fewer African Americans went to college. She experienced racism in the college classroom and dealt with multiple challenges professionally and personally. Earning a
doctorate was one of her most valued accomplishments. It was at the height of her career as a college professor that she took an early retirement buyout to assume another role, that of caregiver for her two young grandchildren.

When Sandra discovered that her daughter abused drugs and was neglecting her two young children she took them into her home. Over the course of fourteen years Sandra provided stability and guidance to her grandchildren. She risked confrontations with friends of her daughter and faced dangerous situations to protect the children. The investment Sandra made in her grandchildren greatly impacted her life; as she put it, “we must all have something for which we are willing to die,” and the children were that something to her.

One of the most painful challenges Sandra experienced in her later years was the illness and death of her husband from stomach cancer. The cancer went undiagnosed until it was too far advanced for treatment and Sandra had to place her husband in hospice. Sandra was depleted emotionally and physically. Especially frustrating for her during this time was the care and response of medical personnel to her husband’s condition. Sandra related that the doctor treated as if she were a shrew because she asked questions and advocated for more testing to determine an accurate diagnosis. Her efforts to provide care and comfort to her spouse were thwarted by the severity of the disease, which left her feeling helpless.

A woman who had always viewed herself as capable of handling anything, Sandra shared that her experience of grief surprised her. When her husband died she found that she could not think straight and it was difficult for her to perform usual tasks. She felt lost and as if she were in a fog for quite some time after the death. Sandra shared that a
strong sense of self as able and capable sustained her through this experience and other
difficult times. Self-described as “quite spiritual”, Sandra believed that her religious faith
and the sense of community her church provided also brought her through her grief.

Sandra believed strongly in sharing herself with others. She maintained ties with
childhood friends, church members and her extended family. From Sandra’s perspective,
one should not expect others to reach out, one must reach out to others. She befriended
young persons who struggled with racism and encouraged them in their endeavors. A
wise and reflective woman, Sandra held her viewpoints to herself until she felt the time
was right to share with another.

Ruth

Ruth was a seventy-nine year-old woman who approached life with a “Can-do”
attitude and practicality that was modeled by her parents, particularly her mother. She
related that she never worried about what others thought of her, a trait that contributed to
her lifelong independent thinking and behavior. In her later years rheumatoid arthritis
limited Ruth’s activity level, yet she continued to remain invested in life through
relationships with others and working on various projects.

Ruth identified her family and her career as the highlights of her life. She and her
husband were married well over fifty years and they raised and educated two daughters.
Teaching public school for forty-seven years was a fulfilling experience for Ruth. When
she retired after teaching thirty-two years she found she hated retirement. A “people
person”, Ruth missed the contact with the children and the interaction with other
teachers. Very shortly she was back in the classroom where she subbed regularly for
another fifteen years. It was her privilege to teach countless numbers of children to read,
and beyond academics, to model for them moral behavior and respectful treatment of their peers. Ruth reluctantly stopped teaching at the age of seventy-seven as her husband’s condition and her own health required her to slow down.

When her husband had a massive stroke in late 1998, Ruth “took it in stride”. She approached the situation with the same practicality she applied to other situations in her life. Her husband’s decline in function necessitated making some major changes, among them moving into a one-story home that would accommodate a wheelchair. A high premium was placed on independence; Ruth encouraged her spouse to do as much for himself as possible. She feared that a move would be devastating for her but it was not. Aware that she was “not the type of person” to take care of someone who was ill, Ruth hired two caregivers to share the hours of care for her husband while she was at school.

Ruth related a variety of ways she was able to handle her husband’s illness. Teaching provided a respite for her, as the children consumed her time and attention. Talking with others who had gone through similar experiences was also helpful. Ruth had been exposed to caregiving as a child when her grandmother was ill and lived with the family; she also drew from that experience to care for her husband. Reading in the evenings provided Ruth with some relaxation and a balance to the busyness of her days.

Dealing with changes in her health has been a big challenge for Ruth. She related that she had always been filled with nervous energy and kept herself busy. The rheumatoid arthritis greatly affected her function and ability to perform tasks. Ruth could no longer bake or sew as she used to, but she did not “just sit around and stare at the wall”. She was very creative in substituting new activities for things she previously enjoyed and enlisting the help of others to accomplish her goals. For example, one of her friends
assisted Ruth in putting together photo albums/thematic scrapbooks that Ruth then gave to others as gifts. Another friend shared news of the children with whom she worked, which provided Ruth a connection to the lives of children. Socialization was maintained through contact with former teaching colleagues and correspondence with long-time friends.

Ruth dealt with adversity by not dwelling on the negatives; she stated that would only make her feel worse. She was not a complainer; rather, she did what needed to be done in response to a situation. At the time of the interview Ruth was struggling with her attitude about an upcoming challenge: moving into an assisted living facility. She was concerned about lifestyle issues and adjusting to the schedule in a congregate setting. Ruth highly valued being able to do what she wanted when she wanted. While she enjoyed being with people and participating in some activities when able, Ruth did not desire or need such occupation a majority of the time. She shared that her daughters “engineered” the move out of concern that their parents have the help they need. It was obvious that Ruth was trying to prepare herself for a major life change.

Thelma

Widowed for six years at the time of the study, Thelma managed her own household despite becoming visually impaired in her middle years as a result of optic nerve damage. Training and environmental adaptations provided by Goodwill enhanced her functioning in the home. Living in the town in which she was born, Thelma was resourceful in developing and maintaining a strong support system that sustained her in her efforts to be independent. She maintained multi-generational relationships in person and over the phone.
Owning and operating a beauty shop for thirty-five years was a significant part of Thelma’s life. She enjoyed being with people and drew satisfaction from helping others. Teaching cosmetology at a joint vocational school and working in a children’s home allowed Thelma many opportunities to touch the lives of young people. In her later years Thelma assisted children by establishing a college scholarship fund in her husband’s memory at the church they attended for many years. She also befriended some younger acquaintances when they were dealing with substance abuse and addiction.

Thelma also derived much satisfaction from raising her three children. She and her spouse worked together in their parenting, planning activities, taking the children to church and going on yearly family vacations. Thelma enjoyed participating in school activities, transporting the children to lessons of all kinds and observing their transitions from childhood through college and into professional careers as adults. Although all three children lived in California, Thelma maintained a caring relationship with each one and visited when she was able.

One of Thelma’s greatest challenges in later life was caring for her spouse as he declined cognitively over the course of nine years. The changes in his personality and function required Thelma to be creative in her caregiving. Eventually she placed her spouse in long term care to ensure her own safety as well as his. During the five years he was in a facility Thelma’s life revolved around her spouse. She visited him daily and furnished his room to look like home. When he could no longer leave the facility for outings, Thelma took meals to her husband through the assistance of his fraternity brothers, who provided her transportation.
Being alone after her husband died was difficult for Thelma. She was devastated by his death as they had spent so much time together. Thelma found herself unprepared to live life without her spouse and had to find her way as a single woman. She also learned that some persons she considered friends proved not to be available to her during her husband’s illness and death. From Thelma’s perspective opportunities to socialize were limited because she did not have an escort and because she required some assistance ambulating and navigating steps or curbs.

Although she was no longer a caregiver to her spouse, Thelma’s caregiving orientation was apparent as she extended herself to people in her church and the community. She continued to make the well-being of others a primary focus of her life. Thelma remarked that one “Cannot live in this world and be for yourself”, and she lived this belief. She invested herself in the lives of persons who struggled with a variety of difficulties and saw her investments pay off over time.

Marie

Marie learned self-sufficiency and what it was like to be a pioneer in this country from growing up on a “hill farm”. She was an independent thinker who made decisions that placed her in situations unique to women in her cohort. Upon leaving home at the age of seventeen Marie went to the city and became a “Rosie the Riveter” in a steel company. She left after one year to study nursing, but quit nurse’s training just two courses shy of completion due to the hardened attitudes of the nurses. She moved into and out of a variety of positions and describes herself as “Jack of all Trades, Master of None” in
regards to her work career. Her work history included owning and operating a grocery store with her first husband, writing for local newspapers, working in accounting at an Air Force Base and being employed by a large insurance company.

Marie left her first husband after ten years due to his abusive behavior toward her and their two children. During this time of transition Marie stayed briefly with her parents, and her mother and sister provided childcare and support. She had a house built and then lived for some time on her own as a single mother. Although she stopped working when she married a second time Marie was active with scouting, 4-H and church work. With the addition of two more children she and her husband focused on family activities.

A major defining role for Marie was that of an advocate. After her husband was diagnosed with Parkinson’s disease she spent almost twenty years disseminating information about the disease to the larger community. Her organizational skills facilitated the formation of a local Parkinson’s support group. Through her participation on a task force a statewide Parkinson’s Association was formed. When her activity in these pursuits diminished Marie worked with a university medical school to produce a monthly television show about Parkinson’s. This connection led to involvement in a regional organization that promoted awareness about the disease, fundraising, and support for persons with Parkinson’s and their families.

Marie highly valued a positive approach to life. When forced out of a leadership position in an organization that she founded she was very hurt and sad. She chose to move ahead with other projects and not dwell on the negative. Due to declining function in recent years she and her husband made the difficult decision to downsize and move into a mobile home. One of the hardest things about this change was to give up the
garden. Marie found a community garden and planned to work in a plot with her young grandson. When faced with challenges or adversity Marie made the conscious decision to nurture her “self” and recall good things in her life. She shared her positive thinking techniques with family and friends.

At age seventy-five Marie continued to reflect an adventuresome attitude. She found ways to reach out to others despite experiencing some health problems. Marie volunteered for her church and assisted persons with their pursuit of genealogy. A true visionary, Marie thought of new projects and pitched them to those who would hear her, sometimes hooking someone to work with her along the way. Marie’s husband was hospitalized at the time of the interview and she described his absence as palpable. She expressed an awareness that the changes she experienced with age were preparing her for the end of life.

Cecile

This enterprising African American woman attributed her common sense and problem solving capabilities to the example provided by her parents. Encouraged as a child to think about a situation, analyze it and plan a course of action, Cecile tackled many problems in this fashion. She was taught to adjust to circumstances and to strive in order to become something in life. Cecile was a senior in high school and the only child still living at home when her mother suddenly died. Her father’s subsequent (and quick) second marriage “tore the family apart”. As a young woman she felt responsible to maintain a sense of family. Despite efforts to foster a relationship with her stepmother, Cecile eventually felt compelled to leave home for her own survival. With the help of family friends she moved to another city and started a new life.
Cecile saw possibilities where others might have only seen problems. She did not let challenge result in negative outcomes. Due to a housing shortage she and her first husband, with the help of her father and a friend, built the house in which Cecile continued to reside at the time of the interview. A curious person by nature, Cecile learned to lay floor, plumb and install wiring. She worked alongside the men, using plans that she and her husband had purchased. When she and her husband divorced, she began to plan for her three-year old son’s future needs without counting on her ex-husband to contribute. She ensured that her son was provided many opportunities to enhance his development.

When in her mid-thirties Cecile experienced a major depression. She was fortunate to have a doctor who referred her for treatment and she made a quick recovery. Cecile related that at no time during the depression did she lose her faith. She described herself as having an “inner core” to which she could retreat and felt restored and renewed at times of stress.

An ability to look at the overall picture and determine a goal provided Cecile with a sound basis for making decisions and taking action to solve problems. When she met her second husband Cecile had determined that she would lay everything about herself “out on the table”. She wanted to ensure that both of them knew what they were getting into so they would not have false expectations of the relationship. This honesty and openness enabled Cecile to feel comfortable marrying a second time; she related that this marriage of twenty-four years was a true blessing.

The primary challenge for Cecile as an older woman was coping with chronic illness in herself and her spouse. Cecile was anxious and concerned about what might happen
when her spouse underwent open-heart surgery. She knew the risks involved but also respected and supported her husband’s decision to have the operation. Cecile verbalized confidence in her family doctor and the treatment received from him. She strongly believed that each person must pay attention to her own physical condition and take responsibility for one’s health, especially with aging. Cecile expressed the opinion that aging and infirmities can be a beginning as well as an end. She perceived that some persons did not give much thought to what might happen as they grew older. Operating from a “Just in case” philosophy that enhanced her ability to develop contingencies when original plans did not succeed, Cecile prepared herself for facing challenges.

An ever-seeking woman, Cecile explored a wide range of interests. In her later years she studied metaphysics, gourmet cooking and aromatherapy. Recently retired at the time of the interview, Cecile planned to volunteer with a cultural organization and continue her involvement with an elders’ group at church. She worked for integrity in her relationships and attempted to relate to others in an affirming way.

Anne

“I love life. Every day is a gift.” Anne was a seventy-one year-old widow who lived out her personal credo with a positive approach to life and any challenges that came her way. She was able to maintain this perspective despite losing her young adult son to a drunken driver and experiencing the death of her husband within a year of each other in the early nineteen eighties. Anne sought professional assistance to deal with her feelings of grief and loss while continuing to work with patients who were facing a variety of issues related to their health. She transmitted caring and positive energy in her career as a pastoral care counselor at a local hospital and in her interactions with friends.
Anne was a woman who made some non-traditional choices in her life. After having children she returned to school in mid-life and earned two masters degrees, one in gerontology and one in clinical psychology. She authored two books, one about changes that occur with age and the other about death and dying. Anne was working part time (at the time of the interview) in a position she held for over twenty-one years while most of her friends did not work. She related that many of her women friends went to Florida every winter but that she chose to stay at home and work. When Anne moved from one end of the county to the other some of her friends questioned the decision. Anne saw the change as a positive challenge that introduced her to new friends and opportunities.

A woman of faith, Anne observed the traditions of Judaism, drawing strength from God. Her God was a god of love, hope and faith. At the time of her son’s death she could not bring herself to accept that it was “God’s will”. Anne believed that people are not born to suffer. Through her work with ill and dying patients she learned that death was not the worst thing that could happen to a people.

Giving to others afforded Anne a great deal of fulfillment and satisfaction. In the hospital setting she found her role demanding but vital to the well being of the patients. She acted as an advocate within the medical system for persons who could not speak for themselves. Anne initiated services at the hospital related to specific Jewish holidays. Being able to ease the situation for terminally ill persons fulfilled Anne. She also enjoyed entertaining and cooking for her friends. Visiting her sister and spending time with her daughter’s family were especially important to Anne.

Anne described herself as an independent woman. She enjoyed traveling within the United States and abroad but also took pleasure in spending quiet time at home alone,
reading or listening to classical music. Her young poodle was a joy and Anne and he both benefited from their regular walks. Anne related that she would like to meet a man with whom she could relate on a variety of levels. She missed having an escort. Anne hypothesized that she was somewhat threatening to men as she became more outspoken in her later years.

Aging brought some challenges for Anne related to her self-image. Despite looking younger than her age Anne found it difficult to adjust to graying hair, sags here and there, high blood pressure and joint stiffness. She dealt with these changes by watching her diet, taking her medications and exercising. It was very hard for Anne to adjust to not being able to do everything she used to do. At work Anne found herself identifying with her older patients more readily and she began to maintain some distance when working with seriously ill patients. The job reminded her that she, too, was vulnerable.

**Louise**

Louise, a seventy-eight year old widow, was the youngest of five children. She grew up not knowing her father, who died when she was quite young. Surrounded by a loving family, Louise was especially influenced by her mother, who cared and provided for her children during the difficult years of the Great Depression. Louise’s mother modeled resourcefulness and generosity in her family life and in the community, sharing with others as she was able. She provided spiritual guidance to her children and exposed them to the arts.

From an early age Louise knew that she wanted to be of service to others. Her decision to become a public health nurse carried her on a journey beyond the classroom and familiar community into the uncomfortable experience of discrimination. Everyday
activities such as riding the train, interviewing for a job or needing a drink of water engendered embarrassment, and at times, confusion. Time and again, Louise found herself to be “the first” or “the only” African American to have attempted a particular activity. From being told that she did not have a room in the dorm at the prestigious university to which she had been accepted into graduate school to being hired for a nursing position because a quota had to be filled, Louise’s career path was influenced by forces beyond her control.

Louise did not allow discrimination to deter her. A proactive woman, she pursued opportunities to which she was drawn despite the obstacles. Self-described as shy and naïve during her early years Louise shed those traits as she matriculated from college, worked as a nurse and became a wife and mother. Louise attributed her service with a diverse ethnic population as providing her with an enriched understanding of family values, cultures and religions. She was a champion for the families she visited but did not always receive the support of her superiors in addressing needs.

Marriage to a long-time friend (who had persisted in asking her to marry over a period of several years) produced two sons and many wonderful family experiences. The family highly valued education; Louise completed her masters degree in mental health and both boys graduated from college. Her husband’s unexpected death in mid-life was most difficult for Louise. When her sons returned to their normal routines after the funeral she realized that she was alone and would have to make it on her own. Her grief resulted in a severe depression; the depression was compounded by the fact that she injured her spine
shortly before her husband died and was in a great deal of physical pain. Maintaining herself and performing her duties became exceedingly problematic. She finally left her job because she could not function in the workplace.

For Louise no longer working resulted in an identity crisis. She sought a niche for herself, attending various workshops to enhance her knowledge and skills. Louise had two major surgeries on her back that greatly affected her function and mobility. No longer able to drive, she maintained her independence by arranging for her transportation needs through community providers and friends. Louise spent special time with her grandchildren, volunteered at a community agency one day a week and attended her church when able. Her ability to see the humanness in people enabled Louise to meet them at their level and establish rapport. She formed relationships with persons of all ages. Over the years Louise nurtured her spirituality and found comfort and support in belonging to a family of believers.

Nancy

From a childhood of extreme poverty and hard work Nancy developed a strong sense of perseverance and independence that she carried into her later years. Nancy related that her father did not know how to manage very well and she cited memories of her mother’s anguish about his somewhat lackadaisical approach to providing for the family. Any earnings by a family member were used to keep the family afloat, for with thirteen children it was a struggle just to have enough food to eat. Even after she left home as a young woman Nancy sent money to her parents.

Nancy described her life as “…a struggle, but not so bad I couldn’t take it.” While her parents loved Nancy and her siblings their expressions of love were limited. Nancy’s
father had quite a temper and he was a strict disciplinarian. Everyone was expected to work on the farm and obey unconditionally. Nancy was a rebel; she called her father to task for his views and stood up to her mother when she tried to mete out punishment to the younger children. When she left home for Ohio, Nancy tricked her parents into thinking she would only be gone briefly for a wedding. In Nancy’s mind this break was absolutely necessary not only to her well-being, but to her very survival.

Nancy worked at various jobs until she had to stop due to impaired vision. She married in desperation, fearing she could not provide for herself. Too late, Nancy realized that her husband was an alcoholic and that he had only married her to raise his daughter after his first wife’s death. Nancy and her husband had two daughters together; he did not participate much in the life of the family and left after his daughter started college. When she married Nancy had felt a sense of relief because her husband had promised that he would provide for her. Feeling used and discarded, Nancy worked hard to keep a home going for her own daughters.

Mid-life was a difficult period for Nancy. She experienced two “breakdowns”, one prior to the divorce and one after. Through sheer determination and will Nancy kept herself together; she did not receive treatment for her problems. Nancy stated that she “did what came normally” as a means of staying focused. She did not want others to see her in such a condition and even kept her church community at a distance. Her friends did not understand her withdrawal. Nancy did what had to be done as she did not want someone else to take care of her children.

Nancy believed that “…We have an obligation to keep ourselves.” She lived out this belief: she provided for the needs of her children and herself, created something new and
positive out of traumatic events and found a way to live independently even during times
of emotional and physical illness. When a tornado destroyed her home she was able to
replace the original with one even better, using her skills in carpentry and design. Her
biggest challenge as an older woman was having a severe stroke at age seventy-two. She
was hospitalized for quite some time and spent a few weeks in rehab, undergoing
physical therapy for months after her return home. The residual weakness confined her
to a wheelchair. She found innovative ways to adapt her environment to her needs,
making mops with short handles to use from her wheelchair, hanging clothes within reach
and raising her flowers on the balcony porch of her apartment.

Maintaining relationships was important to Nancy. Her stepdaughter lived in another
state and she kept in touch by telephone. One of Nancy’s daughters had a chronic mental
illness and they maintained a tenuous relationship through infrequent phone
conversations. Nancy was forbidden from seeing her daughter’s children, for whom she
had cared when young, due to acrimony between her daughter and the ex-husband. Her
second daughter provided transportation and took Nancy on outings as often as possible.
Nancy realized a sense of belonging at the senior high rise in which she had resided for
ten years. She socialized with a variety of people and enjoyed playing cards and board
games. Upon return to her apartment after the stroke she was gratified by the kindness of
persons who provided meals for her and expressed concern for her well-being.

Katherine

Katherine learned from her parents at a young age how to make the most of what you
have. Raised during the Depression, she and her siblings grew up on a farm that ensured
they always had enough to eat. Her father and mother worked long hours for the
landowner and spent additional time selling garden produce and baked goods. When the
banks failed in 1932, Katherine’s parents just kept on working. This strong model of
hard work and perseverance in the face of difficulty provided Katherine with resources
she used throughout her life.

One of the primary roles in Katherine’s life was her job in a department store; she
worked at various positions for the same parent company for a total of forty-six years.
She was especially proud of her work as a bookkeeper, as she ensured a fiscally sound
store in two different communities during her tenure. An appreciation for retail and an
interest in people provided Katherine with a fulfilling work life.

Katherine and her husband shared many experiences during their thirty-two years of
marriage. Although they did not have children together, they shared a love of travel, and
over the years ventured into almost every state in the United States. Katherine was proud
of her husband’s job at the sheriff’s department despite the potential dangers of working
in law enforcement. A tornado in the early seventies destroyed their home. For several
hours after the tornado hit neither had any way of knowing if the other were alive. They
rebuilt the home on the same lot and it was struck by a tornado two more times.

The period from late 1979 through mid-1980 was a time of great loss for Katherine.
Her husband died following a massive heart attack in December of 1979. In March of
1980 her father died after a move to a nursing facility due to a broken hip. A few months
later Katherine’s sister died unexpectedly. These deaths were devastating for Katherine
as she lost her life mate and two family members to whom she had been close. Katherine
credited her job as getting her through this difficult time. She loved the work and knowing that she had to be on the job gave her motivation to get up and out of the house. Katherine stated she just would not “give in” to her sorrow and loss.

A fall when she was seventy-five resulting in injury to her knees and shoulder contributed to Katherine’s view of herself as “old”. She was shut-in for several months and had to ask for help. Katherine had assistance with bathing, friends ran errands for her and she received home-delivered meals. This change in lifestyle was hard for Katherine to accept; despite recuperating from her injuries she could no longer walk any distance and was somewhat restricted in her activities.

Social contact was important to Katherine. When able, she drove a friend to a nearby senior center and enjoyed the companionship of other seniors as well as a good noon meal. She maintained close contact with her brother who lived in another state. Although they saw each other infrequently they shared a special bond and provided emotional support to each other. Neighbors assisted her by caring for the yard, taking out the trash and doing odd jobs. Her interest in history and the community led Katherine to become her high school class historian. She enjoyed keeping up with her classmates. Katherine also especially appreciated the chance meeting with people whom she knew as customers many years ago.

Although she had some chronic health problems Katherine did what she could for herself and asked for assistance only when absolutely necessary. She stated that she was not a religious person, but ascribed getting through challenge and loss to “Someone looking out for me”. This belief, coupled with taking each day as it came, held Katherine in good stead in her daily life.
Helen

At the age of twenty-three, Helen traveled with her mother from the Netherlands to the United States. She came to visit her sister, subsequently met her husband-to-be, married and made her home in this country. Helen described her marriage and the births of her three sons as the highlights of her life. Her husband’s illness of two years and subsequent death in midlife left her with three teenagers to parent into adulthood. Having the boys to look after gave Helen the motivation she needed to carry on. She did not dwell on her husband’s death as there was too much to do. In her view, dwelling on the loss can make it seem bigger and may be detrimental to moving ahead with life.

Helen was a “no nonsense” woman whose practicality facilitated her entry into the workforce at age fifty-four as a nanny and housekeeper. Over the course of fifteen years she served one family, moving with them twice to other states. Her sons remained in the family home while she was away and the situation worked well for everyone. Helen felt like a third grandmother to the children for whom she provided care; she remained close to the family and maintained contact with them after she retired to Ohio.

As a retiree back in her home community Helen became involved in the local senior center, resumed attendance at her church and spent time with her children and grandchildren. She described her re-entry into the local community as somewhat of a challenge as persons initially viewed her as an outsider. Once she established her credibility she began to feel more accepted by her peers. Volunteering at the senior center occupied much of her time; she assisted with the noon lunch program and staffed the desk. Helen also participated in exercises and other center activities. She crocheted
afghan squares for a project called “Warm Up America” and volunteered at church. Helen also worked part-time at church by providing childcare to the young children.

Health problems slowed Helen down in her later years. Due to arthritis in her hip she gave up walking as exercise and was no longer able to do her yard work. Helen’s sons stepped in to help and she acknowledged that she must accept it, although she did not like it at all. Being independent was very important and Helen only accepted the amount of assistance necessary to accomplish a specific goal.

Upon reflecting about her manner of coping with challenges as an older woman Helen related that she thought about things more than when she was younger. She tried to see possibilities and moved forward, being deliberate in her decision-making. A strong-willed woman who approached life with a “can-do” attitude, Helen took on tasks she felt able to handle. Doing was a big part of her life. While she enjoyed contact with family, she shared that she and her three sons knew each other’s limits and did not push beyond them. This seemed to work well, allowing the family to come together when they chose to be together. Despite the changes she had to accept Helen remained actively involved in life and kept herself busy with activities that held meaning for her.

Peg

At age seventy-two Peg was a woman, who despite multiple challenges and adversities throughout life, had an indomitable spirit. At a young age her father took her to live with his parents because her mother did not want her. Peg was raised by her grandparents after her father died when she was twelve years old. She related that she had a happy childhood and was fortunate to have such caring grandparents and an aunt and uncle who helped provide all she needed.
When Peg’s twenty-year marriage ended she went through some tough times. It was sometimes difficult for her to find work. She finished raising her two youngest daughters and maintained a close relationship with them. Peg corresponded with her oldest daughter who lived out of state; they had some differences but stayed in contact. At the time of the interview Peg anticipated moving to another community to live with one of her daughters. She was looking forward to spending more time with family, especially her grandson. Finances were tight for Peg as an older woman as she could not draw any of her husband’s pension. Although it was hard on Peg’s pride to apply for Food Stamps she did; she had worked hard most of her life and paid taxes to support such programs.

One of the greatest challenges in Peg’s life was her battle with cancer. She was first diagnosed with breast cancer in 1991, followed by colon cancer in 1992. After undergoing surgery and treatment she remained cancer-free for ten years. In early 2002, she was diagnosed with bladder cancer and again underwent surgery. Late in 2002, a second, corrective surgery was needed and she also had a bowel resection at that time. Peg felt that she had lost out on a lot by spending so much time in the hospital. It seemed to rule her life. After the most recent surgery Peg felt she did not have control over her body. Her sense of taste had been affected and eating was not as enjoyable as usual. Due to the erratic nature of her bowel function it was difficult for her to make plans that would take her away from the apartment. This was frustrating and limited Peg’s social contacts.

A fairly extensive support system sustained Peg over the years. She maintained friendships with people in various communities in which she had lived and was close to some of her public schoolmates. Some of her friends from home had health problems
and it was hard for Peg to learn of their difficulties. She tried to share from her experience of illness in support of them. Peg’s daughters came to stay with her on the weekends after she was released from the hospital and took her out for brief trips to run errands. A neighbor in the senior apartment complex in which she lived brought food to Peg and checked in regularly while she was recuperating.

Peg’s ability to make it through difficult times was also enhanced by her faith. She stated that she did not know how she would have made it alone and pitied people who did not believe in God. Many people prayed for her healing and she felt the power of prayer in her life. Peg was thankful for each day that God gave her. She admitted that when she had a new pain or twinge she wondered whether the cancer was going to hit her again. She did not dwell on that thought but continued to have faith that God would see her through whatever happened.

Rebecca

Rebecca was a fun-loving woman who took to retirement and did not look back. At age seventy-six she found her days busy with enjoyable activities and did not miss the routine of a full-time work schedule. Single all her life, Rebecca moved from the east coast to Ohio when she was in her forties. She moved to take advantage of opportunities for advancement within the civil services system. Her work was a major life role; she derived much satisfaction from performing her job well. Rebecca chose to remain in Ohio after retirement as she considered Ohio her home.

The freedom of retirement afforded Rebecca flexibility in her lifestyle. She exercised regularly by bowling twice a week and walking at the local mall. One day a week she volunteered at a local non-profit community agency, responding to an urge to “give
something back”. Rebecca served on various committees in the condo organization and played cards with some of the other residents. She started a local chapter of the Red Hat Society and derived a great deal of pleasure from the social activities. Wearing the purple and red of the “Red Hatters”, the group called attention to older women. Rebecca also traveled to Tennessee frequently to visit a brother.

Rebecca identified the deaths of her mother and both of her sisters within nine months of each other as the biggest challenge of her life. Losing her youngest sister was the most difficult, as she was several years younger than Rebecca and her death was unexpected. Rebecca made many trips east to be with her family members during their illnesses. After the deaths she took care of the business affairs and dispensed with her mother’s and youngest sister’s belongings. Keeping busy and “just not thinking” about the losses helped her get through this difficult time. She related that she must have somehow just accepted what happened. Rebecca viewed herself as the family matriarch and informed her nieces and nephews that they must travel to Ohio to see her. Maintaining contact with her two brothers was also important to Rebecca.

A major source of pleasure and support for Rebecca was her network of social contacts. She had many friends in her community of residence and involved herself in a variety of activities. Volunteer work for the condo organization enabled her to meet the newer residents. Rebecca felt comfortable calling her friends when she needed assistance with something she could not figure out on her own—such as “direct TV” or restoring e-mail to her computer. She related that most of her friends were younger than she as had been true most of her life, attributing them to keeping her young.
Rebecca described herself as independent and asked for help only when she could not do something herself. She approached problems head-on and gathered information until she found a solution or someone who had a solution. Being in relatively good health contributed to Rebecca’s activity and enabled her to participate in most anything she chose. Despite having arthritis she exercised and stayed busy outside the home. She acknowledged that she is financially better situated in retirement than some of her acquaintances and she was grateful for that security.

A variety of activities occupied Rebecca’s time at home. Rebecca enjoyed the companionship of her dog, and they walked regularly. She spent time crocheting afghan squares for a project sponsored by the senior center. Reading was an important pastime and Rebecca was always on the lookout for new poems or writings about the aging experience or life in general. Rebecca’s sense of humor afforded her many good times and laughs with her friends. She lived each day to the fullest.

Sue

Sue had a self-described “zest for life” that belied her experience of adversity from childhood into her later years. Between the ages of eight and eighteen Sue was sexually abused by her father, an autocratic man who was also an alcoholic. When she was eleven years old her mother died; Sue suspected that she committed suicide. Sue attributed a lack of self-confidence to not feeling very comfortable with either parent. She was often told how dumb she was and that she would never make anything of herself. After attending nursing school for a few years Sue dropped out to marry her first husband. One
of their daughters was killed in a fire while the family was living in Japan, which was a devastating event. When the marriage ended in divorce after sixteen years Sue became a single parent with three children to raise and support.

Despite experiencing adversity Sue did not just survive, she thrived. She remarried, and that marriage, with a blended family of five children had endured for over thirty-five years. Sue returned to school and completed a Masters in Rehab Counseling and worked in the field for twenty years. In retirement her interests led her to volunteer in the arts and political arenas and with a social service agency that assists children. She enjoyed singing with two choral groups and traveling with her husband. Family ties were maintained through frequent phone calls and visits, Christmas gatherings and special occasions.

The stress that resulted from the adversity in her life took its toll on Sue’s physical well-being. As a young woman she underwent a variety of surgeries. Knee replacement surgery in 1996 contributed to the development of a pain syndrome known as RSD. RSD involves the central nervous system and usually affects a joint. Not only did she contend with pain, Sue also had to cope with the bias of service providers who were skeptical about the diagnosis and the severity of her problems. Sue decided to retire because she had limited use of the leg and needed physical therapy. Determined to regain her mobility, Sue underwent five surgeries in six years and was rehabbed to the extent that she was later able to walk on the Great Wall of China and climbed the steps at Mesa Verde.
Ultimately Sue approached the rehabilitation of her knee as she approached many situations in her life, by moving forward and attempting to surmount the difficulty. Rather than looking at her problems as detriments Sue viewed them as challenges. She attributed this trait to an inner drive to keep going, which she drew on as a child in order to cope with the verbal and sexual abuse, and which she used throughout her adult life. Sue also described herself as having a “spiritual feeling” that was a source of strength since childhood. Although she did not regularly attend church in her later years she related that Sue had never given up on religion and that her personal spirituality was what kept her going.

In spite of the harm inflicted upon her by her father Sue acknowledged that she was who she was because of him. She identified her father’s “Hail fellow, well met!” personality, sense of humor and love of words as her positive legacy from him. Having placed a high value on communication, Sue encouraged her clients to name their struggles and pain as a means to move ahead with their lives. She believed that sharing information reduced tension and promoted positive interpersonal relationships. There were occasions when her efforts to bring family members closer together fell flat but Sue continued to believe in the importance of dialogue to facilitate healing. She lived a life that was a positive reflection of her hard-won, intact, forward-thinking self.

**Violet**

Violet was a seventy-seven year-old woman who faced multiple problems in her life yet managed to maintain a positive outlook. She attributed this to being able to “put it in the Lord’s hands”. Born in Canada, Violet grew up in a multicultural community and
enjoyed friendships with children from diverse backgrounds. When she moved to the United States at age sixteen she encountered prejudice for the first time. Attending college in Tennessee was an uncomfortable experience and she left after her first year. Twice-married, Violet related that neither one of her marriages worked out and that she basically raised her children alone.

When she was a young mother with two children Violet was diagnosed with a rare genetic blood disorder, acute prophyria, from which three of her sisters died. This disease affects the central nervous system and various organs, especially the kidneys and liver. Violet was so ill that she returned to her parents’ home so that her family could care for her. Given six months to live, Violet told her doctors upon her recovery, “The good Lord wasn’t ready for me. He has something for me to do!” Since that early episode Violet educated herself about the chronic disease and practiced good health habits to minimize the effects of the disease.

Caring for her family occupied most of Violet’s time and attention. Her second husband was a minister and she supported his work by being active in the Ministry Society and singing in the church choir. When he left the ministry to pursue a teaching degree, Violet worked at various jobs to keep the family afloat financially. Violet also had to deal with the many issues her children confronted as teenagers, which created stress for her. After she divorced the second time Violet settled near her extended family. Her primary goal was to finish raising her youngest daughter and assist her in the pursuit of a college degree.

To this end, Violet applied for a position as Deputy Sheriff and was the first African American person in the county to be employed in that capacity. Some of her friends did
not understand why she would take such a job as it was obvious that she was hired to fill a quota. Violet believed the job was as an opportunity to break ground for other African Americans who might follow her. Being the only black deputy had its challenges; some of the other staff did not like her initially and were upset that she was hired. After working in the department for a while Violet felt very much a part of the team and developed some close relationships with her co-workers. Retiring from her deputy position was difficult for Violet; she had not planned to stop working when her job was phased out due to departmental reorganization. She worked for the county in another position one more year and then left due to her health.

Violet kept busy after retirement. She took care of her father when he became ill and went through a difficult time when she had to place him in a nursing facility. Violet provided emotional support and assistance to extended family members. She enjoyed traveling and made regular trips to Canada. She maintained ties with a childhood friend in Calgary and relished their visits and opportunities to reminisce. Family members included Violet in outings and invitations to dinner on a regular basis. Violet was close to her five children and enjoyed frequent visits with them and her many grandchildren.

Maintaining a balance in her life was very important to Violet’s sense of well-being. She related that spending time in the quiet of her home sustained her. Violet renewed her spirit through Bible study with friends who visited regularly. Television and reading were favorite pastimes. To maintain her mobility Violet exercised each morning and walked around the apartment complex with friends when able. Mindful of the need to keep stress at a minimum, she rested when needed. These efforts paid off, as Violet was able to participate in many life domains and continued to enrich the lives of others.
Claire

At age seventy-nine Claire had seen her share of trouble in her later years. In the early nineteen eighties her husband began to show signs of memory loss and confusion. Eventually Claire found it necessary to move him into long-term care as she could not ensure his safety in the home. She visited him regularly and saw the man she knew and loved for over forty years steadily decline. During this time she continued to work and to provide care to multiple generations of her family. Claire’s husband died in nineteen eighty-six.

Retirement in 1988 afforded Claire the opportunity to enjoy a variety of activities. She especially found pleasure in spending time with her cousin. They traveled to Texas and wintered there one year. Back at home the two of them participated in classes at local senior centers. This pleasant period of leisure ended in 1997 when Claire had a severe stroke that left her with some paralysis. She went through rehab to learn to swallow, speak, and walk again. After she was able to navigate on her own she fell and broke a hip and went through the rehab process again. Her wheelchair became the primary means by which Claire ambulated, which greatly limited her opportunities to leave the house and socialize with others.

Claire did not allow her physical limitations to affect her interest in or curiosity about the outside world around her. She continued to enjoy visits from her cousin who shared news of senior activities and played cards and games with Claire and her family. For many years Claire shared her home with a granddaughter and her family (her husband and two children). This arrangement was ideal for Claire as she thrived on interaction with her young great-granddaughters and could rely on the family to assist her with her
needs for care. When she wanted quiet time Claire retreated to her bedroom to read or watch television. She welcomed interruptions by the children who shared news of family activities with her. Claire especially enjoyed her dog that had been a companion for many years.

Claire utilized resources from within and outside herself. She believed that growing up during the Depression years taught her to derive the most from what was available. Claire related that she “takes the best there is and enjoys it”; she celebrated what she was able to do and the persons in her life who were there to support her in her efforts. Claire expressed gratitude that the stroke did not affect her mind. For several months she attended an adult day service program. She particularly enjoyed talking with other participants and staff and hearing the latest news stories. Due to a skid on the wheelchair ramp at home Claire stopped going to day services and was to begin physical therapy to assist her in regaining her strength.

An openness to opportunity characterized Claire’s younger years as well. After graduation from high school she took training in airplane repair in Washington state and California. During World War II she worked in California at an Army Depot as a supervisor of a repair crew. She related that as a young woman she encountered people who did not want to work—“Goldbricks”—but that on the whole her experience was positive. Claire developed rapport with the soldiers and they offered encouragement to her when she felt things were not going well. When her husband-to-be returned from the service Claire stopped working and married.
Raising four daughters was a major role in Claire’s life. She liked the rural feel of the community and being able to keep the girls close to home when they were young. In recent years the family gathered for special occasions and holidays. Claire was able to fulfill the role of matriarch in a still-growing extended family.

Findings

The discussion of the findings of the study is divided into two sections. The first section describes and summarizes the types of adversity that the women experienced and also elaborates the advantages the women experienced with age. In the second section core categories related to resilience in the sample of older women are delineated. Quotes from the interviews with the women are used to illustrate the findings.

Experience of Adversity

In this study adversity was defined as the experience of challenge, change or loss. The women in the sample were asked to describe the biggest challenge(s) they had faced in life. When I designed the study my intention was to elicit information regarding adversity in later life only, but from the first interview it was apparent that for some women their greatest adversity occurred much earlier in life. Responses were as diverse as the women themselves (see Table 4.2 and Table 4.3). These two tables include any event or circumstance named by the women as a challenge or an adversity. In some cases the adverse events were similar among the women but reactions to the event varied between individuals. I organized the findings temporally, beginning with childhood, progressing through mid-life and into old age.
Childhood to Young Adulthood Adversity

Adversity experienced by the women in childhood through young adulthood originated in four general life domains: familial, financial, social, and health (see Table 4.2). While all of the women grew up between the years 1920 and 1930, their life experiences in the early years reflected some differences.

About one third of the women mentioned family issues as presenting a challenge when they were young. Four of the women lost a parent prior to coming of age. Several women cited difficulties in a parent-child relationship. As Sue related:

My dad…my father was a very autocratic, difficult individual, and there was an incestual relationship from the time I was probably…well, probably about ten years…from eight till about eighteen…it took a long time for me to get the courage to…back off…I know why I was so intimidated, it was my father’s personality…he was an alcoholic…

Peg’s experience of her parents was somewhat different but no less painful:

Anyway, my father died…I think he was forty-five. I was twelve years old…I don’t know about my mother cause I never knew her…she didn’t want me. My grandparents raised me…my father brought me home to them…I had never seen my mother until I was in my twenties. So I don’t know anything about her.

Poverty was mentioned as a challenge by four women, who related that everyone in the family had to work together to make ends meet, even the children. Wages were used primarily to keep everyone fed. Meals sometimes consisted of bread and bologna. Old clothes were used to patch holes or to make new clothing. For Nancy, who was one of thirteen children, life in the country was always a struggle. Those who were old enough had to work just to put food on the table:

I know when I went to work for my uncle…we went over to help dig potatoes. When I got ready to come home, he said, “Nancy, you need a new pair of shoes.” I had
<table>
<thead>
<tr>
<th>Childhood to Age 30</th>
<th>Age 30 to Age 60</th>
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<tbody>
<tr>
<td>Parent deceased or absent</td>
<td>Divorce while children in home</td>
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<tr>
<td>Abusive parent or step-parent:</td>
<td>Death of a spouse</td>
</tr>
<tr>
<td>verbally, emotionally, physically</td>
<td>Death of a child</td>
</tr>
<tr>
<td>or sexually</td>
<td></td>
</tr>
<tr>
<td>Alcoholic parent</td>
<td>Death of a parent</td>
</tr>
<tr>
<td>Poverty</td>
<td>Sandwich generation: caring for aged</td>
</tr>
<tr>
<td>Illness</td>
<td>parents and own children</td>
</tr>
<tr>
<td>Racial Discrimination/prejudice</td>
<td>Financially supporting parents</td>
</tr>
<tr>
<td>Abusive spouse</td>
<td>Damage to/destruction of home by Tornado</td>
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<tr>
<td>Alcoholic spouse</td>
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<tr>
<td>Divorce</td>
<td>Severe depression</td>
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<td></td>
<td>Illness or injury to self</td>
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<td></td>
<td>Multiple surgeries</td>
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<td></td>
<td>Parenting grandchildren</td>
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<td></td>
<td>Divorce of adult children and break up</td>
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<td></td>
<td>of family</td>
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<td></td>
<td>Racial Discrimination</td>
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<td></td>
<td>Job reorganization</td>
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</tbody>
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Table 4.2: Experience of adversity: childhood to age sixty
holes in my shoes. “You take this check over and get it cashed, and get you a pair of shoes.” Well, I got home, they wanted the check, and I gave it to them. Cause I had no choice…They took it and sent it to the store, and paid on groceries. He said (her father), “Any money that comes in here, it comes to this household”…other times we worked on the farm, we got five cents out of a dollar a day.

The social climate in the United States regarding racial issues resulted in adverse experiences for the African American women in the study. Two of them shared that they encountered problems with discrimination when they attended university. Louise described her experience upon arriving at a prestigious Midwestern university to begin her Masters degree:

And I got there…they had reserved a place in like a really residential…it wasn’t a dorm. It was something nicer than that, and it was really, really nice…They had like suites…two bedrooms and a kitchen…two girls in one…And I got there on a wintry night, and when I arrived there, they said they didn’t have any room for me. And I didn’t get really upset. I thought they were mixed up…and so they said, “Perhaps you can go to a hotel.”…They were calling and talking…then they finally came and said, “Well, the only thing we have available is this single, on the ground floor…”

For three women illness presented challenges in their early years. Two of them almost died as a result of their illnesses. As a mother with two small children, Violet was stricken with acute porphyria, a disease that killed three of her sisters:

It affects your nervous system, the heart, kidneys, and uh…Dr. B…he was the one who discovered we had it. Well, he didn’t think we had it, because blacks don’t have it. But then he said well, because of mixed…that’s what happened…I just went down to almost sixty pounds. I was in bed a year! I am in remission. The only thing that can bring it out is if you get the wrong medicine.

Mid-life Adversity

Mid-life challenges were a bit more diverse (see Table 4.2). The most commonly experienced adversity was divorce; five of the seventeen women in the sample divorced
in mid-life. Each of the women still had children at home for whom they needed to provide. Iris shared poignantly about what it was like to be rejected by her spouse:

Well, the most difficult thing was the loss of my…marriage, after thirty years. That was a “biggie”—it changed everything. It’s not the kind of thing that happened in my family, so I certainly never gave it a thought…married to a minister…the kids raised in the church and everything. He had a girlfriend!…I can’t think of anything else that changed my life more than that…I cried for a year. Cried…that’s all I did, was cry! But, um, then it…I knew I had to be the breadwinner, and be the strength in the family. Because he didn’t just leave me, he did leave everybody.

Four of the women in the study were widowed in midlife; none remarried. Being alone was a big adjustment. Helen felt that providing care to her children assisted her through her grief work. Louise shared the desolation she felt after her husband died:

“…for me, it was the most depressing time of my life. And it came…the week before we had been away, back to PA…we were planning nice trips and things…He died before the boys came home…Anything that could go wrong, did go wrong. I never felt so alone. I didn’t know where my boys were…I didn’t know how to reach them.

Other less frequently occurring challenges were faced by several women. Three of them lost their homes in a tornado. All rebuilt on the same lot on which the original home had stood. Two of the women took on the parenting of their young grandchildren. Mid-life was a time of particular emotional distress for two of the women. Nancy and Cecile were almost debilitated by changes in their mental status. Cecile related that a depression just came on her:

It’s one of those things that you never understand at the time that a depression happens, because at the time that it occurred, everything is doing fine…You never know what a depression is until you’ve experienced it. Because had anyone tried to tell me, “Well, you’ve got a good job, your…your son is fine, everything is going along. Why now?” And I can’t explain it myself, except to say it doesn’t pick its time or place. It just happens to you.

Medical conditions that first developed in midlife had a profound effect on two of the women: one woman became visually impaired and the other was disabled due to an
injury to her spine. Two women lost children: one a young adult son who was killed by a drunk driver and the other, a small daughter, who died in a fire. Three of the women described instances of providing care to an older parent and going through the pain of institutionalizing their loved one because they could no longer provide the care required at home.

Late Life Adversity

The number and types of adversities experienced in later life far surpassed those of the earlier years (see Table 4.3). Seven women had been caregivers to their ill spouses; this was one of the most common challenges experienced by the women in their later years. Bess was a nurse and caring for her husband seemed the natural thing for her to do; however, she experienced a sense of isolation and loneliness being confined to home. She described the effects of her spouse’s decline due to Parkinson’s disease and Alzheimer’s over a period of eight years:

There were times…it’s all in this journal of mine…that I felt like he and I were both prisoners here. I mean, when you don’t have company, and you’re here…he was a prisoner in his world, and I was, too. I thought, we’re both prisoners. Cause he sorta…he took me into…inside him some…he absorbed me…

For Marie, whose husband also had Parkinson’s disease and was hospitalized at the time of the interview, there was an awareness of the inevitability of change with age:

The biggest learning experience with Joe in the hospital, is coming home at night and being so tired, and laying here on the couch…looking at these two empty chairs…and realizing that (with J and I) if you go into a nursing home or whatever…if you can just be together. When we’re busy and active and engaged in life, we think how bad it would be to give up all of the things that we do that are interesting, but when it comes down to it at the end, it’s just to be together is all that matters. I think this must be a gradual process that goes on to get people ready for the end of their lives.
<table>
<thead>
<tr>
<th>Ill health of spouse</th>
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<tbody>
<tr>
<td>Caregiving for an ill spouse</td>
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<tr>
<td>Death of spouse or companion</td>
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<tr>
<td>Different world view than spouse</td>
</tr>
<tr>
<td>Serious health problems in self</td>
</tr>
<tr>
<td>Major surgery</td>
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<tr>
<td>Living with chronic health conditions</td>
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<tr>
<td>Health &quot;incidents&quot; that occurred one after another</td>
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<tr>
<td>Injury due to a fall</td>
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<tr>
<td>Decline in function/can no longer do what used to do</td>
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<tr>
<td>Friends less faithful</td>
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<tr>
<td>Experiencing multiple changes</td>
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<tr>
<td>Change in living situation</td>
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<tr>
<td>Death of parent</td>
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<tr>
<td>Death of adult sibling</td>
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<tr>
<td>Estrangement from adult child or grandchildren</td>
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<tr>
<td>Low income</td>
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<tr>
<td>Retirement</td>
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<tr>
<td>Being forced out of work or volunteer role</td>
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<tr>
<td>Role loss</td>
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<tr>
<td>Being alone</td>
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<tr>
<td>Concern about what will happen when one can no longer care for oneself</td>
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<tr>
<td>Giving up driving</td>
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<tr>
<td>Loss of peers through death</td>
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<tr>
<td>Inadequate information, resources and support for being a caregiver</td>
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<tr>
<td>Being discounted by the medical profession</td>
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<tr>
<td>Conflict with nursing home staff</td>
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<tr>
<td>Finding a balance in life</td>
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<tr>
<td>Loss of control</td>
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</tbody>
</table>

Table 4.3: Late life adversity: age 60 and above
A variety of health conditions impacted the lives of the women. These included late life illnesses such as hypertension, Type II diabetes, rheumatoid arthritis, heart disease and stroke. While they did not complain about their health problems, the women noted a decline in function and adaptations in activity in order to accommodate the physical changes.

Helen had to give up walking the bike path and taking care of her yard, which was a big adjustment for her:

No, I cannot do them anymore. I had by-pass surgery a year ago, and then I have a bum knee and a bum hip, so the kids have to be…the kids help me out again…That I hate…that is what I don’t like, that I cannot do what I used to do.

Four of the women lost their husbands after the age of sixty-five. They had all been married forty years or more. Going through the grief process and finding a new way of living as single women presented new challenges. Bess and Thelma both described their longings for the comfort and companionship of the long-term marital relationship. Being at home alone was especially difficult in the earlier stages of grief. For Sandra, the loss and sadness were numbing:

…you’re not yourself. I can’t believe, now that I look back…there were weeks, maybe months that I hardly knew what I was doing. …it’s like you are in a vacuum or a …tunnel…that is all black…and you’re not seeing much, you’re not hearing much…there were months that I hardly knew…what was going on around me.

Losing other close family members was a significant challenge for several of the women in the sample. The deaths of parents and siblings, especially younger siblings, created a void. Rebecca lost three family members within a year of each other:
My mother passed away. And the same year, my sister passed away. Mom died May (1999) and my oldest sister in October, and my youngest sister died in January (2000)...nine months...three of them...the hardest thing was not my mother...I expected her to die. My younger sister...was in her sixties...it was just unexpected.

Role loss was a big issue for many of the women: retirement, widowhood and decline in function altered lifestyles and activities. Finding a niche, or a new primary role became very important once the emotional reaction to an adversity subsided. The women were accustomed to performing many tasks related to their roles and found it uncomfortable without a conduit for their energies. Louise described her discomfort after she retired following a back injury:

It never occurred to me that I could “not work”. It was just because I had always been working!...It was hard not to work...and my friends were working, and you meet new people, and they would say, “What do you do?”...I was going to all kinds of workshops, and seminars, like I’d done when I worked. And then it occurred to me, “Where you gonna use all...?”...I wanted to work!...I don’t know what I thought I could do, but I was trying to find, you know, a second something.

The above discussion of challenges and losses named by the women reflects the similarity and diversity of their experience. Adversity occurred in different forms and at different times in the lives of the women; most of them had dealt with adversity long before becoming aged. As noted in the breakdown of adverse events in the various life stages, the women as a group identified fewer adverse events as occurring when they were younger as compared to the number of challenges they ascribed to their later years. Additionally, more of the women related experiences of adversity in later life that were similar to adversity experienced by their peers than when they were younger.
Opportunities that Emerged with Age

The women in the study handled adversity in their lives through the use of the advantages, or resources, available to them. There was variance in the amount of data collected from the women about resources to which they had access in their earlier years; that information is briefly summarized here. Many of the participants related memories from childhood of positive, nurturing relationships with members of the family, including parents, grandparents, or siblings. Others described the modeling that significant adults provided in living out their daily lives: helping others, sharing of resources, and exposure to culture and the arts, among others. Resources cited in midlife included family, friends, church involvement, obtaining further education, and employment—for financial benefit and as a means to add meaning to life during times of personal adversity.

Resources in the later years are discussed primarily in the elaboration of the core categories (in the following section) that emerged from the analysis. However, a listing of opportunities that came to the women with age is included to provide insight into the positive aspects of growing older for the women in this particular sample (see Appendix G). Two of the opportunities bear elaboration, as they were mentioned frequently by the women but did not emerge as primary themes. First, having the time to be involved in activities they enjoyed gave the study participants additional options for adding quality to their lives. Time for reading, volunteering, and hobbies was especially appreciated. The women appeared to make a connection between time and doing something to benefit or take care of themselves. Without the demands of young and middle adulthood the women were able to devote some attention to their preferences as well as their needs.
The second area in which many of the women benefited was in the accessibility and availability of community services. At various times in their later years several of the women utilized services such as transportation, meals-on-wheels, or homemaking. A few benefited from services provided to their spouse, such as hospice care or personal care through the PASSPORT program. The women who had surgery or an acute medical problem terminated services when they recuperated and were able to resume their previous level of functioning. Further, activities and programs offered by senior centers in their local communities afforded many women opportunities for socialization and education. Such community supports not only met a variety of needs but also enhanced quality of life. Utilization of services allowed the women to remain in their homes despite functional limitations (temporary or permanent); they were able to live independently through their use of available assistance.

Core Categories Related to Resilience

As discussed in the methodology chapter an inductive process was used to analyze the data as the study progressed (Strauss & Corbin, 1998; Maykut & Morehouse, 1994). First, initial themes in the data related to resources (protective factors) that contributed to resilience were identified and listed (See Table 4.4). Secondly, conceptual labels were created and themes were clustered under the labels. Third, concepts were then shifted and reduced until they were refined into seven primary categories with sufficient density of properties. In qualitative research the determination of themes and categories is affected by the context of the research, the “self” of the investigator, and theory related to
<table>
<thead>
<tr>
<th>Avail oneself of the experience of others</th>
<th>Influence of family heritage</th>
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<tbody>
<tr>
<td>Acquire knowledge (education)</td>
<td>&quot;Head-on&quot; approach to life</td>
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<tr>
<td>Gather information related to things you need to know</td>
<td>Loving, nurturing family of origin</td>
</tr>
<tr>
<td>Attend workshops or support groups</td>
<td>Found strength in adversity</td>
</tr>
<tr>
<td>Share one's experiences with others</td>
<td>Changes that occur with aging require adaptation</td>
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<tr>
<td>Give of yourself to help someone feel better</td>
<td>Aging is a process, not &quot;the end&quot;</td>
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<tr>
<td>Volunteer</td>
<td>Take one day at a time</td>
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<tr>
<td>Spend time with young people</td>
<td>Independence</td>
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<tr>
<td>Reach out to others</td>
<td>Develop a hobby</td>
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<tr>
<td>There is benefit from belonging to a community of faith</td>
<td>Avail oneself of social services</td>
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<tr>
<td>Religious teachings are helpful</td>
<td>Must have a purpose in life</td>
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<tr>
<td>There is something bigger than humans that helped me</td>
<td>Having control is important</td>
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<tr>
<td>Multiple involvements facilitate coping with adversity</td>
<td>Ask for help when needed</td>
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<tr>
<td>Know one's strengths and weaknesses</td>
<td>Maintain a sense of humor</td>
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<tr>
<td>See self as capable and able</td>
<td>Stay busy</td>
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<tr>
<td>Flexibility</td>
<td>Visionary</td>
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<tr>
<td>Don't care what others think of me</td>
<td>Acceptance of self</td>
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<tr>
<td>Risk-takers</td>
<td>Wisdom</td>
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<tr>
<td>Pro-active approach to problems</td>
<td>Pride in being the family matriarch</td>
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<tr>
<td>Use of creative problem solving</td>
<td>Maintain a balance in life</td>
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<tr>
<td>Replace former activities with new ones</td>
<td>Social comparison</td>
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<tr>
<td>Positive self-talk is helpful</td>
<td>Advocate</td>
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<tr>
<td>Work with what is handed to us</td>
<td>Support of adult children</td>
</tr>
<tr>
<td>Take things in stride</td>
<td>Assertiveness</td>
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<tr>
<td>Use energy for most important activities</td>
<td>Listen to music</td>
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<tr>
<td>Do not dwell on negatives</td>
<td>Write/keep a journal</td>
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<tr>
<td>Maintain a positive, optimistic outlook</td>
<td>Take care of yourself</td>
</tr>
<tr>
<td>Ability to adjust expectations to fit the reality of the situation</td>
<td>Life is a challenge</td>
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<tr>
<td>Ability to look at the bigger picture</td>
<td>Anticipate and plan for the future</td>
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<tr>
<td>Awareness of developmental tasks</td>
<td>Support and care of adult children</td>
</tr>
<tr>
<td>Connections with others are helpful/supportive</td>
<td>Know when to slow down</td>
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Table 4.4: Initial themes related to resources
the data (Erlandson et al., 1993). Language used in discussing the findings is also influenced by these factors. Thus, labels that were affixed to the categories may not be selected by another researcher looking at the same data.

Each of the categories had multiple indicators and appeared to be related to the others (Maykut and Morehouse, 1994). The core categories that emerged from the data analysis were: social connectedness, extending self to others, moving forward with life, curiosity/ever-seeking, “head-on” approach to challenge, “maverick”, and spiritual grounding.

Social Connectedness

For the purposes of this study I defined social connectedness as having contact with others on a regular basis and/or having a sense of belonging. While none of the women overtly stated that having relationships with people was critical to her well-being, each woman voiced an awareness of the importance of social ties in her life. Each actively engaged in relationships with others. Being connected with people manifested itself in three primary areas: family, friends, and community involvements. Those women who were able left their homes to be with people and participated in activities within their communities. Women in the sample who had mobility problems or were physically frail stayed in touch with others through telephone calls, writing, or visits by others to them.

Family ties were especially important to the women in the sample. Each of them referred to positive interactions with family. For some of the women just maintaining contact was beneficial, and for others family members provided a primary source of socialization, and/or concrete assistance.
For Louise, the absence of contact with her family after she became widowed and was living alone became such a source of dissatisfaction that she decided to move back to the area where her family lived:

There was a void in my life without the family. I eventually decided to…my physical problems…I was getting older. I came (to Ohio) almost nine years ago. They wanted me to be where they could take care of me.

Violet credited her family with keeping her active and involved:
Oh, I don’t do too much myself…I could go over there…to church or family affairs. My kids had my birthday party for me in January. We had it here and this place was packed….It was so crowded, but they loved it!…I guess…I wouldn’t do as much if it weren’t for my family…and my two cousins, getting out and doing things…and my grandchildren, they’re all fussing. “Granny, you know you need to get out.”

Claire, whose mobility and activity level were restricted due to a massive stroke related:

I retired and was having a good time. I have a cousin that’s one day older than me, and we went to Texas…that winter it was so cold here…We stayed in an apartment for the elderly down there, and it was seven miles from the Mexican border. So it was nice all winter, the flowers bloomed…I miss it. I miss going out and seein’ people. I have Dawn (granddaughter with whom Claire lives) and her husband. I don’t know what I’d do without them, and the kids (two great granddaughters).

For several women a sibling relationship provided a sense of family belonging and connection. Frequent visits between those who lived apart and an exchange of support/duties between those who lived close to each other were frequently mentioned in the interviews. Katherine, whose parents and sister were deceased, described feeling very close to her brother although he lived in the southwest:

I had a brother and a sister. He and I are real close. We got a bond, of some sort…My brother was real sick this year, and they thought they was gonna lose him two times…I was just shocked when I saw him…and I knew they’d been keepin’ somethin’ from me. But, uh, we had some talks…I know if he’s still around he’ll take care of me…if I ever had to have money…he’d have it in a minute…he acts like my dad sometimes, when he’s walkin’ or standin’ around…he’s my pride and joy.
Friends also afforded the women a variety of ways to feel socially connected and supported. Sandra emphasized the importance of such friendships to older women:

That’s another thing that can get you through…these tremendous situations…three or four close friends…I don’t have a large following or number of friends, but I have four or five close friends…that if I called them day or night, there’s no question about…what they need to do. And there’s no after-thought about it. It’s gonna get done…You have to be a friend and cultivate good friends….be in some kind of social situation, so that you can continue to make friends, and continue to grow…

Many of the women in later life developed intergenerational friendships and enjoyed a range of activities with friends old and young. From Ruth’s perspective, keeping in touch with friends across multiple generations fulfilled a lifelong enjoyment of being with people. Ruth’s ability to get out and be with others was limited by rheumatoid arthritis and some other physical problems:

I write…I have several friends, even a couple that I went to college (with) my freshman year, and I correspond with them…I like my friends to come and we…we could talk for hours. There’s a lady that lives five houses up the street…she’s a retired bus driver…she started driving again…so she still has contact with the children. She tells me about that. And she comes down here often. She does things for me…takes me places…I’ve been making scrap books. I have a young friend that comes…uh, one day per week. She’s real good at that…my hand’s partly numb…she does more work than I do, needless to say.

Likewise, Thelma shared: I love being around people, and I love working with people. And I like helping people. And then I have some people…I mean they’re really…one lady’s eighty…seven…uh, we call each other every day…I check on her…we check on each other every day, and talk, talk, talk…And this girlfriend that I have, she’s just a doll…if I want to go shopping, she goes with me. She knows what I like, and we go in the store…and she takes a lot of time…

The identification of oneself as a member of an organization afforded some women a sense of belonging and connectedness. A few of the women were members of their local senior center and regularly participated in senior programming. Some were involved in
book clubs or other educational enrichment groups. Others developed ties with people whom they met in support groups. Bess related her interest in continuing to meet with other women whose husbands had died:

I still get together with this little group I met at hospice…We get together once a month, for lunch…I decided that, “Gosh!”…when we had our little memorial over there… “This is the end…we won’t be together, and we won’t have nothin’”, so there’s a couple of us that thought we needed to get together…right now, what we do mostly, is just talk, and laugh…we don’t even talk too much about our husbands.

Affiliation with a church was important for many of the women. Whether they were able to attend or not, belonging to a church afforded them a feeling of support. Louise, who was hindered by a lack of reliable transportation to church on Sunday, related:

It’s a really nice church, and a nice church community…and they’re just wonderful people. The only thing is, it’s far away…they’ve been so kind and loving…

Sandra agreed that being a church member was critical to her life:

I’m strongly one to believe in being in an organized religious situation. I think the church is a wonderful organization…to be there for you. Church family is what I always consider I have…you can count on the church…somebody to be there. Now, that means you can’t sit at home and never involve yourself in a church situation and think that when something happens the church is going to be involved with you! Because they don’t know you. So, I strongly suggest that people need to be in some kind of organized situation such as that.

It is evident that being connected to other people was significant in the lives of the women in the study. Not only did relationships afford the women support, comfort, and feelings of belonging, the women also offered the same to other people.

Extending Self to Others

In this study extending oneself to others is defined as offering support, either emotional or instrumental, to other persons. It may also include sharing of oneself in a way that contributes to the future development of younger generations. All of the women
Collectively, the women not only had a desire to give, they seemed to have a need to do so. This appeared to be without pretext, from a desire to truly reach out to others. Giving occurred in a variety of domains: through formal volunteer work with organizations, informally with friends, through employment, and within the immediate and extended family. The women gave to others in diverse ways. Some women gave time, others money, and still others acceptance and a listening ear. Sandra voiced what many of the women reflected about giving:

…that’s part of our responsibility…when it’s appropriate…to share with people. Whenever I see “This is the hour that you could share”, I will share with people that I have empathy with what you’re going through because I’ve had to go through the same thing. It has been helpful for me just to tell them some of my story. I don’t just try to put my story on people…but where it’s needed.

The act of giving was modeled for many of the women by their parents, especially their mothers. Growing up in the Depression years, the women were aware that for some families just having enough food was extremely difficult. As children they witnessed their mothers selling food they had raised or taking meals to those were ill or in need. Similarly, as adults the women in the study extended themselves to persons whom they just happened to meet in their daily lives. Ruth described a lifelong pattern of doing for others:

I always did things for other people. I guess I grew up thinking…you did that…as matter of course. You just did it! In fact, I fixed meals for my neighbor lady, for one year, every weekend…she had macular degenerative disease of the eyes, and couldn’t see very well…One neighbor lady, I was executrix of her estate…we took her everywhere, and did everything for her until she passed away.
Louise related her positive experience of sharing her knowledge and wisdom with a relative stranger. The young woman provided care to Louise when she was recuperating from back surgery:

There was a young woman, a nurse’s aide…she came for six months. And she was just wonderful. She was good for me and I was good for her. She was a young girl, and I really thought that she should be a nurse, but she told me that she hadn’t finished high school…she hadn’t GONE to high school. And I couldn’t believe…she’s so bright, and beautiful and helpful. And she really didn’t (read)…and so when she went to the store…if it was something she hadn’t seen I would draw pictures. We had such synergy. I had to be helped in the shower, the whole bit. And so we clung to each other. I was telling her, “God bless the child who has his own…you need to get more schooling, more this, that, and the other.” And so she’s gone back to get her GED…she was like the pride of my life, really.

The benefits of giving were twofold: the women could see the results of their sharing in the lives of others and they realized positive feelings about themselves. As Cecile so clearly described:

There’s a lot of community service I would like to do. I feel that…what work gave to me was some very precious friends…it gave me the opportunity to…share what I have had for years with younger people. When you can give someone a part of you and see them take it and use it, that fulfills something within yourself. When they graduate from college you may see them on the street…and they run up to you and they say, “Oh, Miss C., do you remember when?” It may just be a little something you said, or did for the person, that you shared with them. And you say to yourself, “I gave of myself.”

Regular contributions of time were made by a majority of the women (eleven) through volunteerism with local senior citizens centers and organizations such as Red Cross or the Blood Bank. Several of the women served on church committees or assisted with special church-related activities. Rebecca expressed the desire to “give something back” in light of the many benefits she had realized through her life. Sue, who retired due to physical problems, related that:

(The newspaper) publishes a big list of volunteer activities. I went through and thought, “Now what is it I want to do?” And I happened to see CASA. It
just seemed to fit what I like to do. I love the investigator part of it, I love the court process...I want to do what I can to help children. I’m a person who probably is tuned in to the difference between empathy and sympathy, and not very much on the sympathy side...I don’t really relate to the...”goody-goody” part of it (volunteering).

Extending oneself to family members was especially important to the women. When there was a need the women responded. The assistance given might have been a temporary home to an adult child, childcare for young grandchildren, or caring for an ill spouse. Caregiving presented a great deal of challenge and stress. Sandra took early retirement to provide a stable environment for her grandchildren:

I found out that L. (daughter) was on drugs. And I realized that’s why the kids (grandchildren) looked sad and unkempt, and unfed. The kids were being left...so I started...investigating what was going on with these kids. And L. was living with this man...and he was what I consider verbally abusive to these little kids. By that time, L. was clear out of order, just awful. I don’t know what tipped me off that she was out of the home. This man was there with the kids and I had no trust. So I went and got them. I decided to take my buy-out (for retirement)...I basically had the children pretty much full time off and on (for twelve years). And when I see them now, it never fails for me to smile in my heart...that these are children that could have been molested...totally abandoned, in foster care...

Although she had multiple health problems and needed much assistance herself,

Violet continued to be the person responsible for taking care of all of her aunt’s financial affairs:

I gotta go tomorrow to Social Services and reinstate her so she can stay at the nursing home...She’s ninety-four...ninety-five! And going strong! My cousins says, “Violet, we take care of everything”...I take care of the financial part and things like that. She takes care of her clothing and stuff like that...And she’s so happy over there. I’d go down there (to her old apartment) every day and take care of her...do for her...and I got so I couldn’t handle it. It was too much.

Employment also afforded opportunities to do something for others. Each of the three women who worked was employed in a service role: senior agency director,
hospital chaplain, and child care provider for the church. The performance of these roles by the women impacted individuals, families and in some instances, communities. Anne shared her views about working:

I did a lot of changes in our department at the hospital, which I thought were positive. Uh…I did a lot of Jewish services, you know, for our high holidays…in the past I enjoyed working with cancer patients…a sense of fulfillment that I’m helping others…I’m able to help others that are worse off than I am.

Some of the women expressed the desire to leave a legacy for younger generations. Bess wrote stories of her childhood to leave to her children and grandchildren. She wanted to pass on a respect and appreciation for her own parents and their struggles to make a living in the hills of Kentucky. Thelma established a scholarship fund at church in her husband’s name:

He…believed in education. So, as long as the child is a senior and graduates with a 3.0 to 3.5 average, well I give them a scholarship each year. And I’ve been trying to keep that up…it’s very rewarding…and all those children that had these scholarships are doing very well.

Giving and doing for others appeared to be a natural part of the women’s lives. Regardless of health, functional status or financial circumstance each woman found ways to share of herself. As Thelma so aptly stated,” You can’t live in this world and be for yourself.”

Moving Forward with Life

The women in the study not only persevered in the face of adversity, they were able to move past an adversity and go on with their lives. When during an individual interview a woman was asked if she ever considered giving up, the response invariably was “No.” Repeated in the interviews was the statement, “You do what you have to do.” Many of
the women who were left with children after divorce rallied once the shock wore off and
did what had to be done to keep the family together. They shared that they did the best
that they could at the time. Iris related the struggles she went through to raise her
children alone:

I knew I had to be the breadwinner, and be the strength in the family. Because he
didn’t just leave me, he did leave everybody…And left um, without looking back…
and I just…things I’ve learned in my job, and did because I had to, I didn’t have
any training or anything…and learned it just through all the things that I do…
Who’d ever think I’d know how to write a grant! I didn’t know anything!

The women whose husbands died also had to make adjustments. For Helen, whose
spouse died in his middle years and left her with three sons for whom to provide, there
was no question as to carrying on:

I just never had time to dwell on anything…you follow me? Where a couple people,
they lost their…their spouse…late in life. I didn’t…and so…OK, he’s gone…yes.
But I had youngsters that had to be taken care of. And you just “do” it.

Decisions were made and actions taken to insure that needs were met. When talking
about her young grandchildren and the necessity of providing a safe environment for
them, Sandra explained:

There was no…there was no…option. This was IT. There was no “Plan B”…And
um, I’m sure this is part of my being. You know, I feel like this road that I’m talking
about, you go down, you’re gonna meet things, and you can stand up to them or you
can back down. And I think we know what we oughtta do. Most of us know what we
ought to do, and at times we back off…but we’re sorry, I think, when we back off.

Nancy, who experienced a severe stroke at age seventy-three, exhibited the
perseverant nature of many of the women in the study. She was hospitalized for some
time after the stroke, went to an extended care facility for rehabilitation and eventually
returned to her apartment. Nancy reflected on the expectations others had of her:

Like when I came home, they told me I couldn’t get outside. Well, I take one
wheelchair and get up to the front…I take one wheelchair and back it out the back,
and lock it, to get to the door…and pull the other wheelchair…right up here, then I transfer from one into the other, and I can do my flowers. I put out flowers this year…I did. Marie (daughter) didn’t give me flowers for Mother’s Day cause she thought I couldn’t put ‘em out there…I had her take me down and get them.

For many of the women life appeared to be a series of challenges. Caregiving was extended not only to a spouse, but also to siblings, parents and other family members. The illness or death of friends and loved ones triggered reactions that had been experienced in previous situations. Thelma, whose spouse developed dementia and was in a nursing home for five years prior to his death, struggled with a desire to be available to her brother when he became ill despite the emotional pain she felt:

At first, uh…it upset me so that when I came home (from the nursing home) I just couldn’t do anything, but I’m doing better with it now. I just had to say to myself, “It’s something you have to do.” …Now, it seems like I’m taking care of him (her brother) again.

Rebecca experienced the deaths of her mother, oldest sister and youngest sister within nine months of each other. When asked how she handled these multiple losses, she said:

Just not think…I mean…I didn’t…didn’t…just accepted it, I guess…Being busy…(helped) having to take care of my sister’s affairs, and getting rid of her belongings.

Sometimes locating adequate help to provide care for an ill spouse or finding accurate information about resources was difficult. Persistence often paid off, as Bess related:

And at the first, it was basically, um, at that time, uncertainty. I wasn’t looking down the road to any future….I just looked at how we wanted to get through today. I was constantly tryin’ to get his mind on something else. And…it was emotionally draining. I had to go in stages of getting help to help ME, cause I could not take care of him completely…I used all my resources and I had no advice from anybody. If I hadn’t had my course in sociology and worked in maternity and knew the community, I wouldn’t have known what to have done about anything.

The importance of being able to move past an adversity and go on with life was mentioned repeatedly in the interviews. The women acknowledged that a challenge
occurred, dealt with the situation, and transcended it. When describing how she was able to cope with being forced out of a leadership role in an organization she helped found, Marie stated:

Um, it is stress…and it’s sad…but then you got other things to do, so you keep busy with your other things. So, uh, if you want to be upset about it you can, or you can just go on and let it…you’ve got so many things to do…it’s just like…that’s another book to close.

After undergoing several knee surgeries Sue developed RSD (a pain syndrome), which greatly limited her mobility. She related:

…I wanted to make sure I conquered this RSD. I…a sense of…what would I call that…a sense of needing to move forward and surmounting the problem. A challenge…I can do these things, I can do what I need to do…So what if I am seventy or seventy-one with all these surgeries?…It wasn’t going to get me down. No way. I was not going to be housebound and in pain the rest of my living…time…I had this inner drive to keep going.

For Katherine, who at mid-life experienced the deaths of her husband, father and sister within a ten month period, life was never the same. From her perspective one could not count on anything:

…that was really a HARD year…You just took it one day at a time. You didn’t make any plans…I just didn’t give in. It wasn’t easy…I was still working…and that kept me busy at that time. I had to go to work…I knew I had to be there.

Claire was debilitated by a severe stroke when she was seventy-four. She underwent rehab, returned home and was beginning to walk again when she fell and broke a hip. Her life changed dramatically, as she could no longer walk independently. She described her adjustment:

…I don’t worry about anything. I don’t try to guess it. I just take the best there is and enjoy it…It could have been worse. So I’m glad of that. It could have been my mind (affected by the stroke) instead of my foot…and leg.
Curiosity/Ever-seeking

The women in the sample shared a curiosity about the world and they highly valued education. Many of them indicated that they knew early in their lives that they would go on to school. Some parents encouraged learning by exposing their children to the arts and supporting the idea of higher education. Many parents did not have the money to send their daughters on to college. Yet all of the women had high school diplomas, seven had taken some training beyond high school, and six were college graduates.

When they women wanted to know more about a subject they sought out information, workshops, and/or support groups. A few of them related that they learned a great deal from others who had experienced similar challenges. One woman joined a writing group and another was an avid reader as children and still possessed a love of reading. Sue related how she could remember well how, as a young girl, reading had expanded her thinking and her world:

I read a lot. That was my escape. I read a lot…and lots of stuff I read in those days probably kids wouldn’t…at libraries wouldn’t let them use those books nowadays. …I’m thinking I read *Lady Chatterley’s Lover* in high school, and I don’t even know where I got the book, cause…what’s the one that was banned?…I can’t remember, but anyhow, I read all kinds of stuff. Adult novels…as a young teenager. And, I do not believe in censoring…I think if you teach right behavior and then allow freedom of the written word anywhere, that people then learn to understand to sort out what’s appropriate and what isn’t appropriate…

Several of the women articulated an awareness that one can continue to learn through the later years. Cecile shared openly about this:

I’ve got that determination that there’s something…there’s something else out there for me every day of the week. There’s something else out there to do, to learn…and then I consider myself still in the learning process. And I think that’s another thing about older people…they stop wanting to learn.

Sandra reflected a similar perspective:

I believe in personal growth at any age. I’m taking line dancing…I also believe in, and don’t do as well as I should, having some kind of exercise program. How to deal
with some of the challenges...nothing like reading, and getting professional information...I mentioned early on...knowledge. And of course, your organized support groups are good. I’ve found those to be very helpful...I keep a journal, and I find that really helpful. I like to go back and re-read, and see...how I worked that out.

Marie related: I like to read, study and learn, and that takes time being alone. I do family history research, and I have a computer...I never have enough time...I could live six hundred years and still not be finished!

Obtaining knowledge about resources and seeking information to assist with solving problems enhanced the functioning of the women. Those women whose homes were damaged by a tornado learned about building codes and contract obligations in order to rebuild their houses. Learning about financial matters took on importance at retirement or when income was diminished by divorce or widowhood. Thelma described the importance of availing herself of resources to assist her in the home due to her limited vision:

...I have my canes down here, um, I have my clocks that talk to me...and they tell me the date if I touch it twice...they came out and marked different things, like on my record player there, they marked it so I could put my tapes in...You get that training...a social worker came over, and we went walking, and things of that sort. But you’d be surprised at people that are...I...I don’t know...they...they just feel like, well, I’m asking for help, or something like that. I don’t feel...I go after whatever I can get...if it’s going to help you...

After retiring due to health problems, Louise attended workshops with the goal of enriching her skills and knowledge:

I decided that I would take a typing course, and take computers because everything was changing...I was at this meeting...a women’s workshop...I learned a lot, and she asked me if I would be the financial counselor. And I said, “I...me? A financial counselor?”...But then I had to go to more workshops to learn how to do this. So it was like constant learning...
“Head-on” Approach to Challenge

When faced with life dilemmas the women were proactive. They expressed the belief that one should make plans and not just sit around waiting for something to happen. This orientation saw them through difficult times and fostered the belief that they could take care of themselves. This was self-efficacious, as the women learned that they were able and capable. Cecile put it this way:

Like I said from childhood, we were taught to…to adjust. When life gives you lemons, make lemonade! Take what you have to work with and make the most of it. There are certain things we’ll come up against…and I’ll say, “Well, can you let me think about it? Let me think about it tonight.” I can sit down and kind of analyze something before I jump into it…Deep inside of me there has always been…”There has to be a way this can be improved.” …People who sit and wait until somethin’ happens to them to do something about it, just kind of has always floored me…

Being proactive gave the women a sense of security. By taking action they had a feeling of control over what was going to happen. Iris, who was divorced when she was in her fifties, approached her feelings of loneliness as an older woman thus:

I think I do a lot to not think about how lonely I am. Stay real, real busy. Always… I have to have plans. I planned it, this last weekend, and well, I’ll plan next weekend. I really try to schedule things…I probably have people over…at least… I cook for somebody once a week…I find that if I wait for other people to do things, I don’t have a life. I used to think, “Nobody ever invites…” But I realized I could just “waller” in my sadness…and that wasn’t getting me anywhere…

Proactive behavior also reflected a sense of self-worth in the women. Through taking action they were taking steps to adapt to circumstances and improve their lives. They learned to compensate for things they could no longer do. Ruth’s physical condition made it difficult for her to get out of the house and she could no longer manage many of her favorite pastimes, such as sewing or cooking. She was, however, able to mobilize others to aid her in accomplishing desired goals and direct their activities:

Now I have a girl who comes in now, three or four or whatever I want her, times a
week, and does things for me…I trust her…if I need something from the bank, I send her…Of course I couldn’t do everything now. But after I got this (rheumatoid arthritis), I had her come.

This “head-on” approach to challenge was influenced in part by the independent nature of the women. They expressed a strong desire to be as independent as possible. Despite experiencing functional limitations resulting from chronic illness or injury the women resisted asking for help. Many of them ascribed this trait to the modeling of their parents as they went through hard times. Helen noted the similarity between her mother and herself, both being widowed when they were in their fifties:

Uh, independence? That comes from my father and my mother. And I have inherited it, I guess. Because…how old was my father…? I was fifteen when he passed away. And my mother had four children to help. And she did…she did the same thing. And not only that…I’ve always looked back…she went back there (Netherlands), and…How could she just DO that?

For many of the women in the study, being independent involved some dependence on others for things they could no longer do themselves. Sometimes being independent meant asserting oneself at times when help would have been a benefit:

Nancy: Whenever I have something that needs to be done, something needs to be picked up…a lot of times, somebody’ll say “Can I help you?” And I’ll say, “Let me do what I can while I can.” When I can’t do any more, I guess they’ll have to do. It’ll be hard…hard to accept things. You don’t want to have to be dependent on somebody else.

Rebecca: I’m very independent. I only call on people when I can’t understand my Direct TV…

Louise: One night I was feeling sorry for myself, and then I just came to the conclusion that I will have this surgery. But it wasn’t so much for myself…as my freedom…and my dependency…I was ready to come home in ten days, but I wasn’t… I was not able, I thought I was more able…one night I did get up…I just fell on the floor….and I could not get up. I didn’t want him (her son) to know that I fell…So I never told him, until he was ready to go back…and I was thinking, “If I make a wrong move, I’m not going to a nursing home.”
“Maverick”

Being unconventional, or a “maverick”, was manifested in behavior that was not expected of women according to the norms of the day. Many of the women related that they never did worry too much about what others thought of them, and their lives reflected this attitude. Their ability to think independently enabled them to do what they felt they needed to do to improve their situations or to maintain themselves. Nine of the women started college immediately after graduating from high school. Four of the women went back to school (college) when they were in mid-life (which was in the nineteen sixties and less common then than now), and one finished her GED at age sixty. Seven of the women were divorced in their early adult or middle years. Many of the participants in the study worked outside the home at a time when women were expected to stay at home and raise the children.

Several women were mavericks when they were young. Some took steps to remove themselves from stressful situations or unhealthy relationships; they were motivated by self-preservation. Cecile, at age eighteen, left home because she was unable to get along with her stepmother:

Her whole aim was, “I’ve got to find some way to get this child out of this man’s life so that I can have everything for myself.” …She was only there on weekends, which meant the misery started Friday evening till Monday morning. And I was in college, and she was…very mean, very vicious…and I was not allowed to study…any time she was there…I wasn’t allowed to touch that piano (Cecile was a piano major), I wasn’t allowed to open books. My whole feeling was that I knew I had to leave there because of the stepmother. I knew I no longer had any input to my dad…I packed up everything…put everything in the car, and my dad was cuttin’ grass in the backyard…I just opened the door and I said, “Daddy, I’m leavin’.” …The only thing to happen was for me to take care of myself…I knew if I was going to survive I had to leave.
For Nancy, leaving home when a young adult was also a matter of survival, as she was damaging her health from doing hard physical labor on the farm:

...when I went to the doctor...chiropractor, what he said to me was, “You’d better get out of there...If you don’t, you’re gonna have a stroke.” ...I asked to leave and they (parents) wouldn’t let me leave. So when my sister was married...my brother-in-law said that if I wanted to go with them to Ohio, that he would be going and I could go with him. So I went as a witness, for her getting married. I was gonna get on a bus and go back to...where I lived. I mean they thought I was. But I didn’t.

After Claire graduated from high school she took training to learn how to work on airplanes:

...they sent me to Spokane, WA...and then I went from WA to San Bernadino, and that’s where I finished. That’s what there was in them days. And so that was where they sent me to school...then I went out on the job. I had a crew of people that worked under me...They all worked on airplanes, but I just told them what to do, and when to do it, how to do it. I had the soldiers under me...

Four of the African American women in the study related instances of resisting the cultural norm of discrimination to assert themselves and be treated with respect.

Louise, who traveled regularly from Virginia to Washington, DC, or New York by train as a young student nurse shared her experience:

And I can remember one Thanksgiving...getting on in Petersburg, VA...a lot of selective colleges in VA...and so I got on, and I sat in the car, and the white conductor came and said, “You’ll have to move. You’re not allowed to sit in here.” And I said, “I’m not going to move.” And that’s all I said...He said, “I’ll send the porter to get your things.” And I said nothing. I wanted to go to the dining car...and I did. While I was eating, the waiters came and said...”Don’t move; you stay there. We’re with you.” Eventually, they just left me alone, because it was the same people...it was the start-up train. And they’d come and glare at me, and the porter would try to take the bag into the...and I would say, “Don’t bother”, or something like that.

Violet related her efforts to find a job in order to help put her youngest daughter through college. She needed to work and accepted a position despite being the first
African American to work in the department. Some of her friends did not understand why she would do such a thing:

I was lucky to get a job at the Sheriff’s Department. I was there for fourteen years. In fact, my neighbor…said they needed a Black deputy sheriff…you know how that is. I was the first black deputy sheriff…There was a racial thing when B. hired me, but I needed the job…you know what I mean? But, I knew what it was…but I took it. People were mad at me about that, too. I thought, “Working for him…” That is so stupid! Somebody had to break the ice…Because that was breaking the ice, really. You know, and now…now…course…though they have Black deputies, they still don’t have a Black woman.

Going against cultural norms was characteristic of many of the non-minority women as well. Marie, who left home when seventeen, made her way in the world by experimenting with a variety of work activities:

This was during World War II. I went to the city and got a job the very first day with Republic Steel as “Rosie the Riveter”…My first husband owned a grocery store…I worked for three different newspapers. I never said anything about building a house by myself, and that was, of course, between my two marriages…I was the second woman to build a house by herself in the plat. That was back in the days when women didn’t do…things like that very much. So that was kind of fun, with the two kids.

Three women actively participated in the building of their own homes and two of them did not have the help and support of a spouse. Nancy lost her home to a tornado:

I’ve gotten along by myself, since I was divorced in sixty-three. I know when I was divorced my house was about ready to fall down. I went to see how much it would cost to fix it, and they said, “You better get out while you can”. So I went and borrowed money on the farm, and uh…built a house, and sold it and then came into town and built another one. The tornado came, and it went down around me…I wasn’t hurt bad…it was completely demolished…I had to build back up, again! So I drew up the plans and built it back again…not everyone could have done that.

As an older woman Ruth did everything the way one is supposed to do it—she was right in line with the expectation that one retire after thirty-two years of teaching.

However, being retired did not feel right:

I would recommend that no one retire. Because it’s more difficult to stay at home, and it’s a problem adjusting…and I didn’t like housework…I didn’t like any part of it.
That’s why I went back to substituting, was for my own sake…I just liked being with people, liked being with the children…seeing them learn.

Her substitute teaching spanned fifteen additional years, and when Ruth retired permanently at age seventy-six due to health reasons, it was with reluctance.

Iris, who at seventy-three was still working full-time, was aware that she was different than many women her age. She related that while her long-time friends who were widowed paired off to enjoy social activities together, she had not taken the time to cultivate friendships with other older women:

I saw these women, coupled up, and did things together. And I should be doing…Trying to cultivate something like that…but I enjoy, um, groups of people…course none of them work…and, uh…seventy-three year old women who keep workin’…They (her old friends) do everything together…Yet when I think about doing…uh, when I think about havin’ people over…I’m not cultivating the people I should be…friendship with women my own age…most women my age…don’t work…their world is so different from mine…

The descriptive biographies of the women and the quotes related to the categories thus far reflect the nature of the women in the study. The final category, spiritual grounding, relates to the essence of the women and goes beyond what could be seen in their environment or surmised from only hearing or reading their stories.

Spiritual Grounding

In this study being spiritually grounded is defined as having a sense of something greater than oneself, beyond the realm of the human. A majority of the women described themselves as being faithful or spiritual, or as relying on a higher power. They identified their spiritual grounding as a resource to draw upon as they lived their daily lives, and especially during times of adversity. For some women, an expressed “spiritual nature”
was recognized as carrying them through difficult times. For others, active participation and involvement in an organized religious group afforded meaning and purpose in life. Still others found the church community to be a primary source of support and caring.

When discussing how she managed to get through her prolonged battle with cancer, Peg related:

I think God…that’s the only explanation I have. I don’t know if I could have done it on my own. I had a lot of people…prayers for my healing. I think that’s it…the reason I got through all of this…and I pity the people that don’t believe in God. I thank him every day, and every night for giving me another day…

Peg’s faith was of primary importance to her recovery. Yet in her later years she was unable to attend church or actively participate in a congregation due to her many health problems. Hers was a decidedly personal relationship with her God.

Bess, who was the primary caregiver for her husband for several years during his decline due to Parkinson’s disease and Alzheimer’s, faced many challenges. Her husband would become confused and try to find his guns. He put kerosene in the riding lawn mower and it caught on fire. At times he resisted going to the doctor’s office and Bess had to be creative to ensure that he received the medical attention he needed. She had home health aides in to assist with bathing and dressing him. Bess paid friends to come provide respite care for four hours a week so that she could go to the store for groceries. She sought strength from God:

I kept thinkin’, “Oh, Lord, please let me be able to take care of him a little bit longer.” I mean it was God, I’m sure…that was with me, or I couldn’t have done it. I sure couldn’t have done it on my own…you know that…I couldn’t have done it all myself.

Actively engaging in conversation with, or praying to God, gave some of the women strength to do things they might not normally have considered doing. A relationship with a higher power that allowed for reflection and guidance in times of trial aided the women
to take action. Sandra related that sometimes she was perhaps foolish in her actions to protect her grandchildren, but that she knew she was protected:

I’ve been in crack houses, uh, I’ve challenged this guy, that L. stayed with…when I went for the children…he didn’t want me to have them. He was saying, “I’m living with her, is the same as husband and wife, and I’ve taken care of these children.” And he was probably half high then…the thing that really angered me is…I’m paying the rent! Cause I’ve always helped her have a place to stay. And this guy’s standing here telling me what I couldn’t do…I told him if he didn’t get out of my way, he might find himself dead. And I didn’t know how I was going to do that…So I took the children and I brought them home, and I’m thinkin’, “Oh, my God, he could have knocked you flat!” But the Lord is good. That’s what I always say. He was right there, with me. The Lord’s sayin’, “Sandra, you’re a little crazy today, but I’ll help you with this.”

Other women articulated an awareness of a power greater than themselves being in control of a situation. Iris questioned why God would allow her to be left by her husband for another woman, as she knew she was a good person. She helped her spouse in his ministry, taught Sunday School, played the piano, did all the “right” things.

I have a lot of faith. I am…I’m not a fanatic, but I have a very deep, strong faith, and um, although at first, I was mad at God. I really was mad at him for doing this to me…But, I really never lost…my faith, but I really didn’t understand why…and now I think I do understand. You know, God really does have a bigger plan than we have a clue about, I think.

When describing how she handled adversity throughout her life, Cecile credited her parents as providing the children a strong spiritual foundation from which to draw:

I think, first of all, I had a good spiritual base. I’m not overly religious in any way, shape or form…I can’t explain what being spiritual means…for someone else…but I know that there is an inner core in me, where I can go, and I don’t have to be in a church, or a mosque, or a cathedral…or anyplace. I can be sitting by myself and find that inner core that restores me…that was one of the foundations.

As a child Sue attended church regularly; her father, who was an elder, rarely attended, but would see that she was there every Sunday. When discussing how she was able to view adversity in her life as a challenge to be overcome rather than as a detriment, Sue reflected that she had a spiritual feeling that sustained her. While she found much
meaning in the church service ritual and the music, her husband was a non-believer.

Sunday morning was traditionally their time for a leisurely brunch, and he preferred she stay home with him:

And that causes a dilemma for me. So I keep saying, “...my faith will be there, sitting on the back burner, as always”...some young people question their allegiance to a certain religious background, or whether there’s a God or not. For some reason I have never questioned that...basically I’ve never given up on my feelings of relating myself to religion and how I fit in that...scheme of things...I do believe in prayer...I do a lot of internal talking, to God.

Sandra strongly believed in being connected to an organized religious group. She found that her relationship with the church facilitated her getting through the illness and death of her husband. She stated:

I think the church is a wonderful organization...to be there for you. Church family is what I consider I always have. And not everybody in the church is gonna be there, but you can count on the church...somebody to be there.

Social connectedness, extending self to others, moving forward with life, curiosity/ever-seeking, “head-on” approach to challenge, “maverick”, and spiritual grounding represent the primary characteristics of the women that emerged in the data analysis. These characteristics served as resources or protective factors that were available to and accessed by the women in the sample. Resilient behavior was evident in their lives as the women creatively used their resources to cope with challenge, change, and loss.

Outliers

While all of the women in the study exercised resilient behavior in one domain or more, not all of the women were satisfied with their lives at the time of the interview. It was in the realm of the view of self that I identified outliers in the sample. Two of the
women felt a level of discomfort with their life situations. Iris found it difficult to be alone; she made plans to insure that her time was scheduled on the weekends to avoid being at home by herself. Although she grew tired of making overtures and being the one to do the inviting, Iris continued to do so because of an admitted fear of being alone. Bess struggled with the loss of the role of caregiver, both professionally and personally. She was trying to find a niche for herself. While she articulated an awareness of “what you’re supposed to do” after losing a spouse and was trying to do it, she was having a hard time sorting that out.

There were differences in the temporal aspects of the women’s experience of being alone. Iris was dealing with a situation of several years duration, whereas Bess had been widowed for about nine months. Each woman shared various ways she had been resilient in the past while dealing with a particular life event. Both employed multiple approaches to adapt to current adversities; some of the approaches were helpful, some were not. This apparent discrepancy between level of comfort with oneself and the ability to exercise resilience reflects the complex interplay of factors that affect human behavior.

Findings from Additional Data Sources

Member Checks

The purpose of the member checking was twofold: first, to discuss with the women the results of the interviews, get feedback, and clarify any discrepancies; and secondly, as another source of data. Most of the member checks were less than one hour in length. Due to illness, relocation and scheduling conflicts, four of the women were not seen for a
member check. Two of those women gave me feedback in a telephone call after they read their biographical sketch and a list of categories related to resilience that were mailed to them. I had expected that the member checking might reveal some new, or deeper, insights into the women’s lives. In actuality, most of the women reiterated the comments they had shared during the first interview and had nothing new to add. Comments made by the women who did react to the data usually elaborated on a particular incident previously mentioned, and generally confirmed the earlier discussion.

Of the fifteen women who had the opportunity to review the findings, all agreed that I had captured the meaning of their words from the first interview. Only one woman expressed discomfort with my interpretation of her comments; she did not agree with my perception of her childhood. After talking it over with her I realized that I had imposed a value judgment and deferred to the meaning she ascribed to a particular situation. We agreed in principle about the meaning of the experience to her development.

**Reflexive Journal**

The reflexive journal was the conduit for my experience of the research process. The data in the journal was supportive of the data collected in the interviews and the two focus groups. I felt comfortable in the interview settings and was able to make a visual appraisal of each woman’s living environment, save one, whom I interviewed in a cafe. The environments in which they lived seemed to fit the women as the individuals they presented to me, and as I perceived them to be. The observations helped support my
appraisal of the participants. I also wrote about the atmosphere in the dwelling—whether it felt comfortable or more formal, and the feelings I had while in the home.

My personal memos added credence to the interview data. In many entries I wrote of the extraordinary will and determination of the women. I remarked on their creativity in meeting challenges and the grace they showed in spite of the adversities they had faced. Listening to their stories was a privilege and I recognize the generosity of the women in their sharing with me. Many of them told me they participated in the study because they wanted to be of help to other women who might face difficulties, or they agreed to talk with me because they wanted to help me with my degree. This certainly supports the generative nature reflected in the interview data.

As I re-read my journal entries I became aware that I had been positively biased in my beliefs about resilience. Hearing the women’s stories of struggle and pain, I acknowledged that just because they exhibited resilience in a situation did not mean the women viewed the situation positively, or felt good about having gone through an experience. Further, most of the women viewed their behavior as unremarkable. They did not see that their adaptive reactions were anything beyond “doing what I had to do”. These insights piqued my thinking and led me to analyze not only what the women said about their experiences, but also to consider their affective responses.

**Final Focus Group**

The data from the second, follow-up focus group generally confirmed the interview findings. Extending self to others, independence, and social connectedness were the three primary topics that emerged in the focus group discussion. Related to extending
self to others, the women expressed a desire to be heard by young people. Some “how-tos” of being generative were elaborated by the group: working at building community, reaching out to younger people by taking advantage of opportunities for socializing with them, and being open about one’s life experience.

A discussion of independence and of what being independent meant further illuminated the interview findings regarding this personal trait. Independence was defined differently among the group participants. For some women independence meant not needing assistance or always being able to provide for one’s own needs. Other women defined independence as being able to make the arrangements to have needs met by others in order to continue to live independently in the community. Some in the group felt that accepting assistance conjured up feelings of not being able; thus they refused offers of help. “I don’t think I need it.” An opposing orientation reflected the acceptance of change in oneself or one’s functioning and then making adaptations in order to accommodate the changes.

My understanding of the concept of social connectedness was enhanced by the focus group discussion. Emphasis was placed on networking and maintaining ties within the community, neighborhood or church. The women believed that building social ties throughout life ensured ongoing contact and the possibility of receiving assistance in the future during times of distress. Likewise, they were willing to do anything for persons they knew who might be in need.

It was apparent to me that the three concepts highlighted in the focus group discussion, social connectedness, extending self to others, and independence, were related. For the women who participated in the group, having others in one’s life was
highly valued. Giving to other people and being able to call on them for assistance provided emotional support and sustenance to the women. By fostering social contacts they were able to live independently in the community. Social connectedness, whether through volunteerism, membership in an organization, family ties, or in other ways contributed greatly to adaptation in the later years. These findings and the findings from the individual interviews are further elaborated in the discussion chapter to follow.
CHAPTER 5

DISCUSSION

Introduction

This study was intended to answer the question: “What factors do older women perceive as facilitating their ability to carry on with their daily living, that contribute to resilience in the midst of adversity?” Resilience was defined as “the ability to maintain and regain adequate levels of functioning in the face of risk and loss” (Staudinger, Marsiske, & Baltes, 1993). Through the use of a constructivist approach the voices of seventeen women between the ages of seventy and eighty were heard as they named experiences of challenge and risk in their lives. The women also identified resources that helped them through difficult times and facilitated their adaptations to change. While the participants in the study shared gender, birth cohort, and the experience of aging in common, their stories revealed diverse life experiences and inter-and intra-individual differences in development.

As the investigator I collaborated with the women in the study to generate knowledge about factors that contribute to resilience in older women. In-depth interviews were the primary sources of data; member checks and a follow-up focus group provided additional data sources. An interview guide comprised of eight open-ended questions based on the resilience literature addressed the following issues: what the women identified as
challenge or adversity in their lives; how they dealt with the challenges, including what actions, behaviors or resources were helpful to them in addressing the problems; what hindered the women from effectively dealing with challenge and loss; and insights they might share related to serving the needs of the older female population.

The constant comparative method of data analysis was used beginning with the first interview and continuing throughout the study. Data reduction involved the identification of initial themes, naming constructs, and refining constructs to specify categories with sufficient density of properties. Seven core categories related to resilience in the sample population of older women emerged from the data analysis: social connectedness, extending self to others, moving forward with life, curiosity/ever-seeking, “head-on” approach to challenge, “maverick”, and spiritual grounding.

This chapter synthesizes the various components of the study. First, the discussion addresses the historical and period effects relevant to this particular cohort of women to enhance understanding of the multiple influences on their lives. Anecdotal information shared by the women is interspersed with historical background information spanning the nineteen twenties into the nineteen seventies. Secondly, the study findings are examined in relation to the extant knowledge about human development and studies of resilience and aging. Third, the limitations of the research are noted. Fourth, implications for practice are explored, and finally, recommendations for future research are suggested.

Historical and Cultural Influences

A wide range of historical events and cultural influences had an impact on this diverse group of women born between the years 1920 and 1930. Following World War I there
was an emphasis on individualism and competition in the United States. This orientation was fostered by a strong sense of national security. Historians cite the decade of the nineteen twenties as the end of the rural influence on American values and the beginning of a move toward urban prominence. Of several women in the study who were raised in rural America during their formative years, all left to pursue education or work in urban areas. Bess shared her experience of rural life:

I went into nursing school with no money at all. I was gonna get out of the mountains, and not live how...the hard life my mom and dad had...I was from eleven children, and nobody had been through high school until I came along...the others had to quit to take care of the rest of us. I certainly don’t blame our parents...it was just our way of life.

Born in 1926, Marie related that she was raised on the farm that had been in her family for five generations:

...growing up on a “hill” farm...working toward self-sufficient. I rode in a horse and buggy till I was a sophomore in high school, lived in a three room log house...I know what it was like being a pioneer in this country...So that’s quite a heritage to have...going to a one-room schoolhouse, and being the only child in my class...

Popular culture during this decade was dominated by the positive belief in a “New Era”. Radio, “motion pictures”, and magazines portrayed life as good and getting better, holding much promise and vision for success. Sports figures rose to prominence and were revered by the general public. This optimistic view contrasted with the dark, critical overtones of the intellectuals of the day, who disparaged middle class values and the accumulation of material goods. Writers such as Sinclair Lewis, Ernest Hemingway and Eugene O’Neill rejected the hedonistic, self-oriented behavior of American society.

In the study, Katherine described her lifelong fascination with movies stars:

I met John Wayne. Now, that was a highlight of my life. That was back in...I don’t know the exact year. We went West every summer...we got a motel and stayed all night there (Montrose, CO)...He (her husband) said, “Well, this guy says there’s a
movie bein’ made down the road about ten miles…I don’t know what the name of the show…movie is, but John Wayne’s in it.” I said, “God, I’d crawl there!” That was my idol…that was my idol!

The Stock Market crash at the end of the decade (1929) ushered in the Great Depression, a time fraught with economic disaster, poor wages and joblessness. The number of unemployed persons rose to between fourteen and sixteen million. From 1929 to 1933 more than one hundred twenty-five thousand businesses failed. People moved from the cities to the country to ensure that they would at least have enough food to eat. Many persons died of untreated illnesses or malnourishment. The number of marriages and the birth rate declined sharply during this time. Katherine shared about her family’s experience of the Depression:

He (her father) got other jobs on farms, and had the tenant house and everything. When the banks went bust in 1932, he lost what he had in the bank. Mother had just deposited his monthly check ($50)…and lost everything. He was savin’ the money…to buy a farm…And that was a pretty rough time. I remember the “era” if you want to call it that. We were…we were poor, but we didn’t know it. We never went hungry…always had clothes. My mother could stretch a quarter farther than I ever saw.

A noteworthy outcome of these devastating events was a change in the laissez-faire attitude of United States citizens toward the involvement of big government in business and private lives. People came to believe that the federal government should assume some responsibility for the economic well-being of the country. Although Franklin Roosevelt’s New Deal of 1933 showed promise in tackling economic revitalization, it had little effect through the late nineteen thirties.

Nancy recalled her family’s struggle to feed thirteen children:

Well, we didn’t have money to do things with, and had to do without…didn’t have enough meat, eggs. I’d take eggs to the store to get other things…We didn’t have
a lot…He (father) was working on the WPA and got some peanut butter off the “Relief”…My mom worked all the time…used to sell Blair’s products…to keep us goin’.

Despite limited finances and shortages, many of the parents, especially the mothers of the women in the study, were able to share what they had with others who were in need.

Louise recalled how her mother, as a single parent, cared for her family and friends:

My mother was a good and generous person, and she knew how to manage. I was born in Baltimore…but she always knew how to buy. We had plenty of food…it may not be what you wanted…she also had enough to share. In those days…they called them “hucksters”…they came around selling vegetables and things…and she would buy…the rest of it, and then share with other people who also had big families but didn’t seem to be able to manage, or…bargain for things.

Likewise, Iris shared memories of her mother making the most of what the family had:

Little things that I remember she did…I can remember, we had a wagon…we were always pullin’ that…some kind of big pot of food to some neighbor, in that wagon. Always took care of all…anybody…kids in the neighborhood, or…took food if somebody was sick. We had limited food…and at the time I didn’t think anything about it.

Also, during this time unemployment rates continued to be high and urban slums grew.

The plight of the African American population was bleak: many lived in poverty and civil rights for African Americans were unrecognized.

It was not until 1941 when the United States entered World War II that the pervasive effects of the Depression began to ease. Involvement in the war stimulated both agriculture and industry. Women were encouraged to enter the labor force and work in factories to support the war effort. Marie responded to the call:

I was seventeen then…this was during World War II…and I went to (the city) and got a job the very first day with Republic Steel, as “Rosie the Riveter”…I was there a year…My teammate was a real sturdy German girl…And we were good, we were fast, we set the pace…and so they made us the leading edge team…
The war impacted the lives of many women and their families. Ruth’s early years of marriage entailed long absences by her husband due to his extended tour of duty in the army:

Got married in South Carolina…that was during the second World War. And my husband went to…he was sent to France, and uh, Germany, where he was in infantry and delivered ammunition to the front line…Before he went to Germany, we had a little girl…and she was three or four months old when he went. And when he came back she was a few days from being two years old. And had no idea who he was, …she could walk and talk and everything.

The family also moved several times due to Ruth’s husband being stationed at a number of military bases during his twelve-year career.

From the end of World War II through the nineteen sixties the country saw dramatic changes economically, socially and politically. Soon after the war the federal government took steps to ensure a stable economy through an increase in the minimum wage, providing agricultural price supports, and the continuation of Social Security. The legislation ending desegregation in schools in 1954 ushered in the movement for Civil Rights for African Americans in the United States. This issue remained at the forefront of American politics and social arenas well into the nineteen sixties and beyond.

The five African American women in this study were definitely impacted by the effects of discrimination and the Civil Rights movement in this country. Four of the women talked about their experiences and one did not. For Violet, who moved from Canada to the United States at age sixteen, the transition was difficult:

I came down here, to the United States in 1942. My parents are from Ohio, but we were born in Canada. And uh, one thing I noticed that I was unhappy about down here, was that I didn’t know what prejudice was until I got here. Up in Canada, our friends…we just all ran around together…I lived in a neighborhood with…English, German, Ukrainians, Italians, and I never thought about race until we came to Ohio. And that really upset me…and my mother sent me to school in Nashville, TN…and
that was worse. I had a roommate…she wanted to go…shop for clothes, and you had
to go behind a box to change, and I would not do it. I only stayed a year…I just
couldn’t stand it.

Sandra related her experience as an African American female who pursued and
attained a doctoral degree from a major university:

So I have integrated so many agencies. For instance I taught special education as an
instructor at the university when I was a student there…after I got my Ph.D., I
got a full-time job…But even there, there were a few people who questioned, first of
all how I got into the Ph.D. program. Actually, one person even asked me, “Do you
know what your IQ is?” I said, “I don’t know what it is…but I know it’s enough!”
…trying to work in an integrated situation when it was segregated…that is extremely
difficult…When I was teaching at the university the prejudice came from a few of the
faculty members. I had no problems with the students.

When affirmative action became an influence in employment, two of the African
American women noted doors opening to them that had been closed in the past. This was
welcomed but occasionally contributed to some conflicts. As Violet explained when she
was hired as a deputy sheriff:

…very first, the matrons kind of “held off”, and I knew then that they weren’t too
happy about it, either….And they were really mad, cause when we got our uniforms,
S. took my picture and put it in the paper. A picture of me in my uniform. And they
were really mad, then…I had to work to take care of myself, that’s what I would tell
them.

An additional influence on the lives of the women in the nineteen sixties and seventies
was the feminist movement, which led the cultural debate regarding women’s issues.
While none of the women specifically discussed the feminist movement in relation to
their lives, they undoubtedly were affected by changes that occurred as a result. One
example of this is that four of the women returned to school at mid-life, one to earn her
GED. Although the Vietnam War impacted the entire country with many lives lost and a
vocal contingent of the population protested, few of the women mentioned this particular
war in the interviews.
This brief review of American history from 1920 through 1970 provides a glimpse of the social, political and economic forces that influenced the lives of the study participants from childhood into midlife. An awareness of the factors at play at the macro level allows us to understand the climate of the country during the time the women were young girls, grew up, left home and began life as adults. From this backdrop of multiple forces emerged a group of women whose lives reflected similarity and diversity in development and resilient behavior.

**Theoretical Links: Life-Span Development and Aging**

The findings that emerged from this study of older women and resilience are consistent with life-span development theory. First, the data analysis showed that the women in the study continued to grow and change into their later years. Development did not stop when the women reached the age of sixty (Atchley, 1999; Baltes, 1987; Ryff et al., 1998). Study participants engaged in a variety of activities in later life that fostered growth: attending educational workshops; talking with others who had gone through similar experiences; and going to arts performances, among others. The women shared many instances in which they made changes in their later years. For example, some left their jobs to be caregivers for family members and others made decisions to move from their homes to smaller living quarters to accommodate declining health and function.

Secondly, the women accumulated multiple gains and losses across the life span (Bergeman & Wallace, 1999; Staudinger et al., 1995). About three-fourths of the sample identified positive experiences from the early years in their family of origin as having lasting benefit throughout their lives. Qualities such as independence, faithfulness,
perseverance, and generosity were lived out by parents or other relatives and witnessed by the study participants as they were growing up. Not surprisingly, these qualities emerged in the data analysis as also characteristic of the women in the sample. A majority of them indicated that it was from their parents that they acquired their perspectives on life. As they matured their resources grew and expanded to include knowledge, relationships with people outside the family, success in a work role, and many others.

The women’s experience of loss and challenge followed a somewhat different pattern. Almost one half of the study participants cited their early years as the first occurrence of challenge. Childhood adversity was most often linked to the relationship with parents. Adversity in young adulthood was related to serious personal illness, marital discord or racial discrimination. About thirty percent of the women shared that their experience of major challenge came during their middle years through divorce or illness and subsequent death of spouse. Providing care to an ill spouse or other family members and experiencing their deaths were identified as the primary adversities in later life by the remaining twenty percent of the sample.

By their later years the women in the study had accumulated a wide range of advantages and adversities. Further, the types and occurrences of adversity increased with age, which is congruent with life-span development theory and with the results of longitudinal studies of resilience (Baltes, 1987; Norman, 2000). While there were commonalities in the experience of adversity among the women, individual profiles varied. The women also had different reactions to adverse events. For example, some of
the women expressed being devastated by retirement whereas others embraced it, thoroughly enjoying the relaxed schedule and the element of choice in how to spend time.

These findings are consistent with results from the Wisconsin Study of Community Relocation (Ryff et al., 1998). For the Wisconsin women, who moved from their homes to an apartment or retirement community, a high number of positive and negative events were reported over a period of almost two years, with about sixty percent described as negative. Also, women who had more resources prior to the move were better able to adjust to the change than were those women with fewer resources (Ryff et al., 1998). The authors suggested that variability in the intensity and experience of both advantage and adversity in later life is a means to explain individual variation in the interplay between physical and mental health and resilient behavior (Ryff et al., 1998).

A third area in which the study findings mesh with life-span development theory is the heterogeneity in the experience of biological, psychological and sociological factors in the lives of the women across the life-span (Baltes, 1987; Staudinger et al., 1995). An individual woman might have had optimal functioning in one or more life domains and not in others at the time of the interview. For example, Bess, at age seventy-one, was in relatively good physical health but was grieving the loss of her husband and acknowledged some loneliness and sense of being unsettled without the role of caregiver. She was more physically active than Ruth, who at age seventy-nine walked with a walker and was no longer driving due to rheumatoid arthritis. Yet Ruth had a well-established social network and derived much satisfaction from collaborating with others to accomplish necessary as well as enjoyable tasks. This inter-and intra-individual variability is characteristic throughout life (Staudinger et al., 1995).
Collectively the participants experienced the usual age-related biological changes in later life such as decreased stamina, a decline of the senses, and the onset of arthritis or other age-related conditions. The concern most often voiced by the women in regards to physical status was a decline in function. About one third of the women were also confronted with non-normative physical problems, such as cancer or stroke. These women directed their energies toward healing or rehabilitation to achieve as normal a lifestyle as possible.

The psychological domain was not specifically addressed in the interviews; however, the data provided insight into psychological development, specifically in relation to the self. Examples of hardiness were repeated in the women’s stories: self-awareness was reflected in choices the women made about issues such as work, how they managed their lives after divorce, and caregiving. Several of the women remarked that “I knew that if I didn’t…” or, “I knew myself well enough that I had to…” Evidence that the women in the study believed in themselves (“commitment” as a component of hardiness) was reflected in their perseverance in the face of adversity. Various studies have determined that the healthy development of the self and resilience are interrelated (Rutter, 1985; Werner, 1989; Staudinger & Fleeson, 1996). As Greene (2002) so aptly states, “From the psychological vantage point, resilience is the development of clusters of self-protective behaviors or strengths” (p.44).

Several of the women in the study shared that earlier in life they had experienced depression that was severe enough to affect their ability to carry out daily routines. Their episodes of depression generally occurred in midlife and were the result of either a loss, such as death of spouse or divorce, or related to unresolved issues from the past. Some of
the women sought counseling and some were prescribed medication; they reported recovering from the depression over a period of time. None of the women in the study verbalized that she was depressed at the time of the interview; however, some women were working through grief related to the loss of a loved one or experiencing mild anxiety about the future in a manner I perceived as healthy and normative.

A considerable body of research reflects the benefits of social ties to health and well-being in later life (House, Landis, & Umberson, 1988; Rowe & Kahn, 1997) and this was found to be true in the present study. Most of the women sustained a variety of social relationships. Family relationships, friends from all generations, contacts at volunteer sites, and affiliation with a church or other group contributed to feelings of connectedness. Only one woman related primarily to her family; this was due to her frail physical status. She was dependent on her granddaughter for daily assistance. About one half the women shared that their family members, usually daughters, provided them with instrumental assistance such as shopping or doing chores around the house.

Changes occurred in multiple dimensions socially as the women matured. They experienced a great sense of loss upon being divorced or experiencing the death of spouse, other family members, or peers. Accepting the death of a spouse or sibling was especially difficult. The women described feeling a void in their lives when death occurred; their lives were never the same. As widows they were faced with redefining themselves and their roles. For the women whose husbands died in mid-life the adjustment to being widowed and alone had been made years prior to being interviewed.
Many of the women in the present study who were widowed in their later years were still adjusting to being alone; the two most recently widowed women in the sample were feeling their way regarding their identity as single women.

As their energies waned the women had to make decisions about how social contacts would be maintained. Some of the study participants decreased the amount of their social involvements in order to conserve energy, others prioritized activities, and they generally related primarily with persons whom they felt the most comfortable. This is consistent with socio-emotional selectivity theory, whereby elders are seen as maintaining smaller social systems, usually with persons that are familiar to them, often family (Carstensen, 1995). In later life this behavior is quite adaptive as it provides elders with emotional support and reinforces a sense of meaning, even when familiar relationships may not always be affirming (Carstensen, Isaacowitz, & Charles, 1999). In other words, with age and an increased sense of finitude, social ties with persons whom one shares a history may be preferable to investing time and energy in the development of stronger ties with less intimate acquaintances.

For a minority of the women in the present study, there appeared to be no limit to social contact, a finding that differs somewhat from the work of Carstensen et al. (1999) but similar to the results in Vaillant’s study (2002). These women were especially adept at connecting with others whom they met through the course of their daily lives. Some of the casual contacts with persons of various ages and in diverse contexts developed into ongoing friendships. One woman maintained ties with a small group of widows who had
participated in a bereavement support group long after the group ended; another befriended a woman whose son had been at the same nursing facility in which the research participant’s husband had lived and died.

The discontinuity with socio-emotional selectivity (Carstensen, 1993) might be explained in these and other instances by the shared experience of adversity. Coming together around a common problem may have facilitated relating at an intimate level rather quickly; thus the viability of the relationships was enhanced. A second explanation for engagement in new relationships is that in later life the women who did not have a spouse or a close relationship with a child were more likely to have close emotional ties with non-family social network members (Lang, Staudinger, & Carstensen, 1998; Norman, 2000).

The capacity to be flexible and adapt to a multitude of changes (plasticity) is a fourth aspect of life-span development theory that is reflected in the data (Staudinger & Fleeson, 1996). When faced with new demands or a role that was not comfortable, study participants related that they did what they felt they had to do. In some instances a woman would attempt to maintain the status quo until it became apparent that she could no longer do so, i.e., remaining in a bad marriage. After reappraising the situation she would decide to make some changes. This process of assimilation and accommodation (Brandtstadter & Greve, 1994) apparent in the women’s lives was ongoing in their later years. Story after story revealed a step-wise progression for the women as they made adjustments in their activities, changes in relationships, or gave up some goals in order to work on others. Such flexibility enabled the women to realize positive feelings about themselves despite the adversities they experienced (Ryff et al., 1998).
The behaviors described above are consistent with selective optimization with compensation (SOC) as described by Baltes & Baltes (1990). Most of the women chose participation in activities (selection) that had significant meaning for them. One example is that those women in the study who were limited physically continued activities such as making scrapbooks or game boards because they enjoyed the task and could share the end product with others. Further, they were still able to work with their hands and took pride in their accomplishments, which enhanced their feelings of self-esteem (optimization). The women compensated for their loss of function by utilizing the resources of others, not only to ensure the completion of necessary chores, but also to assist them with these favorite pastimes. Through this process of goal adjustment the women were able to accommodate the changes in themselves (Baltes & Baltes, 1990; Brandtsadter & Greve, 1994).

The person-in-environment is the fifth aspect of life-span development theory with which the study findings align. Each person attains her identity through interaction with the environment in which she lives, both as an actor upon, and a reactor to, the world around her (Germain, 1979; Staudinger et al., 1995). Further, the context in which events occur is important to understanding the effects on the individual. Of note in this sample is a proactive response to detrimental environmental circumstances, which for many of the women began early in life. Several women described instances in which they knew they had to take action to change a situation. For Cecile, who left home at age eighteen to escape the damaging effects of her stepmother’s behavior towards her; Sue, who endured ten years of sexual molestation by her father and told him “No more”; Marie,
who packed up and left her husband of ten years after he abused her and their children; and Ruth, who hated retirement and went back to work for thirteen more years, behavior took the form of an action to affect change.

While the life trajectories of the women may be understood through the application of life-span development theory, this theory alone does not explain the study findings. In order to complete the picture the cultural, political, and economic factors that contributed to development in this cohort of older women must be considered. It is through the lens of a feminist life-span perspective that the role of macro level factors in the lives of the older women is further explicated. This broadened view provides a means to appropriately situate the circumstances of the women’s lives beyond the private domain and into the public arena (Browne, 1998). Even though all of the women in the study were influenced by developmental tasks they differed in their experience of development across the life span. Likewise, the experience of societal and structural influences varied due to factors such as family of origin issues, economics, and race. Thus the following discussion, though somewhat speculative, is nonetheless appropriate and germane to the study findings.

Cultural Non-Conformity/Resistance

Of particular note in this study was the atypical life trajectory for many of the women in relation to societal expectations for females. At the time the study participants reached adulthood (roughly the years 1940 to 1950) the cultural norm was for women to marry, have children, and remain at home to care for the family. Although thirteen of the women in the sample married in early adulthood, seven of them divorced in mid-life or
earlier, at a time when divorce was not as accepted or as prevalent as it is today. The divorce rate in the United States ranged from 2.5 to 5.0 per one thousand marriages during the women’s middle years (U. S. Census, 2003). The elevated divorce rate in the study sample, about 40%, suggests that the women were not bound by societal norms to continue in a failed marriage. Further, two of the women were “off time” by marrying when they were in their late twenties/early thirties, and one woman never married.

Contrary to the cultural norm in the nineteen forties and fifties that women stay at home with the children, the majority of the women in the study worked throughout their adult years, some out of necessity, others from desire. In their capacity as professionals and business owners many of the women seemed to be immune from societal expectations of female roles. One factor that might have contributed to a loosening of expectations about women’s roles was the involvement of the United States in World War II, whereby women were encouraged to enter the work force to support the war effort. While many of the women in the country returned to the home after the war ended, the more relaxed attitude toward women in the work place undoubtedly set a precedent. The doorway to the world of work had been irrevocably opened to females.

Another area in which the women stepped outside the normative box was education. Over one half of the women entered college upon graduation from high school, which is a high proportion given minimal societal support for women to enter higher education at the time and the involvement of the United States in World War II. For Bess, who “had some kind of crazy desire” to get out of the mountains of Kentucky, and Ruth who “just grew up knowing I was going to school”, a high value was placed on a college education.
Additional nontraditional behavior was reflected in the one quarter of the women in the study who at mid-life returned to college or sought other training. They followed their inner promptings and made choices to complete their education to be able to work in areas of their choosing.

Many of the women in the study exhibited androgynous sex-role performance beginning in their teen years or earlier. Androgynous sex role behaviors have been discussed in just one other study of resilience (Norman, 2000). The longitudinal work by Werner and Smith (1982) revealed that while much of their sex role behavior followed tradition, resilient children of both genders displayed flexibility in sex role performance. Further, the girls who were resilient tended toward independence and autonomy more than did girls who were not resilient (Werner & Smith, 1982). These traits were evidenced in a majority of the women in the present study, many of whom shared about early formative experiences.

Whether by circumstance of the living situation of the family of origin or personal interest in nontraditional roles, the women in the study were exposed to situations that fostered knowledge and skills most often ascribed to males. Some performed hard physical labor on the farm until they left home. Three of the women were involved in building their own homes, either in overseeing the work or doing the actual hands-on labor themselves. Two of the study participants were “Rosie the Riveters” and two owned their own businesses. This pattern of behavior differs from the results of studies of aging and sex role performance in which rigid adherence to sex roles in the early adult years is the norm with the performance of traditional sex roles relaxed later in life (Gutmann, 1987; Monge, 1975). Androgyny in the women’s early years might be
explained in part by the historical and economic forces of the day. As children during the Great Depression many of the women were exposed to the rigors of hard physical labor in order to meet the basic needs of the family.

The findings related to work and gender roles in the present study are consistent with findings from two other works. An early longitudinal study of the relationship between health and well-being, and social roles and lifestyle determined that women who identified themselves in relation to their work role were more healthy and had higher levels of life satisfaction than did women whose identity was strongly tied to home and family (Mass & Kuyper, 1974). Similarly, in a qualitative study of optimal aging in women in their seventies and eighties, Hurwich (1982) found that identity was not primarily tied to traditional gender roles. Women in her study were non-conforming in their roles and they identified themselves separately from their roles in the family. These findings suggest that because women appear to benefit from multiple roles throughout life they have additional resources to adapt to societal changes and the challenges and risks that come with aging (Hurwich, 1982).

While there are multiple explanations for the nontraditional choices made and paths followed in the aforementioned instances and many others in the lives of the women, the concept of resistance seems especially applicable to this sample. Feminist scholars suggest that women resist societal oppression in the multiple aspects of their lives as a means of coping with it (Browne, 1998). Resistance may take many forms. Women find their own ways of facing adversity, often by being open to risk-taking, creative problem-solving, or joining with other women in mutual support (Browne, 1998; Weick, 2001).
the present study it appeared that the participants were able to defy some cultural norms through belief in themselves, other internal resources, acquiring knowledge, and/or support from their families or larger community.

Social-Structural Influences

The effects of social structural forces on the women’s lives were evidenced in the areas of caregiving, finances, and health. While they appeared to be minimally affected by societal norms regarding stay-at-home mothering, most of the women did conform to cultural expectations for providing care to family members. Several of them described instances in which they were caregivers for their older parents, either at home or in a facility. Over one half of the women were the primary caregivers to their spouse through a course of illness and many of them provided instrumental support to parents or older extended family members.

There were challenges to providing care in the home to loved ones who were dependent. This is reflective of the tendency of the federal government of the United States (until recently) to direct financial resources to long-term care institutions rather than to community-based health care programs. The burden of care then rests on the “family”, which in essence, means women (Browne, 1998; Hooyman & Gonyea, 1999). Difficulties encountered in trying to work and also ensure the care of loved ones, adversarial relationships with doctors or other medical professionals, and the physically and emotionally exhausting effects of being constantly “on call” were the most frequently mentioned caregiving problems. A few women had difficulty accessing appropriate
services or facilitating adequate care. Two retired to be primary caregivers rather than leave family members with less-than-adequate coverage. For these women the decision to retire was influenced partially by barriers to accessing quality care for loved ones.

The impact of economics on the lives of the women varied. Mid-life was a difficult time for several of the women financially. Those women whose marriages ended through death of spouse or divorce were especially impacted. They had to adjust to being without the financial resources of their husbands. While the women tried to work at jobs that would support them and their children, their pattern of work inhibited the development of seniority or marketable skills. Consequently, some worked part-time or at lower paying jobs. One woman sought full-time work for the first time at age fifty after her husband died; she was not old enough to receive widow’s benefits.

Due to job reorganization two women were moved to positions with less responsibility and/or decreased hours of work. Their work histories were such that these women did not have pension plans and their Social Security placed them at or near the poverty level. All of these circumstances negatively impacted financial status in the later years (Browne, 1998). This is reflective of the economic status of women in the larger population of this cohort, whereby about 12% have incomes at the poverty level (U. S. Census, 2002).

Some of the women in the present study expressed regret that they neglected their own health care needs earlier in life. They noted that they put the needs of their families ahead of their own. In midlife and beyond some of the women were too stressed by working and caring for multiple generations of their families to give attention to their health. Energies were committed to assisting others despite personal medical problems,
which further taxed the women’s physical resources and placed them under a great deal of stress. Occasionally chronic illnesses went untreated and then exacerbated after a loved one’s death, resulting in compromised health status.

Characteristic of their self-awareness and knowledge seeking, most of the women in the study indicated that in their later years they began to take better care of themselves. They became proactive in adjusting diet, exercising as able, and taking medications as prescribed. They advocated for themselves with their doctors about their personal health. Several women expressed the concern that medical professionals do not provide adequate information about health issues, and that when seeking treatment for themselves or other family members their opinions were ignored or discounted. Typical of persons with a strong self-concept, they persevered until they were heard. The feminist life-span perspective suggests that these behaviors are vital to procuring optimal health care in later life. Older women need to be proactive about their health concerns by communicating assertively with medical providers and seeking education to enhance their physical well-being (Browne, 1998; McCandless & Conner, 1999).

Additional social-structural forces impacted the African American women in the study. They named racial prejudice in multiple aspects of their lives: as young adults in daily life when they shopped in stores, traveled on trains, accessed public buildings or sought housing; with faculty and administration of institutions of higher education; and in hiring practices when applying for jobs in their middle years. The African American women shared how, when young, they resisted the oppression of the larger culture. They claimed their power in a variety of ways: by sitting in the “Whites Only” waiting room of a train station; asserting themselves with college faculty; and applying for any jobs for
which they knew they were qualified. It appears that the women were confident in their actions from having received strong parental nurturing and approval for who they were as individuals in their early years.

The life-span developmental, historical-cultural, and social-structural forces discussed above partially explain the influences on the lives of the participants in the present study. In the following section the study findings are examined in light of the extant theoretical links and research related to resilience.

**Resilience and Theoretical Links**

Although there is no theory of resilience, the growing body of research about resilience has produced findings that consistently reflect some basic theoretical assumptions (Greene, 2002). Many of the assumptions relate to components of life-span development theory such as person-in-environment, diversity, and the influence of bio-psycho-social factors on individuals, as discussed previously. Greene (2002) further elaborates multiple theoretical connections to resilience. One such link is the ecological perspective, whereby persons are considered to be part of a much larger world—as members of groups, the community, and society—which also may exhibit resilience (Greene, 2002). Additional links have been made between resilience and stress and how people cope with stress; resilience and the level of competence at which individuals function; and the enhancement of resilience through relationships with others, or attachment at multiple levels (Greene, 2002).

It is worth noting that time should be considered when studying resilience. As was mentioned previously, the individual’s life trajectory, or the unfolding of the person’s life
across the life span, provides one component of time. Also, the timing of social and historical events that occur during one’s lifetime affects the process of resilience. And finally, positive or negative events that occur at a particular time in the individual’s life can affect the development of resilience (Greene, 2002). From this perspective, persons who overcome an adversity early in life realize confidence and self-efficacy from that experience; thus they accumulate resources that would be available in the event of a subsequent challenge. Further, when persons have a sense of worth they tend to capably handle life’s difficulties (Rutter, 1985).

This does not suggest that one cannot become resilient at a later age; what it does suggest is that the individual learns from the first instance of adversity, and each instance thereafter. Resilience is conceptualized as “a process that occurs at any age under any circumstances” (Blundo, 2002, p. 143). As was noted in the sample for the present research, about fifty percent of the women were faced with adversity in their early years, thirty percent had adverse experiences in mid-life, and twenty percent in later life. I would be hard pressed to assert that those who went through adversity as children were more or less resilient than those who did not have an adverse experience until their later years. As a result of his work with children whose parent(s) were mentally ill, Rutter (1985) posited that “resilience does not occur through the avoidance of stress, but rather in encouraging stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility” (p.608).

Undoubtedly, temporal issues influenced the results of this cross-sectional study; the data related to resilience in childhood and mid-life was entirely retrospective. Due to the general nature of the interview questions, information related to the early years,
especially childhood, was available for many of the women, but not all. Further, for each
dlife stage there was variation in the content and amount of data and in the age of the
participants when significant incidents occurred. A majority of the women named life
experiences prior to age sixty that had a lasting impression on their lives. The early years
of life comprise the beginning of the accumulation of advantage and adversity. These
experiences are worthy of note as they provide a framework for understanding resilient
behavior across the life span and into later life. This is reflective of Greene’s (2002)
suggestion that resilience “needs to be understood as a life event phenomenon” (p. 54).

Difficult Early Beginnings and Resilience

The findings in the present study regarding resilience in childhood and early
adulthood are consistent with the results of previous studies of resilience in the early
years. The primary childhood adversity in the sample was related to the relationship with
parents. Parental absence, physical, sexual, emotional abuse, and/or alcoholism impacted
the development of almost half the women in the sample. One participant related
memories of running out into the yard as her father beat one of her brothers. She recalled
that her mother would quietly but ineffectively attempt to restrain her husband when he
was in a drunken rage. Rejection by her birth mother placed another woman permanently
in the household of her paternal grandparents to be raised; she met her mother when she
was an adult and quickly determined that she wanted nothing to do with this woman who
had turned her back on her young daughter. Such early experiences of adversity
undoubtedly affected trust and the women’s view of marriage and family.
Experiencing racial prejudice was mentioned as a challenge for three of the African American women when they were young. They described first being aware of prejudice when they left their family homes to attend college. Interactions with the faculty and administrative staff reflected long-perpetuated stereotypes of African Americans. This contributed to discomfort and motivated two of the women to advocate for themselves. These two women persevered to achieve their educational goals despite discouraging remarks about their intellectual abilities or “mix-ups” with housing arrangements. Their determination suggests an “in-spite of” response whereby persons who have been subjected to family dysfunction or institutional oppression are able to realize success in their lives (Rubin, 1996; Wolin & Wolin, 1993).

The perseverance of the African American women in the study when they were young women, whether in college or not, is congruent with behavior in a sample of minority female graduate students interviewed by Bachay & Cingel (1999). Personal traits such as self-efficacy and faith, in conjunction with supportive interpersonal relationships facilitated resilience as the young women dealt with multiple challenges in their lives (Bachay & Cingel, 1999). Both the present study and the Bachay and Cingel (1999) research determined that minority women succeeded in a white majority-dominated culture regardless of multiple societal barriers or the experience of critical life incidents.

As they reflected on the challenges of childhood and young adulthood the participants in the present research were able to identify several resources or protective factors that helped them through the hard times. These protective factors were both internal and external. Among the most frequently mentioned protective factors were loving, caring parent(s) or grandparent(s); the support of siblings or adult family friends; modeling by
parents to persevere despite the circumstances; seeking to learn/get an education; and a belief in oneself as capable. Similar protective factors were delineated in the early studies of resilience in children growing up under adverse conditions. Problem-solving skills, high IQ, being affectionate and outgoing in childhood, and having support networks in the community facilitated positive outcomes in adolescence and adulthood (Garmezy, 1993; Werner, 1995). By the time the females in Werner and Smith’s study (1992) reached thirty years of age the additional resources of faith, determination, and competence had been acquired.

Several of the women in the present research exercised proactive behaviors while young adults to change the environment/milieu in which they lived. They took action to alter circumstances they found intolerable by removing themselves from danger and/or harmful relationships, e.g., physical or sexual abuse. This finding is supported by the longitudinal work of Werner & Smith (1992) who determined that resilient persons were found to leave the dysfunctional childhood home and move into a more growth-enhancing environment as young adults. Awareness of the detrimental effect of a particular situation and motivation to make changes appear to be related to development, whereby an individual matures and makes the transition from being a passive recipient of, to an actor upon, the environment (Wright, 1998).

In the present study and in the studies of at-risk children, caring and able adults emerged despite family dysfunction, poverty, or other psychopathology in the home (Garmezy, Masten, & Tellegen, 1984; Rutter, 1985; Werner & Smith, 1977).
Early Development of Self

Personal traits that emerged in the early years of the women’s lives continued to serve as protective factors as they matured. The reactions and adaptations to adversity in early life provide insight into the development of the sense of self in the women. These findings regarding the self-related aspects of resilience were noted in Werner’s longitudinal work with at-risk children. Werner and Smith (1992) found that in adolescence the behavior of resilient females was characterized by more assertiveness and independence than behavior in adolescents who were not resilient. Further, the young women exhibited an internal locus of control, the desire to achieve, and had high self-esteem (Werner & Smith, 1992). These traits were evidenced in the present study, whereby the young adult women exercised independence in decision-making. Their proactive behavior reflected belief in themselves as worthy; they acted in order to survive.

Resilience in Early Adulthood through Midlife

As the women in the sample grew into adulthood the accumulation of advantage and adversity increased and diversified. The most prevalent challenges in midlife included divorce, illness in self or spouse, death of spouse, other family issues such as parenting grandchildren or death of an adult child, and racial discrimination. Again lessons learned from the family of origin were noted as advantageous in assisting adaptation. The African American women especially noted being taught that they could succeed at
anything they set out to do. Perseverance, faith, and support provided by others were the primary resources that sustained the majority of the study participants who experienced adversity during midlife.

These findings are consistent with results from the Wisconsin Longitudinal Study whereby women at mid-life who had previously experienced major depression regained their mental health through a variety of paths and with the aid of diverse resources (Ryff et al., 1998). An analysis of the life histories of the Wisconsin women revealed four different configurations of life experience—that is, variety in adversity and advantage through life at different stages of development—all of which resulted in resilient behavior (Ryff et al., 1998). While the data in the present study did not allow for the same type of analysis, in this sample and the Wisconsin sample positive early life experiences, fulfilling relationships with others, and self-protective reactions to challenge contributed to resilient behavior (Ryff et al., 1998).

Several of the women in the present study recalled having the experience of a caring, supportive relationship with one or more adults in their early years that sustained them throughout life. Grandparents, older siblings, and close family friends provided emotional support and encouragement to the women as they grew up and individuated from their families of origin. In her retrospective study of adult survivors of childhood adversity Higgins (1994) also found early relationships as significant to positive adaptation in adulthood. Research participants transcended negative childhoods, in part, through the experience of at least one nurturing relationship with an adult prior to
reaching maturity. Regardless of how minimal or infrequent the contact with the caring
other in the early years, respondents were able to recollect positive interactions that
subsequently guided their behavior in relationships as adults (Higgins, 1994).

For the women in the present research who had experienced familial dysfunction in
one form or another as children, those early nurturing connections held fast and
contributed to their adaptation to midlife challenges. Some of the women whose parents
were deceased or inaccessible relied on positive memories of special adults who had
provided encouragement in a surrogate parent role. Others were fortunate enough to be
able to reconnect with the nurturers: some of the women received emotional support and
counsel in relation to their marriages, others a sense of “home” when the family home
was no more, and still others benefited from the validation of self and choices they made.

When describing religious affiliation in midlife, the women most often referred to
their participation in church activities. Church attendance was common for many of the
women; they viewed it as a family function. In discussing the adversities of the middle
years, however, the participants talked about their faith or a belief in God as one resource
that helped them through. In both the present study and Higgins’ (1994) research, faith
systems did not necessarily reflect religiosity or involvement in a church; yet the sample
populations acknowledged an appreciation of a spiritual influence in their lives that they
viewed as beneficial, particularly in times of challenge.

By the time the women in the present study were well into their middle years they had
accumulated a variety of characteristics that enhanced their resilience. Among them were
being nurtured by a caring adult when young, active problem solving, perseverance,
relationships/social connectedness with others, and faith or spirituality. These
characteristics are consistent with those in a sample of midlife women studied by McQuaide (1998), whereby feeling connected to others, positive regard of self, and self-efficacy facilitated resilience and coping. In a compilation of traits from studies of women who experienced the challenge of poverty, teen pregnancy, or sexual victimization, Wright (1998) also noted similar characteristics as contributing to resilient behavior. Further, the women in these studies displayed the ability to solicit the support of others from childhood onward, a capacity to find some benefit or meaning in adversity, and espoused an active faith (Wright, 1998).

The discussion of the study findings related to midlife reveals the process of the accumulation of advantage and adversity noted by developmental life-span proponents. Each woman followed her own unique developmental trajectory. As we move into the later years we see an increase in the types of adversity with increased commonality in the experience of adverse events, as well.

Resilience in the Later Years

Despite the challenges and losses they experienced in old age the women who participated in this research continued to display a strong investment in and positive orientation toward life. One of the most prevalent adversities for the women in later life was living with chronic health conditions and the concomitant decline in function. Yet they did not let these changes hinder their active engagement in life; the women found ways to adapt. Results from the Berlin Aging Study (Staudinger & Fleeson, 1996), which examined the relationship between physical constraints (decline in vision, hearing, and ability to perform ADLS, and a high number of chronic illnesses), coping styles, and
adaptation revealed similar behavior in both men and women. Investigators determined that regardless of physical constraints persons did experience emotional well-being into their later years.

Most of the women in the present research had encountered some physical challenges, either with chronic conditions that often come with age or more severe problems such as cancer or stroke. The women who were limited in function were able to cope by finding others to assist them with tasks or by seeking education or training to maximize function. Such actions enabled them to maintain active involvement with the environment and to participate in relationships, thereby enhancing purpose in life and self-esteem. Similarly, the Berlin sample exhibited resilience through the selection of such coping styles as looking for information and having faith (Staudinger & Fleeson, 1996).

One of the more dramatic challenges in life is loss of spouse. However, the widowed women in the study were generally as actively involved in life as the remainder of the sample. Those who had been widowed for a number of years maintained a variety of relationships and demonstrated the capacity to adapt to life challenges. Some of the widows in the sample were struggling with the loss of companionship and tried to fill the void through other social contacts. Findings from multiple studies of the widowed reveal that within about a year of the death of spouse women generally heal emotionally from grieving and are socially connected to others (Ferraro, 2001). Also, widowed women tend to find others who have gone through the same experience and spend time with each other. A ten-year follow-up study of widowed persons by McCrae and Costa (1993) found them to have similar patterns of social contact, to be functioning as well physically, and as able to care for their daily needs as were married respondents.
Internal and External Resources

Many of the resources found in the present sample of resilient older women have been found in other samples of elders who experienced adversity. A relatively recent qualitative study of Holocaust survivors elicited protective factors for persons who had undergone extreme, prolonged duress (Greene, 2002). The survivors cited several resources that aided them during the Holocaust: the support of persons in the community; doing whatever was necessary to survive in the concentration camps; the use of creative problem-solving and positive self-talk; and exercising personal control (Greene, 2002). Reactions to challenge by the women in the present study reflected similar behaviors related to self-preservation. They, too, exercised creative thinking and self-control when facing adversity, especially when they saw the need to disengage themselves from harmful situations. The resilient women in the study also credit the encouragement and support of others as sustaining them throughout their lives.

Additional factors contributed to perseverance under dire circumstances for both sample populations. Among them were family, involvement in religious groups/spirituality, and having meaning and purpose in life. Such protective factors provided Holocaust survivors with a will to live and enhanced adaptation to a new life after the war (Greene, 2002). For the resilient women in the present study being spiritually grounded was pivotal to coping with various adversities. Family also provided support to the women during difficult times and gave them motivation to carry on despite their troubles, thereby facilitated moving forward with life. Several of the women who were divorced or widowed in midlife had the additional responsibility of providing for themselves and their children, which, although a stressor, also provided purpose in life.
The findings in the present research share some commonalities with results from the recently published Harvard Study of Adult Development (Vaillant, 2002). Data were synthesized from three populations separately researched over a number of years: a group of men who entered a study of adult development while first year students at Harvard between the years 1939-1942; a group of women from the Terman study of gifted children out of Stanford, born around 1910; and a group of inner city men who had been in a non-delinquent control group as part of a criminology study (funded in 1939) by Sheldon and Eleanor Glueck (Vaillant, 2002). From samples of such diverse backgrounds a set of characteristics emerged that appears to be vital to positive aging.

These characteristics of positive aging for both genders resemble the resources found to promote resilience in the sample of women in the present study. They include: being interested in others and giving to them as able; acceptance of dependency with the ability to turn disadvantage into advantage; a sense of hope and being as autonomous as possible; having a sense of humor and the ability to enjoy life; an appreciation of the past while being open to learning from those who follow; and remaining connected to old friends, yet embracing opportunities for developing new relationships (Vaillant, 2002). The Harvard Study also notes diversity in the experience of advantage and adversity and variance in life experience among the respondents across the lifespan (Vaillant, 2002), which as mentioned earlier, was also true of the resilient women in this research.

In the present study and others, social connectedness appeared to be closely related to resilience (Brown, Messe, Vinokur, & Smith, 2003; Vaillant, 2002). While social connectedness was a resource for all of the participants in the study, the women differed in how social contacts were realized. The numbers of contacts, the context in which
contact occurred, and the persons with whom an individual woman related varied. Family members were the primary social contacts for a few of the study participants; these women tended to be dependent on their children for instrumental assistance and ventured out of their homes occasionally to attend family activities. Several of the women in the study received in-home services through community organizations or participated in programming at the local senior citizens center, which not only provided them with social connections but also facilitated their ability to live in the community.

For the majority of the women in the study, multiple friendships and involvement in formal organizations, as well as close ties to family, were typical. Close emotional ties in later life have been found in studies of the social networks of elders. While the size of the social network may be smaller, emotional closeness to others does not change with age (Lang, Staudinger, & Carstensen, 1998). In the present sample, social contacts were in person, or often over the telephone or through letter writing. Many of the study participants continued to be in touch with friends they knew from late childhood or high school. Despite the long distances between them and infrequent face-to-face contact, the women felt strong support and caring from these long-standing relationships.

**Extending Self to Others and Resilience**

Giving to others was indicative of the women’s awareness of the connectedness of humans to each other; they frequently mentioned a belief that “we are meant to help one another”. As discussed in the study results, extending oneself to other people took on a variety of forms and encompassed a wide range of relationships. Much of the giving involved providing emotional support and encouragement to peers, family members, or
younger acquaintances. Instrumental assistance consisted of cooking meals for friends, caregiving of grandchildren, and volunteering with community organizations, for example. Such commitment to giving of self is found in other studies of resilient elders (Brown et al., 2003; Greene, 2003; Moore & Stratton, 2002; Vaillant, 2002).

Moreover, older persons have been found to benefit from their altruism. One of the ways survivors of the Holocaust made meaning of their lives after the war ended was to participate in Jewish groups and donate money to worthy causes (Greene, 2002). A study of older widowers by Moore & Stratton (2002) determined that they have more structure and meaning in their lives and increased contact with others through activities that involved doing something for other people. Giving to others provides older adults meaning and purpose in life and a sense of belonging.

A recent study suggests that another benefit of giving to others is extended longevity. In a sample from the Changing Lives of Older Couples study it was found that longevity was enhanced for persons who provided instrumental assistance to others or emotional support to their spouse (Brown et al., 2003). This benefit was realized even when factors such as age, health behaviors, and mental health were controlled (Brown et al., 2003). In a similar vein, Moore and Stratton (2002) determined that poor health did not inhibit generative behavior in older widowers; rather, the men in their study continued to do for others and viewed their physical problems as just another part of life. The results of the present research are confirmed by these two studies. While they did talk about health concerns, the majority of the women did not elaborate about their health in detail. It was evident that the participants in the study invested a great deal of time and energy giving to others and benefited from doing so.
In a similar vein, the investigators in the Harvard Study determined that being generative is one of the fundamental aspects of optimal aging (Vaillant, 2002). Generativity as defined by Erikson (1950) involves giving of the self to future generations. Adults may serve in the capacity of mentors or teachers, or share their wisdom with those who are younger than they once they have mastered the tasks of identity, intimacy, and career consolidation (Erikson, 1950). Generative behavior is an attempt to ensure that something positive will be left for future generations when one is gone (Erikson, 1950). Out of data from three very different populations researchers determined that the ability to build community through generative behavior is an option for persons regardless of education, IQ, or social status (Vaillant, 2002). This was certainly true of the women in the present sample, who were from diverse educational and social backgrounds. Each woman gave as her resources would allow and each had a unique network of relationships that comprised her social system and contributed to her sense of community.

In a model of generativity that expands on Erikson’s (1950) work, McAdams and de St. Aubin (1992) delineated seven contributing factors: cultural demand or expectations; a desire, or need to be productive; concern for the younger generation; commitment to give or offer self to others; a belief in perpetuating the species; taking action; and narration, or the life story. Studies by these researchers reveal that generative acts may vary from one time of life to another and can provide differing reactions in individuals. They determined that caring, for example, may produce more positive feelings in the giver than taking action, whereby one becomes involved in the struggles of
those to whom one is reaching out, and thus may have more negative feelings about helping (McAdams & de St. Aubin, 1992; de St. Aubin & McAdams, 1995).

The giving of self by the women in the present research extended not only to younger generations but also to peers and persons older than they. Although their giving did not reflect all of the components of generativity as proposed by the McAdams and de St. Aubin (1992) model, many of the women verbalized having a desire to leave something to younger family members/invest in the younger generation. When helping young people was mentioned by the study participants, it was often in conjunction with passing one’s knowledge and experience along to those who were struggling with life issues such as divorce, racial prejudice, or pursuing further education.

While the present research did not examine generative activity in relation to longevity, it was apparent that for the women in the sample extending themselves to others enhanced quality of life. In later life the women gave to others despite challenges or losses they experienced. This seemingly universal need to give was acted out even in the oldest and most frail women. For many, giving was a way to not only assist others, but was perhaps a distraction from the challenges in their own lives. The connection between extending oneself to others and social connectedness is reflective of the feminist life-span paradigm, as it relates the individual woman to part of a larger group with whom she joins to face the challenges of life (Browne, 1998). As Whitbourne (2001) suggests, “generativity is an important route toward positive adaptation in the middle years and beyond” (p. 420).

Being generative is also related to having a sense of self, according to Vaillant (2002). Thus, for the individual who does not have a strong sense of self, giving away part of
oneself can be problematic (Vaillant, 2002). This provides a possible explanation for the un-ease of two of the women in the present study, growing older alone, who appeared to have less comfort with self than did the other women in the sample. Although they had the desire to extend themselves to other people and had made some attempts to do so, they were unsure of how to best accomplish their goal. At the time they were interviewed both of the women were struggling to find a satisfying niche in the face of significant role loss.

The Aging Self and Resilience

In this sample of older women processes related to the self appeared to be functioning optimally. The behaviors of the women reflected positive self-concepts, a high measure of self-esteem, and feelings of efficacy. As a group the women exhibited commitment to themselves and the lives they lived. Each was involved with persons and activities that provided stimulation and purpose. None of the women in the study described herself in derogatory terms or alluded to herself as incapable. In multiple situations the study participants described how they acted to make necessary changes in their lives (control). Active participation in their environment was indicative of the women’s openness to change and opportunities for new experiences (challenge).

The aspects of hardiness--commitment, control, and challenge (Kobasa, 1982)-- were also found in older adults studied by Wallace and Bergeman (1997). Further, physical health and psychological well-being were significantly related to hardiness (Wallace & Bergeman, 1997). The authors concluded that hardiness may be a factor in ameliorating
stress in the later years (Wallace & Bergeman, 1997). This was certainly true of the women in the present research, who despite ongoing health concerns and other stressors, exercised resilience in the face of challenge.

These findings are significant because they validate the importance of the role of self-related processes in later life. Researchers have determined that various components of the self have protective mechanisms that guard against losses in adaptive capacity. By accommodating goals in response to challenges, older adults may realize enhanced self-esteem and continued continuity of self (Brandtstadter, 1999). Other self-related processes such as coping mechanisms and personal life investment support the resilience of the self in later life when persons are faced with increased physical constraints (Staudinger & Fleeson, 1996). Research also indicates that people whose sense of self is multi-faceted (e.g. use of many self-related processes such as social comparison, possible selves, goal adjustment) are less affected by physical status or depression (Staudinger et al, 1999). The results of the present study suggest that the women utilized a variety of self-protective mechanisms to maintain their views of and feelings about themselves.

**Spiritual Gounding and Resilience**

The spiritual domain was multi-faceted in the present research. Study participants varied in their religious beliefs and understanding of spiritual life. Many expressed belief in a higher power and stated that they could not have made it through difficult times if they had not had their faith, or that they made it “with God’s help”. While Vaillant (2002) found that spirituality did not increase with age, he did find that for persons who
had experienced depression in the past there was a relationship with the strength of their adherence to a professed religion. In other words, religion was viewed by persons in the Harvard Study (Vaillant, 2002) as helpful in times of trouble.

Further, the resilient women in the present study cited their connection to and involvement in the church community as sustaining and supportive. This finding is also consistent with Greene’s (2002) study of Holocaust survivors. She found that religion gave meaning to life and sustained the survivors through the unspeakable horrors to which they were subjected. Further, in post-war life, maintaining ties to the Jewish community and being involved in Jewish organizations enhanced efforts by survivors to rebuild their lives (Greene, 2002).

Likewise, the women in the present study cited their faith as primary to the will to persevere regardless of how grim the circumstances. The effects of family dysfunction in the early years of development; illness and death of spouse in mid- and later life; multiple episodes of cancer, surgery and treatment; and other challenges were transcended through relationship with, or reliance on, a higher power and/or one’s relationship with a church community. Similarly, the older widowers in the Moore & Stratton (2002) study turned to religion to answer meaning-of-life questions.

For many of the women in the sample there also appeared to be a connection between spirituality and extending self to others. Women who practiced their faith were often led to provide support to other persons whom they determined were in need. The “living out” of faith by the women was evidenced by the sharing of life experiences, especially with younger people; unconditional acceptance and support of persons who were struggling with problems such as drug addiction; and doing what they could to make the
life of someone else a little brighter. This is congruent with behavior in resilient Lutheran women studied by Ramsey & Blieszner (1999), for whom involvement in an organized religious group provided structure and meaning in life. The investigators in that study suggested that through forgiveness and caring relationships the women were able to transcend adversities in their lives. Consequently, spiritual resilience contributed to favorable views of the self that motivated the women to extend themselves to others who experienced adversity (Ramsey & Blieszner, 1999).

Resilience and Optimal Function in Later Life

The findings from this study contribute to a better understanding of resilience in older women and the capacity for resilient behavior across the lifespan. As is true in research with younger populations, it is evident that the lives of the women in the present study were impacted by the complex interaction of multiple factors. Among these are developmental influences, social structural forces that impact women across the lifespan, and historical effects specific to the cohort. The life story of each individual woman further influenced her path to resilience, which is also consistent with results of other empirical studies of resilience.

At the time the interviews were completed the majority of the women were experiencing relative stability in their lives. A small number of participants were coping with upcoming transitions such as a move to assisted living or recovery from a major medical incident such as surgery. Although the study was cross-sectional, thereby dependent upon recall regarding earlier life stages, the life histories of the women
reflected patterns of resilient behavior intermingled with periods of less optimal functioning. This is indicative of the “self-righting” aspect of resilience as described by Werner and Smith (1992, p. 202).

In this sample of older women resources were identified that were available to and utilized by the majority: social connectedness; extending self to others; moving forward with life; curiosity/every-seeking; head-on approach to challenge; “maverick” behavior; and spiritual grounding. Some of these resources may also be seen as protective factors; that is, they may help to moderate the effects of adversity. One example of this is that several of the women who were widowed found great support and benefit from their connections to others in their lives, either one-on-one or as part of a group. Although they grieved the loss of spouse they also felt they were not alone and had others to whom they could turn, which gave them comfort and a sense of security. The women were stronger in some resources than others and relied on differing resources depending upon a specific situation, which is also consistent with the theoretical assumptions related to resilience discussed earlier.

In the model of successful aging proposed by Rowe and Kahn (1987) emphasis is placed on good health and intact cognitive function in combination with active engagement with life. It was evident in this study that women who had problems with health or other life domains were still able to assert themselves optimally in their environment and to vibranty interact with other people. This was possible in part through their ability to marshal the necessary resources to meet their needs. For example, drawing on internal factors, such as curiosity or a head-on approach to challenge facilitated problem solving. Also, the external resource of social connections enhanced
feelings of belonging and validated self-worth. While there may have been decrements in one life domain or more, the women displayed resilience in other domains and were capable of managing their lives despite the challenges of aging.

Just as in studies of younger adults and children, the results of this study suggest that a variety of factors ameliorate the detrimental effects of adversity, thereby facilitating resilient behavior. For example, all of the women had at least one chronic health problem and the majority had more than one. Additionally, several of the participants were living with the residual effects of major health incidents such as cancer, stroke, or injury from a fall. A few of the women expressed concerns about finances; more articulated worry about their adult children or grandchildren. Yet each woman found ways to accomplish daily goals and to extend herself to others. The findings from this research are consistent with Rowe and Kahn’s (1997) assertion that resilience may be the crucial link between the domains of health and optimal cognitive functioning, and active engagement in life that promotes successful aging.

Reflexive Comments

This study presented me with a unique opportunity to meet some remarkable older women and hear their stories of challenge, loss, and risk. In sharing their struggles they also shared how they dealt with those struggles. The experiences of adversity differed among the women as did the resources available to them to work through the adversities. Some of the women were negatively affected by early experiences in their families of origin. Others named their first experience of adversity as occurring much later in life. Each woman followed her own path and found her own way of carrying on despite the
adversities she faced. While gender, cohort, and aging were common to all, no two stories were alike. I am aware that this research is only reflective of what the women shared with me and what I was able to observe of their lives. There is certainly a great deal that I do not know about them.

As mentioned previously, throughout the process of doing the research I made entries in my reflexive journal. I noted my reactions to the women’s stories, observations of their living situations, questions I had about methodology, and theoretical insights. Though I would like to include musings from my journal there are far too many to incorporate in this document. However, I do want to mention a few insights I managed to capture about the process of research.

First, in the midst of collecting data and transcribing the audiotapes of the interviews I became aware that I had a bias about how it feels to be resilient. Prior to beginning the collection of data, I thought that as a result of being resilient one would feel good about handling a challenge. After interviewing several of the women I realized that while they may have been proactive in the face of adversity, they did not always come out of situations feeling good. Having survived a situation was the benefit; a positive feeling about it was not necessarily a consideration. Yet from my perceptions of the women, I recognized that having come through adversities contributed to their feelings of self-worth and control.

Secondly, during the course of the interview a woman might mention an event as having occurred in her life that in my mind could have been labeled an adversity or
challenge, but she did not describe it as such. In the data analysis I did not include such cases. I wanted to be true to the women’s perceptions of their lives and not impose my judgments on their reality.

A third insight about the study was that even though the results may not have yielded data that I anticipated it would yield, the study was still viable. The literature about aging and resilience is not extensive, but studies of developmental psychology note the importance of social comparison to maintaining a positive view of self and adapting to change in later life. I expected that the women in the study would utilize social comparison as a means of adjusting to challenges. A very few mentioned comparing themselves to others. I also was somewhat surprised when the first several interviews yielded little comment about health or physical status as a concern or adversity. As mentioned in the discussion, the data suggest other ways the women in the sample adapted, and their health status appeared to be generally just another part of their lives.

Finally, the following quote reflects the ideal for resilience in later life. “Adults who are resilient have the capacity to gain social competence, the capacity to be flexible, empathetic and communicate effectively; to use problem-solving skills, the ability to plan, seek help, and think critically and reflectively; and to develop a sense of critical consciousness, an awareness of oppressive structures and how to combat them” (Greene, 2002, p. 49). It is my opinion that this ideal may be achieved by older women only through combining their energies with those of gerontologists, social workers, and feminists who push for change in the social-structural arena.
Limitations of the Study

As is the case for any researcher I made choices when I designed the study that affected the outcome. My choices were influenced by personal interests, time, and finances. In retrospect, different decisions or actions may have made for a stronger study. As I reviewed the research process I noted three limitations.

The first limitation is related to sampling issues. Although I sought a diverse sample, it could have been even more diverse. The sample was largely widowed (eight women). Also, while I did not intend to compare resilience in never-married women to resilience in women who had been married, interviewing more never-married women would have added to the knowledge about this little-studied group. The sample was also disproportionate in racial composition; twelve of the seventeen women were Caucasian and five were African American. One woman was of Jewish descent. No other race or ethnic group was represented. Interviewing women from more varied racial and ethnic backgrounds would have increased the heterogeneity of the sample.

Further, while setting some geographic parameters to the sample facilitated data collection it also had drawbacks. All but three of the women who were interviewed lived in the smaller county. Had the sample been split evenly between the urban and more rural county greater differences in life experience and environmental influences might have emerged. Also, sampling from a broader geographic area to include large metropolitan communities and locations outside the Midwest would have further validated similarities and differences. While I accomplished the goal of reaching saturation through theoretical sampling, data from seventeen women is hardly reflective
of the larger population of older women. A broader range of ages and a higher number of participants could have provided a basis for comparison regarding historical effects and social-structural influences between the young-old, old, and old-old.

Secondly, the use of an interdisciplinary approach to data collection would have further enhanced the study. While I chose to use very general open-ended questions to allow the women to name advantages and adversity and to ascribe meaning, I believe more information related to the bio-psycho-social aspects of aging could have been captured. Material related to these issues emerged during the interviews, but was not elicited from each woman in relation to every domain. This could have been achieved had I included specific questions about physical status, psychological aspects of aging, finances, and social networks. A measure of well-being or depression, and the inclusion of a self-rated health question or listing of health conditions would have elicited a more comprehensive picture of the women.

A third limitation of this research is that the study was cross-sectional, which influences the impact of the findings. Some of the women provided retrospective information about childhood and the middle years but this information was not consistently offered. Also, this material was dependent upon recall, which could have been affected by changes in perception or memory. More detailed information was provided about the later years than any other life stage. A longitudinal study would provide a view of functioning over time, thereby reflecting consistencies and inconsistencies in behavior, yielding data that would add more credibility to the findings.
The theoretical debate about resilience as process versus outcome may be more fully addressed through longitudinal work. Because this research was part of a doctoral program a longitudinal study was not feasible.

**Implications for Practice**

The implications for social work practice that emerged from this research are drawn from two sources: the overall findings of the study and the answers given to the interview question about what would be helpful to older women as they deal with challenge. First, there are aspects of effective practice that should be noted which are germane to working with any population: education about issues relevant to the population (aging), especially women’s experience of growing older; cultural competence; and knowledge of the aging network, programs, and services for older adults. Practitioners need to be conduits of information about aging and make themselves accessible to share information with older women. Women who are educated about various aging issues and community resources can begin to develop the knowledge and skills they need to act on their own behalf (Browne, 1998; Weick, 2001).

Cecile, one of the women in the study who was very comfortable with her own aging, made a suggestion that addresses several aspects of practice with older women. She proposed bringing women together in order to share about the experience of aging. Cecile believed that women could benefit from the opportunity to sit down in a diverse group of strangers (all women) and have a heart-to-heart talk about their concerns related to growing older. She felt there would be value in being anonymous, as women would feel free to share, knowing that participants in such a group could not judge each other.
based on prior knowledge or the experience of a relationship. This atmosphere would allow women to ask questions about uncomfortable topics such as sexuality, for example.

Women could realize multiple benefits from such an exchange: they could gain knowledge about aging; feel support from other women and know they are not alone; and/or become empowered through the shared stories and acquisition of accurate information. Further, being informed about an issue such as sexuality in later life could enhance feelings of control and effectiveness in decision-making. These benefits also relate to the characteristics of curiosity/seeking, social connectedness, and head-on approach to challenge found in the women in the study. Knowledge is power, and through knowledge older women are better equipped to cope with life challenges and interface with social institutions that negatively impact many aspects of their lives (Weick, 2001).

The importance of listening and collaborating with women to meet their needs is also a component of effective social work practice. Listening transmits an appreciation of self-knowledge and enhances the practitioner’s understanding of the context in which events occur. A constructivist approach to practice allows the voices and perceptions of older women to be heard and is also a means to assess the larger environment of which they are a part (Browne, 1995; Saleeby, 1996). Two of the women who were caregivers for their ill spouses described instances in which their knowledge and opinions were discounted by professionals; they came away from attempts to facilitate appropriate medical care for their husbands feeling negated, as if they were interfering rather than attempting to provide useful information.
The experiences of the two caregivers and Cecile’s idea about sharing in an anonymous group are indicative of a second implication for practice with older women—confronting ageism. Negative perceptions about aging abound in the larger society and also among older women. Cecile voiced the concern that many women do not acknowledge their own aging and attempt to hide it, which can be a form of denial. This may be functional to a point, but can be detrimental if older women are unable to accept themselves. They may internalize the negative messages of the culture and become depressed or feel worthless. The two caregivers made a point of finding out all they could about their spouses’ conditions and developed a plan to approach the service providers. Practice that educates women about the facts of aging would enhance their ability to tackle the challenge of ageism. Another way in which practitioners might address ageism is to work with schools to provide opportunities for children to have positive experiences with older women—perhaps by matching a student with a generative older woman.

Because the psychological domain is central to the resilience of the aging self, interventions that are designed to facilitate psychological health in older women are critical. This suggests a third implication for practice, the use of a strengths-based approach. A strengths-based approach provides at least two benefits: first, the focus is on the positive aspects of the individual woman rather than on her problems; and secondly, it emphasizes possibility, which can lead to the belief that change can occur (Saleeby, 1996). By working with older women to identify their resources, practitioners may assist them to determine a plan of action that has meaning for them and is viewed as attainable. For example, women who find meaning in extending themselves to others
could build on that strength by volunteering. Accessibility of the volunteer work might also be an issue for a woman if she does not drive; thus her problem-solving skills would be utilized as transportation arrangements would be required. Success in these tasks could bolster feelings of self-efficacy.

A fourth implication for practice is related to social connectedness. This was a primary protective factor for the women in the present study. The women maintained social contact with friends of all ages, family, as members of organizations, and/or through receiving assistance from community service providers. The literature reflects that social isolation contributes to depression in the older population. Working together, older women and social workers can devise ways to meet the need for social connectedness, thereby minimizing the possibility of isolation and enhancing feelings of belonging.

Several of the women verbalized the belief that bringing women together at senior centers or churches is one way to assist them as they deal with aging. Rebecca advocated the formation of Red Hat Society groups, the sole purpose of which is to have fun; she also noted a side benefit of calling attention to older women. A focus on relatedness and interdependence among women, as opposed to control and dependence, also builds on women’s strengths (Browne, 1998). For many older women, a sense of community and the collective good are part of a vital old age, as was noted in the study results.

The final implication for practice suggested by this research is that social workers join with older women to advocate for services that meet their needs. Funding for “non-essential” activities such as transportation to a volunteer site or to attend church may not be feasible given the reduction of federal and state dollars for social services.
Thus, practitioners need to tap into local resources and network with other organizations that have needs to determine programming that is mutually beneficial. For example, a Girl Scout troop could partner with women living in a senior high rise. The older women might assist the girls with reading or other schoolwork, and in exchange, the girls could run errands or serve as escorts to a social event.

Social workers can also advocate for community agencies to include older women (and men) on their advisory boards. For agencies that are committed to soliciting consumer input, this practice ensures that the voices of older women will be heard and taken into account. Thus, by being visible in community organizations older women as a group will be recognized and validated.

The ultimate task of social work, according to Saleeby (1996) is “to help individuals and groups develop the language, summon the resources, devise the plot, and manage the subjectivity of life in their world” (p. 303). The above recommendations for practice are not comprehensive, but in my opinion they would facilitate social work practice that respects the autonomy of older women and joins with them in the pursuit of a good old age for all.

**Suggestions for Future Research**

It is apparent that the importance of resilience to human development and adaptive behavior is being acknowledged in multiple disciplines. A factor that was once situated in developmental psychopathology has emerged as significant to optimal human functioning across the life span. Although the results of this study of resilience in older women suggest multiple factors that generally enhance resilience, the topic bears further
exploration. This investigator proposes further use of longitudinal studies to explore resilience in older women. Longitudinal work with females as they age would allow for a comparison of behavior from one wave of data collection to the next. Additionally, the accumulation of advantage and disadvantage across the life span could be observed. Investigators would have the opportunity to gather data nearer to the time life events happen, which could provide more accurate reporting of information. To further ensure accuracy and provide a richer presentation of the data, future researchers should use the words of the participants and refrain from re-naming themes using academic language.

Additional studies that focus on resilience in regards to a specific life event may provide more applicable information to use in interventions. For example, by examining a challenge such as retirement or divorce researchers could glean information that would inform practice with older women going through such life transitions.

The proponents of “successful aging” suggest that good health and optimal psychological and cognitive functioning, in concert with an active engagement in life, are the determinants of a successful old age (Rowe & Kahn, 1987). The women in this study displayed a general sense of comfort with themselves and their lives despite having physical and/or psychological challenges with which to contend. Further, giving of themselves to others in a variety of ways was a vital part of their lives. These findings are counter to “successful aging” theory and prompt the question, “How are older women who have diminished health (physically and/or psychologically) able to actively engage in life?” Further, what facilitates accommodation to challenge and loss when former ways of doing and being are no longer are effective?
Finally, I suggest research that incorporates tenets from the feminist life-span perspective (Browne, 1998). More studies that solicit input from older women about their experience of aging are needed, especially studies of minority women. This can be accomplished through the use of ethnography, narratives, and other qualitative approaches to data collection. Such approaches elicit data essential to “getting the story behind the story”. Hearing the stories of older women facilitates understanding of their perception of life events and situates the findings in context. This is critical to a holistic approach to the study of aging in older women, whereby the personal, environmental, and social-structural forces that impact them are collectively considered.

While the findings of the present study revealed information related to the impact of social-structural forces on the women’s lives, this was not the primary focus of the research. I suggest that for the field of social work to better address the needs of older women, attention must be directed to the factors beyond the personal that impact aging. The economic, health, and social aspects of aging will continue to negatively impact older women’s lives until such issues as women’s employment opportunities, the distribution of retirement benefits, delivery of health care to women, and societal expectations for caregiving are addressed. Policy changes at the federal level as well as attitudinal shifts in society will only happen when gerontologists, social worker, and feminists move these issues to the forefront of the political and public agenda.
APPENDIX A

ADVERTISEMENT

Would you be interested in participating in a study of older women? The study is about how older women adapt to losses and challenges in their lives. Beth Kinsel, a student in the College of Social Work at The Ohio State University, under the guidance of Virginia E. Richardson, Ph. D., professor in the College of Social Work, is doing the research. She would like to talk to you about how you have handled adversity in your life. She is interested in learning from you what kinds of events have been difficult for you and how you have reacted to them.

The main part of the study consists of an interview that would take about one hour of your time. A second contact with Ms. Kinsel would involve your reading over and offering any comments you have about the transcription of the audiotape of the interview. This would take about 45 minutes to one hour. You will also be invited at a later date to share your experiences with a small group of other women who have been interviewed by Ms. Kinsel. This group discussion will take about one hour of your time should you choose to participate in it. Your total time commitment would be about three hours.

If you are a woman between the ages of seventy and eighty, residing in Greene or Montgomery County, and are interested in participating in the study or have questions about the study, call Beth Kinsel at (937) 429-5107. Dr. Richardson can be reached at
(614) 292-1507. The research process will be explained in greater detail during the phone conversation. The results of the study will be used to propose plans for the provision of supportive services to older women.
This oral script was used to insure that potential participants solicited by professionals were fully informed and given the same information about the research.

Professional in the field of aging (to prospective participant):

I would like to invite you to participate in a study of older women. The study is about how older women adapt to losses and challenges in their lives. A student in the College of Social Work at The Ohio State University, Beth Kinsel, is doing the research and she is working under the supervision of Virginia Richardson, Ph.D., professor in the College of Social Work. Ms. Kinsel would like to talk with you about how you have handled adversity in your life. She is interested in learning from you what kinds of events have been difficult for you and how you reacted to them.

The main part of the study consists of an interview that would take from one to one and one half hours of your time. A second contact with Ms. Kinsel would involve your reading over and offering any comments you have about the transcription of the audiotape of the interview. This would take about 45 minutes to one hour. You will also be invited at a later date to share your experiences with a small group of other women.
who have been interviewed by Ms. Kinsel. This group discussion will take about one hour of your time should you choose to participate. Your total time commitment would be about three hours.

Participating in the study may contribute to some discomfort, as you are asked to share information about yourself. Involvement in the study may also lead to learning more about yourself. The results of the study will be used to propose plans for the provision of supportive services to older women.

If you are interested in participating in the study or have questions about the study, Beth Kinsel can be reached locally at 429-5107. If you would like to speak with Dr. Richardson, her phone number is (614) 292-5107. If you would prefer, with your permission, I will give your name, phone number and address to Ms. Kinsel so she might contact you about scheduling an interview.
APPENDIX C

ORAL SCRIPT FOR INDIVIDUAL INTERVIEWS

Thank you for being willing to participate in this study of older women. The purpose of the study is to find out how older women adapt to losses and challenges in their lives. I am interested in learning from you what kinds of events have been difficult for you in your life and how you reacted to them. Results of the study will be used to propose plans for the provision of supportive services to older women.

The first part of the study consists of an interview that will take about an hour to an hour and one half. I will be asking you questions and tape recording the conversation. The tape will be used for research purposes only, and will be erased after it is transcribed. You will not be identified in any reports about the study. The second part of the study involves your reading over the transcript of the interview and making any comments you have related to the transcript. This should take about 45 minutes to an hour of your time. You will also be invited at a later date to participate in the third part of the study, a small group discussion with other women who have been interviewed individually. This group discussion will last about one hour. Should you choose to participate in the group, your total time commitment for the study will be about three hours.

Participating in the study may lead to an increased understanding of yourself. Involvement in the study might cause some discomfort for you as you will be asked to
Share information about your life and experiences. Should you desire to further discuss your concerns, a list of resources that offers supportive counseling will be provided to you.

You will be asked to sign a consent form for participation in the study and will be given a copy of the form. You will also be given the names and phone numbers of the investigators should you have further questions. Your participation in the study is voluntary; you may withdraw consent at any time and discontinue participation in the study.

I will answer any question you may have about the study and your participation in it.
APPENDIX D

INFORMED CONSENT

(Typed on The Ohio State University
Stationery, College of Social Work)

Protocol No. 00B0123

CONSENT FOR PARTICIPATION IN SOCIAL AND BEHAVIORAL RESEARCH

I consent to participate in research entitled:

Resilience in Older Women

VIRGINIA E. RICHARDSON (Principal Investigator), or her authorized representative

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

I acknowledge that I have had the opportunity to obtain additional information regarding
the study and that any questions I have raised have been answered to my full satisfaction.

Further, I understand that I am free to withdraw consent at any time and to discontinue
participation in the study without prejudice to me.
I acknowledge that my participation will be recorded on tape for the researcher’s use, that the tape will be erased after the consent is transcribed, and that I will not be identified in any reports about the research.

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

Date:__________________________ Signed______________________________

(Participant)

Signed: ___________________________

(Principal Investigator or her Authorized Representative)

Witness:___________________________
APPENDIX E

INTERVIEW GUIDE

1. In thinking about your life, how would you generally describe how it has gone? What have been some of the highlights?

2. Tell me about some of the changes and losses you have experienced. What are the most difficult things you have had to face?

3. How did you react when these things (mentioned above) happened?

4. How did you get through these hard times?

5. What was of help to you during the difficult times?

6. What types of things did you do that were not helpful to you? How could you have handled things differently?

7. Has the way you deal with difficulties in your life now changed from the way you handled difficulties when you were younger?

8. What do you think would be helpful to older women as they deal with risk, loss, and challenge?
Please complete the following items so that I may have some background information about the women who participated in the study.

Birth date:
Place of birth:
Present community of residence:
Marital status:
Number of children, if any, their ages and gender:
Education:
Professed religion or religious affiliation:
Major life roles/work experience:
How do you spend your time?
APPENDIX G

OPPORTUNITIES THAT EMERGED WITH AGE

Increased knowledge about how to take care of oneself

Don’t have to push myself to do everything anymore

Being able to have time to oneself

Joy in grandchildren

The wonderful people one meets when seeking assistance: staff in agencies, family members of other residents in nursing facilities

Friends who help you

Services to maintain independence: homemaker, transportation, in-home physical therapy, meals on wheels, home health aide, adult day services, PASSPORT

Affiliation with a Senior Citizens Center

Support/assistance from adult children: emotional, instrumental, financial

Social Security Benefits

Worry-free living arrangements through rental: no yard to mow, snow to remove

In congregate dwelling, the security of knowing others are nearby

Pharmaceutical Assistance Program that provides low- or no-cost medications

Realizing positive experiences from the past

The end of one activity or role in life may hearken the beginning of another

Social comparison: “I’m sure I’m not the only one…”
Time to participate in community activities
Rehabilitation programs following surgery or stroke
Being able to take advantage of volunteer opportunities
Positive life review: increased understanding of the meaning of one’s life
Close friends to call day or night/would do anything for me
Nothing I would change about my life
Church involvement: support from congregation, teachings of the church
Organized support groups
Time to read
Freedom to choose what I will or will not do
Travel upon retirement
Participation in family activities
Good retirement benefits: Pension, health care coverage
Experience allows me to handle things a lot better now than when young
Less constraint about being assertive regarding health
More time to invest in relationship with siblings
Neighbors who look out for you
Time to take care of self: exercise
Teamwork with spouse to accomplish tasks
Awareness that we gain from our mistakes
Sense of fulfillment from helping others
Time for hobbies
Relationships with people of all ages
Independence

Flexible schedule

Ability to see life as a process

Being viewed as the matriarch of the family


