

Successful Ageing: By Whose Definition?

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PUBLICATIONS ARISING FROM THIS THESIS

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ABSTRACT

Current mainstream models of successful ageing have received criticism in the literature, especially Rowe and Kahn's (1987) model, the most widely accepted theory of successful ageing in gerontology. A key aim for the present study is to challenge the key mainstream theories of successful ageing. This thesis asks whether the dominant perspectives on successful ageing can be challenged by directly consulting older women about how they see the roles of religion and spirituality in ageing well and by unpacking specific problems identified in the literature. Criticisms include the lack of consultation with older people by successful ageing researchers. A second issue is the negative way that the last phase of life, or 'Fourth Age' (Laslett, 1989), is represented in successful ageing theories and also in the field of gerontology and society generally. The leading models of successful ageing from Rowe and Kahn and Baltes and Baltes (1990) postulate that successful ageing is contingent on certain capacities and that successful ageing comes to an end when health and good functioning, or the capacity to employ adaptive strategies, fails. Hence life in very old age is represented as a picture of loss and decline with no positive prospects. A third criticism relates to the lack of inclusion of religious and spiritual affiliations which may be important resources for psychological, spiritual, and existential well-being, particularly during the final phase of life. This issue is investigated with participants identified as both spiritual and religious (SR) and as spiritual only and not religious (SO). Some researchers have argued that women do not age as well as men and that older women are usually less financially well off and in poorer health than their male counterparts, across all levels of socio-economic status (Greene, 2003; Smith

& Baltes, 1998). The views of women were sought in order to contribute to balancing the gender scales of ageing well. The focus in this research is on the views of women who are in midlife or older on successful ageing. The research design, of mixed models, used qualitative data derived from focus groups and in-depth individual interviews supplemented by quantitative data gained from surveys. Three broad central themes encompassing participants' views on successful ageing were identified. Most participants viewed life as a journey of growth and development and for some this extended beyond poor health and functioning. Autonomy was valued by most participants. Relationships were also important, and nearly all participants gained much personal satisfaction from generative activities, consistent with the literature. Some participants provided examples of successful ageing occurring in the final stages of life or 'Fourth Age' (Laslett, 1989). A number regarded the current options for frail aged accommodation and end-of-life care with fear and dread. These findings point to the need for researchers and policy makers to listen carefully to the voices of ageing people. Based on participants' comments there is a need for informed and tailored changes to be made in policy, planning, physical accommodation options, and, crucially, to the training of those who work with older people. The development of more positive 'whole of life theories' of successful ageing is urgently required in order to counterbalance the dominant, negative perspectives on the final phase of life.

STUDENT CERTIFICATE

This work contains no material that has been accepted for the award of any other degree or diploma in any university or tertiary institution and to the best of my knowledge and belief, contains no material previously published or written by any other person, except where due reference has been made in the text.

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Date

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CHAPTER ONE: OVERVIEW AND OUTLINE OF THE THESIS

1.1 Background

The pattern of population ageing in Australia is undergoing changes related to declining birth rates and an increase in longevity for older Australians (Australian Bureau of Statistics, 1301.0, 2008). According to the *Year Book Australia* the “proportion of the population aged 50 years and over is projected to increase, from 30% (6 million people) in 2004 to between 44% and 48% (11 million and 14.6 million) in 2051”, (1301.0, 2008). Not surprisingly, in Australia the health and well-being of older people is a major focus for policy makers and researchers alike (Gridley et al., 2000).

Over the past three decades, concern for the health and well-being of the ageing population has also seen a new level of interest in the subject of successful ageing. Prior to the late 20th century, the average life expectancy was shorter than it is today (Laslett, 1989). The predominant image of old people was that they were past having a healthy or functional life (Schroots, 1996). According to Schroots, a more “modern” phase of theories of psychological ageing became established from the 1980s and into the 1990s. This was the beginning of a view of ageing as potentially more positive or successful. At this time, Rowe and Kahn (1987) began to promulgate their biomedical theory which argued that ageing is can be characterised as either usual or successful. They argue that the commonly held idea of ‘usual’ ageing takes for granted loss and decrements that lead to disease and related impairments. Their concept of successful ageing describes the “blunting” or slowing down of physiological and psycho-social losses through strategies such as exercise, diet, and judicious social support. Rowe and

Kahn called for a “thrust towards health promotion and disease prevention in the elderly” (p. 149). There is no sense that successful ageing can be achieved without good health. The trajectory they described is from, “successful to usual, usual to diseased, diseased to impaired” (1987, p. 148). Only by regaining good health and functioning can one return to a state of successful ageing.

During the same period, Baltes (1987) and Baltes and Baltes’ (1990) model of Selective Optimisation and Compensation (SOC), an adaptive approach to optimal ageing, was published. Its focus was on mobilising strategies for positive adaptation to age associated deterioration. Both Rowe and Kahn’s model (Bowling & Dieppe, 2005) and Baltes and Baltes’ model (Ouweland, de Ridder, & Bensing, 2007) have been acknowledged as the leading theories of successful ageing in gerontology. Saddler and Biggs (2006) acknowledged them equally while Bowling and Dieppe, and Holstein and Minkler (2003) named Rowe and Kahn’s outcome model as the most dominant and influential. Baltes and Baltes’ theory has a focus on how, up to a point, ageing can be positively managed by individuals. Bearon (1996) pointed out that outcome models come from the biological sciences, while process models were formulated within the traditions of the social sciences.

Laslett’s (1989) concept of the ‘Four Ages’ of a western person’s life span has been loosely adopted as a way of categorising the life course. Laslett’s theory of Four Ages describes a time firstly of learning and socialisation for the First Age; then a period of working and raising children termed the Second Age. This is usually followed by (although he notes that sometimes the different ‘ages’ can be experienced concurrently) the Third Age, which is a time of life that comes after the years of working and child-raising, when people can become self fulfilled, or at least be freer, in their choice of activities. Finally, the fourth age is said by Laslett to occur when the individual reaches a state of frail old age, or illness and dependence.

Clearly this model is directed at westernised populations, and it was originally constructed to describe British demographics but has since been considered to be applicable to many present day western democratic populations. A key reason why Laslett's model has been useful for the present study is because it is not too closely tied to chronological age, but rather to the kinds of activities a person is engaged in. This model is flexible and allows for more consideration of the diversity that characterises the lives of older people, than do, for example, many other kinds of "stage" theories of ageing (Schroots, 1996). Despite its benefits Laslett's theory has incurred some criticisms and these issues are examined further in the literature review.

1.2 Successful ageing: criticisms and issues

Criticisms have been made of aspects of both of the mainstream successful ageing theories. Some researchers have suggested there has been insufficient consultation with ageing people to find out their perspectives on what constitutes successful ageing (Bowling & Dieppe, 2005; Phelan & Larson, 2002; Ryff, 1989a; Strawbridge, Wallhagen, & Cohen, 2002). Many of these researchers considered that more research based on first hand information from older people about their views on successful ageing is needed so that academic research and theory based policies can be more relevant to ageing people themselves.

Several authors have also criticised Rowe and Kahn's successful ageing model because it does not take account of the role of spirituality and religion (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002; Saddler & Biggs, 2006). There is evidence that these may be important resources in positive ageing. For example, some researchers have argued that religion and spirituality together act to promote well-being (Koenig, George, & Titus, 2004; Strawbridge, Cohen, Shema, & Kaplan, 1996; Wallace & Bergman, 2002). However, there has been limited attention paid to date on the role of religion and spirituality as potentially important to successful ageing.

Some researchers have argued that to date almost all of the studies in this area look at the well-being mechanisms of religion, with spirituality submerged as a subsidiary under the heading of religion or religiosity (George, Larson, Koenig, & McCullough, 2000; Hodges, 2002; Koenig et al., 2004). This seems to be, in part, because they have followed the same approach as Musick, Traphagan, Koenig, and Larson (2000) who stated that: “we use the terms religion and religiosity ... to refer to the broad constellation of beliefs and behaviours encompassing both religion and spirituality” (p. 75). Musick et al. (2000), contend that the differences between the two are of interest only to academics and may not actually exist in the real world, or be reflected in the thinking of ordinary people.

A number of other researchers have suggested that these two constructs are not studied separately because the complexity of the terminology has led to researchers finding it difficult to define and operationalise spirituality, as separate from religion (Brennan & Heiser, 2004; Sadler & Biggs, 2006; Seifert, 2002). Gaining further clarification of how spirituality with religion (SR) and spirituality that is separate from religion (SO), interact with well-being, is of interest because an increasing number of people have cut ties with established religion to declare that they are: “spiritual not religious” (Dillon & Wink, 2007; Tacey, 2003).

There is currently a need to look at the interactions of spirituality only (SO) affiliations with well-being and successful ageing, to ascertain whether they are the same or different, from those of people with religious and spiritual affiliations combined (SR). If the mechanisms or pathways by which these two constructs impact on well-being are different, there are likely to be implications and consequences for those who work with ageing people and for issues to do with public policy and planning. By looking at the possible different effects associated with these two different approaches to spirituality, new information may be generated that throws light on the preferences and support needs of ageing people. It is also

important to gain further clarification about the mechanisms through which different spiritual affiliations may operate to promote well-being because there is evidence to suggest that our society lacks sufficient, appropriate supports and environments to enable older people to age in positive ways (Gridley et al., 2000; Ranzijn, 2002b).

Another criticism relates to the inherent negativity of the dominant successful ageing theories, stemming from their primary concern with staving off the inevitable process of loss and decline they associate with growing old. As Ranzijn (2002b) has observed: “Historically the decrements of older age have been over emphasised” (p. 79). This fundamentally pessimistic orientation contributes to the pathologising of something that is both inevitable and (ideally) natural: that is, the end of life. In the words of a participant from a previous study by this researcher: “Old age is not a burden; it is a privilege denied many” (McCann, 1995, p. 27). However, as Moody (1992) said of gerontology: “What is missing is a positive vision of how the social order might be different or what a rationally defensible vision of a ‘good old age’ might be” (p. 295). Rowe and Kahn (1987, 1997, 1998) and Baltes and Baltes (1990; see also Baltes & Smith, 2003), have continued to consider ‘Fourth Agers’ as incapable of having a “successful” very old age, although they were more positive about the ‘Third Age’. Baltes and Smith (2003), for example, spoke of the fourth age as a time when “psychological mortality” in the form of: “loss of identity, psychological autonomy and a sense of control” are prevalent (p. 451).

While Ouwehand et al. (2007), for example, considered that the SOC model is a potentially useful way of explaining successful ageing, they also noted that “this model focuses on how people react to losses” (p. 873). Others have also commented critically on the dominance of inherently negative ways of viewing ageing (Greene, 2003; Ranzijn, 2002a, 2002b; Ryff, 1982, 1989a). In an effort to present a more positive perspective, Greene (2003) has pointed

out that in old age, “there are many achievements that remain possible and many different ways of being that are still open”, (p. 145). A mainstream model of enduring successful ageing that is not tied to function and adaptability is, however, still missing. Despite the appearance of a range of “strengths of aging” approaches (Bearon, 1996, p. 2), none have gained the currency of Rowe and Kahn’s biomedical model or the Baltes and Baltes process model.

There have, in fact, been a number of attempts to present a positive, non loss-focused, model of ageing that is not premised on the idea of ageing as a balance sheet of ever increasing deficits. These more positive theorists include Schacter-Shalomi and Miller (1995) and Tornstam (1992, 1997, 2003, 2005), who have put forward spiritually oriented models of ageing. Ryff (1989a) has been acknowledged by Ouwehand et al. (2007) as a pioneer in presenting a criterion based view of ageing that “explicitly refers to growth and progress in older age” (p. 874). Erikson’s (1950/1963) psycho-social model of the life cycle, although not without its critics, has been found by a number of researchers to allow for a more positive, growth focused, perspective on old age (McFadden, 1999; Ryff, 1989a; Saddler & Biggs, 2006; Warburton & Gooch, 2007). Greene (2003) has written on the development of girls and women and argued that there is a need to remove the ‘dread’ that is associated with ageing by many women.

There are also some positive models of ageing specifically by and for women and these often make use of the Jungian concept of archetypes (Bolen, 2001, 1985; Walker, 1985). These models and theories all focus on the potential positives of ageing. Positives about growing old may include existential as well as social and other factors: for example, family, agency, personal growth, purpose and meaning, parenting, authenticity, identity, respect, contentment, love, wisdom, spirituality, and the belief that successful ageing may conceivably include a successful old age and a good death (Morell, 2003; Nakashima & Canda 2005;

Syme, 2008; Wilkinson & Lynn, 2001). These kinds of factors are not necessarily dependent on good health and functioning for their existence and suggest a possible basis for a less negative view of ageing.

1.3 Women and successful ageing and spiritual affiliations

Greene (2003) has particularly urged researchers and others to “challenge unhelpful discourse on women and age”. It has been shown by a number of researchers that women face a double jeopardy from ageism and sexism combined in later life (Browne, 1998; Greene, 2003; Moane, 1999; Neill & Kahn, 1999; Smith & Baltes, 1998; Unger & Seeman, 2000). This is one of the most important reasons why women were selected to be the participants and the primary focus of this study. At the same time, it is of course acknowledged that ageing people are diverse. Some communities, and many individual women and men, experience greater amounts of disadvantage than others, through the interstices of added layers of prejudice around factors such as ‘race’ and ethnicity, or from the effects of difficult socio-economic circumstances.

A further reason for the focus on women in this thesis is that they are more likely to be affiliated with religion and spirituality; the possible buffering or protective effect of which is one of the areas of interest for the present research. Based on longitudinal study data United States researchers Dillon and Wink (2007) reported that women from middle to late old age are both more religious and more engaged in “newer forms of spiritual practice”, than are men (p. 124).

1.4 Theoretical frameworks

Through the focus on midlife and older women’s experiences, the present study also acknowledges the feminist premise that these women’s voices should be heard and that there

is value in listening to and documenting their views (Browne, 1998; Greene, 2003; McCann Mortimer, Ward, & Winefield, 2008; Moane, 1999). The feminist understanding of women as agents operating within, and constrained by, a social context that is traditionally biased against women, especially older women, has informed this study. This perspective was illuminated by the writings of Browne (1998), Greene (2003), Moane (1999), and Smith and Baltes (1998). In addition, Billig and colleagues' (1988) analysis of the kinds of constraints biology and social mores place on all individuals, has also assisted in promoting an understanding of some of the challenges ageing faced by ageing people in later life.

Many of the issues that midlife and older women describe in this thesis are shared with all ageing people. In addition, many very old women and men will experience the loss of some faculties and the growth of others (Ryff, 1989a) and sooner or later, all will face the end of life. However, it is hardly necessary to point out that, in the present study, a great many of these participants' experiences of ageing will be tied to their socialisation and the physicality of their being female. Therefore, on the one hand, a key part of the theoretical framework of this thesis is comprised of theories that were intended by their authors to broadly apply to women and men alike. One example is Billig et al. (1988), who wrote on the dynamics of the constraints generally operating between the individual and (westernised) society. Others include: Baltes and Baltes' (1990) SOC model; Bowling and Dieppe's (2005) successful ageing research and review; Kendig's (2004, 1996) arguments on diversity, positive ageing, and social justice for older people; Laslett's (1989) 'Four Ages' model; Rowe and Kahn's (1987, 1997) successful ageing theory; and Wilkinson and Lynn's views (2001) on positive dying. Also important is the "generativity" construct from Erikson's (1950/1963) theory of life span development, and a range of other theorists as discussed in the literature review (chapter two) of this project. The researchers mentioned above come from a range of different

knowledge bases making it evident that, as Kendig (2004) has noted, gerontological knowledge is fed from the wellsprings of many disciplines.

On the other hand, in order to analyse some of the multiple aspects of participants' diverse experiences that are an integral part of their being women, a number of feminist psychologists' works have been essential, and equally or more important than the more gender neutral theories. These include feminist psychology researchers Greene (2003) and Moane (1999), who have written on women, spirituality, and ageing; and also the work of feminist sociologist Collette Browne (1998). Borrowing from Greene, it can be said that this thesis is written from a "person-centred feminist perspective" and it is understood that "the experience of self and selfhood [is] central to each woman's lived psychology" (2003, p. 97). In addition, participants are understood to be living within the constraints of a sexist society and yet active in shaping their lives and identities and testing those constraints (Greene, 2003; Moane, 1999).

1.5 Specific gaps addressed

The criticisms outlined to date have led to the identification of a number of specific gaps in the successful ageing field that were considered suitable to address in the present study. There are three particular gap areas that this thesis seeks to examine:

1. The lack of consultation with people in midlife and older people, particularly women, on how they view successful ageing – as distinct from the more 'top down' experts' models (Bowling & Dieppe, 2005).
2. The lack of weight given to religion and spirituality, as a component of successful ageing and well-being. It has been argued by Crowther et al. (2002) and Saddler and Biggs (2006) that the predominant successful ageing model of Rowe and Kahn (1987, 1997) gives insufficient weight to the role these constructs play in sustaining health and well-being in later life.

3. The lack of a positive long term view of ageing as distinct from the current implicit and explicit focus on loss and deficit in models of successful ageing.

An overemphasis on the potential losses associated with growing older is likely to contribute to an unnecessarily negative view of ageing, particularly of the fourth age of life. This study uses sample sets drawn from two groups made up of religious and spiritually affiliated women, and spiritually but not religiously affiliated women. These sample groups were chosen because they were considered likely to maintain spiritual and existential qualities such as purpose (and meaning in life) and personal growth over their life span (Ryff, Kwan, & Singer, 2001; Ryff & Singer, 1998a, 1998b). Maintaining spiritual and psychological well-being may well provide a good foundation for ageing in positive ways and facing the challenges of old age with peace and equanimity.

In this thesis exploring the role of religion and spirituality in ageing well is seen as an end in itself rather than as an opportunity to compare religious and/or spiritual people with others who identify as not religious and not spiritual. It is hoped that this approach will contribute to balancing the culturally dominant, negative views of ageing. Ryff (1989a) has argued that exploring positive approaches to growing old may enable researchers to illuminate the potential for people to experience “the richness and rewards of life lived fully to the end” (p. 35).

1.6 Contribution of the present study

The contribution that this research project will make to the literature on successful ageing and well-being is as follows. Firstly, by consulting with midlife and older women for their views on successful ageing, this study will add to the knowledge base of the factors that most contribute to ageing in positive ways. Secondly, by closely examining the roles of religion and spirituality in the lives of ageing women, it will be possible to better understand whether and

how those constructs may contribute to successful ageing. Unger and Seeman (2000) pointed out that, since older women are likely to be living longer but with greater disability over a longer period than men, health promoting interventions (such as may be derived from this study), will have a substantial positive effect on public health concerns (p. 1239). Thirdly, by broadly comparing the participants' views with three different models successful ageing (i.e. Rowe and Kahn's criteria based model, Baltes and Baltes adaptive process model, and a potential, but at this stage not well established, "strengths based" model), parallels and gaps may become more apparent. It is expected that this process will highlight areas where there is a 'lack of fit' between lay and expert opinions. The outcome from this research may contribute to the construction of more positive models and strategies that promote the concept of a successful ageing that extends into the fourth age.

1.7 Research methods

In the present project the use of two different qualitative data collection methods was considered ideal as a means of eliciting a wide range of views on ageing from midlife and older people, including any implicitly "positive" (Ryff, 1989a, p. 52) perspectives they may hold. Two qualitative studies (focus group and interview), were conducted and the qualitative data have been triangulated with the addition of quantitative data from two surveys that were completed by all participants in both studies.

As outlined above, due to the abundance of experts' successful ageing theories and models, and the call for lay views for example by Bowling and Dieppe (2005), the present study profiles the views of a selected group of midlife and older women. Since a primary purpose of the present study is to pay careful attention to the views and felt experience of older women, a grounded theory approach, 'Interpretive Phenomenological Analysis' (IPA), has been selected as a suitable methodology (Smith, 2004; Smith, 1995; Smith & Osborn, 2003). This means

that the qualitative analysis of data is supported by frequent use of participants' actual words, which are used to illustrate the themes that have been identified by the researcher.

Using the participants' own words to make points and establish themes allows the reader to decide whether the interpretations and arguments being put forward are reasonable and based on evidence to be found in the data. Nevertheless, it is acknowledged in IPA theory, that the researcher's analysis may not concur with those of all readers, and that more than one interpretation of qualitative data can be true at the same time. For that reason, the validation of analysis technique, using Inter-rater Reliability, is not advocated for use in interpretive phenomenological analysis (Smith, 2004; Smith, 1995; Smith & Osborn, 2003).

Many scholars have commended the merits and suitability of qualitative research methods for the study of older people (McFadden, 1996, 1999; Musick et al., 2002; Phelan & Larson, 2002; Wallace & Bergeman, 2002; Wink & Dillon, 2002, 2003). For example, McFadden (1996) believed that qualitative studies can reveal "the stories behind the numbers in quantitative research" (p. 171). McFadden argued that one reason why qualitative studies in ageing are useful is that, by studying only quantitative "objective indicators of behavior", psychologists have sometimes presented older people as passively reactive (not agentic) to their surroundings and thus have fed into negative stereotypes of older people (p. 172). Qualitative research is able to record the great diversity that characterises ageing people and the ways that they manifest their religious and spiritual affiliations - particularly over the course of a life span. McFadden (1996) also suggested that "in-depth interviews" may be the most effective means by which to record the ways that spirituality can promote well-being in older people (p. 165).

However, other researchers have also advocated the use of a combination of methodologies when studying ageing people (Fry, 2000; Ryff, 1989a). In the present project, 'mixed models',

as defined by Burke Johnson and Onwuegbuzie (2004), were used in both qualitative studies, meaning that they incorporated questionnaires. This strategy is sometimes called combined methodologies and besides providing triangulation it also provides an opportunity to explore a current debate in the literature. Burke Johnson and Onwuegbuzie (2004) claimed that it can be useful for a primarily qualitative study to incorporate quantitative methods, in order to “measure certain factors considered important in the research literature” (p. 19).

In this particular debate, the factors under consideration are that some scholars have argued, or implied, that spirituality without religion may be less protective of well-being than is religion based spirituality (Dillon & Wink, 2007; Jantos & Kiat, 2007; Kelly, 1990; Koenig, 2007). Dillon and Wink, for example, reported that: “Unlike religiousness, which was particularly effective in buffering physically ill individuals against the loss of life satisfaction and depression, spiritual seeking did not have such effects” (p. 192). On the other hand the findings of others suggest the reverse (Lawler-Row & Elliott, 2009; Maselko, Gilman, & Buka, 2009; Whitford, Olver, & Peterson, 2008).

Successful ageing is a potentially useful concept, but hampered by the fact that there is no single, agreed upon-definition of this important issue. Furthermore, as already noted, the two most prominent theories have had a number of criticisms leveled against them. The present research is both timely and pertinent because, as Bowling and Dieppe (2005), argued, lay views are needed to inform experts’ models and measurements in successful ageing research “if they are to have any relevance to the population they are applied to” (p. 1550).

1.8 Research aims

The research conducted for the present thesis aimed to:

1. Collect and examine participants' views on successful ageing and identify dominant themes and patterns.
2. Investigate the role of spirituality and religion in participants' experience of the ageing process and note whether a) the two different spiritual affiliations interact differently with the well-being of the respective SO and SR sample groups; b) discover whether the levels of purpose and meaning, and personal growth for the two groups appear robust. These two constructs, purpose and meaning and personal growth are considered to be key aspects of spiritual and existential well-being and researchers have reported that they have been found to decline with age (Ryff & Singer, 1998b; Ryff, 1989b).
3. Broadly compare participants' views of successful ageing (to see how they align) with the dominant biomedical 'outcome based' model, a leading 'process oriented' model, and finally with some shared characteristics representing a more positive position from the "strengths of aging' approach (or collection of related approaches)" (Bearon, 1996, p. 2).

In this thesis the defining characteristic of a positive, or strengths of ageing approach is that it allows for the possibility of successful ageing continuing into the fourth age and even up to the end of life.

1.9 Outline of thesis

Chapter one provides an overview and an introduction to the thesis including background, methods and aims. Chapter two presents the relevant background literature of the research field and provides an overview of theories relevant to this study on ageing and development.

The literature review encompasses material on: successful ageing, selected research on women and ageing, and positive approaches to viewing the ageing process, particularly the fourth age, as well as literature on religion and spirituality that relates to well-being and successful ageing. The thesis questions, derived from the gaps and aims outlined above, are presented at the end of this chapter. Chapter three presents the methodology for the first qualitative study which used two focus groups; one of self identified spiritual and religious (SR) women and the other with women who identified as spiritual only (SO) and not religious as a forum for them to share their views on successful ageing. It presents the results for the demographic and well-being questions, participants' views on spirituality and religion, and an outline of themes identified from the focus group discussions. Chapter four presents a detailed thematic analysis of the SO focus group themes. Chapter five presents a detailed analysis of the themes of SR focus group participants. Chapter six discusses the methodological approach of the second study which used in-depth interviews with participants from both sample populations in order to better understand their views on successful ageing and quality of life in later years. It presents an outline of the themes that arose from the interview data and as well as the demographic and well-being questionnaire results for the interviewees and their views on spirituality and religion. Chapters seven and eight present a qualitative analysis of the themes identified from the interview data. The results of both studies are synthesized in Chapter nine which discusses the findings, draws conclusions, makes recommendations, discusses limitations of the research, and suggests areas for future research.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This thesis has employed an approach that is allied to grounded theory methodology – Interpretive Phenomenological Analysis – which primarily deals with the data from an inductive perspective (Smith, 2004). An IPA methodology carries a set of implications for the way the data is approached and the way that the literature review is conducted. One of the defining characteristics of this type of methodology is that it is ‘emergent’ which means that it does not begin with an hypothesis but rather allows the thematic content to emerge from the data (Glaser, 1992). It is a presumption of this approach that the researcher will study the broad general literature of the field before data collection but that the most relevant literature to the project cannot be known before the data analysis has been conducted (Glaser, 1992). This strategy has been adopted in the literature review now presented.

The rising concern for the health and well-being of the current ageing demographic over the past four decades has also seen an increasing level of interest in the issue of what constitutes successful ageing. It is reported that prior to the second half of the 20th century the human life span was generally much shorter and the predominant view of old people was that they were past having a healthy or functional life (Schroots, 1996; Unger & Seeman, 2000). This chapter looks at some of the foundations of that view and also at the rise of a number of more positive ways of viewing ageing. In particular the concept of ‘successful ageing’ is examined. This term has a range of interpretations and no fixed agreed meaning, despite numerous expert attempts at reaching a universally accepted definition. The present research consults with midlife and older people for their views on successful ageing and related issues, while chapter two provides a background for this contested term and some of the many

important issues associated with it. A number of prominent theories of successful ageing and well-being, as well as strengths-based views of ageing and studies on the relationship of spirituality and religion to well-being, are also considered.

2.2 Background of successful ageing theories

Schroots (1996) divided psychological theories of ageing into three broad categories beginning with the 'classical' theories which arose in the late 1940s and extended until the late 1970s. Predominant amongst them are several 'stage' theories, including one forwarded by Havighurst (1948; 1963) and one developed by Erikson (1950/1963). Stage theories construct old age as the culmination of a series of developmental stages that had to be negotiated successfully to ensure an ideal progression towards old age. Erikson's model, said by Greene (2003) to be the most widely known stage theory extant, views life as a series of eight stages each offering two alternatives. These take the form of psycho-social crises, each of which presents a positive and a negative choice. The final two pairs are the seventh, said to be most prominent in midlife people ('generativity' versus stagnation), and the eighth stage, which applies to people in late life. The eighth stage offers either 'integrity', indicating a time of looking back at earlier phases of life with either satisfaction, or 'despair', which means succumbing to sadness over one's past decisions and current conditions of life. Stage theories often emphasised developmental tasks in the first half of life and contributes to a view of old age that can be described as an inverted U shape, hence contributing to images of older people as being 'over the hill' (Schroots, 1996). Such universal and often negative metaphors of ageing easily fed into stereotypes of older people that were misleading and inaccurate.

McFadden (1999) noted that although Erikson's theory (1950/1963) is often dismissed as representing 'just' a stage model, his psychosocial model of development offers a way of understanding religion, personality, and ageing from a life span development perspective.

McFadden argued that Erikson's work contains the essential elements of a life span model and is therefore especially useful in analysis of the later years of life. However, a later paper (Ray & McFadden, 2001), criticised Erikson's and other stage models as inappropriate in regard to their depiction of women's spiritual (and personal) evolution. Most particularly they objected to what they considered to be Erikson's apparent lack of understanding of women's, as distinct from men's, processes of life span and spiritual development.

Ray and McFadden (2001) argued that Erikson's eight stages, and other stage theories, presented a male-centric view of the human life span and spiritual development as a kind of hero's journey. In their opinion women have a different life span trajectory to men and it is better reflected through the use of web and quilt metaphors indicating women's lives are more inter-linked with other people's more web-like and less linear. Their quilt image of women's development refers to women placing importance on small day to day events stitched together to form a life pattern. This is also contrasted with Moody and Carroll's (1997) more 'male oriented' view of spiritual milestones in life that follow a heroic 'Odyssean' pattern.

Erikson's theory (1950/1963) has also been criticised by Greene (2003) for its "biological determinism" and its "unthinking heterosexual bias" (p. 50). However, his basic description of generativity has been found by researchers to be useful for the way it effectively describes and explains some important aspects of the activities and behaviour of many midlife and older people (McFadden, 1999; Ryff, 1989a; Saddler & Biggs, 2006; McAdams, de St. Aubin, & Logan, 1993; Warburton & Gooch, 2007). Recently, Ouwehand et al. (2007), have attributed to Ryff (1989a) the earliest postulation of the idea that even in later life "aging is a developmental process in which growth is still possible" (p. 875). However, Ryff herself (1989a) referred to Erikson's stage theory as pioneering the idea that midlife and later ageing could include age appropriate growth and development. Thus it is clear that Erikson's theory

incurs both positive and negative assessments for different reasons amongst informed critics. In the present thesis, Erikson's ideas on generative behaviours were found to be important and useful but his overall theory of life span development was not used as part of the framework of analysis.

Around the same time that stage theories were most popular, Lynott and Lynott (1996) claimed that the *Activity* theory of ageing was dominant in the 1940s and 1950s but it was seen as normative and not recognised as a theory until it was challenged by the arrival of Cumming and Henry's 1961 *Disengagement* theory. According to Katz (2000), this strong emphasis on activity being good for older people appeared as part of a focus on healthy adjustment in the work of Havighurst and Albrecht (1953) in the 1950s.

The importance of activity in late life was challenged by Cumming and Henry, who based their theory of disengagement on a five-year study of 275 older adults. These researchers posited that, as they grew older, people would naturally withdraw from society as they lost the interest and capacity for an active life. This theory has since been viewed as inherently negative and insufficiently attuned to the real life experiences of the majority of older people (Schroots, 1996). One reason why disengagement theory was condemned was that subsequent research undertaken by Havighurst, Neugarten, and Tobin (1968) indicated that a large percentage of Cumming and Henry's original sample in fact still remained happily engaged with life for years after that study was completed – contrary to the original hypothesis. These two theories: 'disengagement' and 'activity' represent the opposite ends of a continuum of 'appropriate' lifestyles for older people as theorised by different researchers of the mid twentieth century.

Katz (2000) claimed that there has been an enduring focus on the importance of activity in older people in western society that has its origins in the Renaissance period and that it has

persisted down through the years. He pointed out that the idea of ongoing activities for older adults suits a consumerist and neo-liberal ideology (and consequently the gerontological industry), and this is an important aspect of why an emphasis on staying active permeates the field of gerontology so greatly to this day. According to Katz, disengagement theory was: “drummed out of the gerontological field and condemned for advocating that disengagement from lifelong activities could have certain advantages” (p. 138). Katz suggests in that in recent times it takes courage to acknowledge even the commonsense argument that aspects of disengagement theory may be relevant to the experiences of very old or dying people. It could be argued that disengagement may be implicitly indicated, albeit with very negative connotations, (i.e., seen as unsuccessful), in Baltes and Smith’s (2003) paper on the fourth age. A rare positive attempt to look at the potential relevance of disengagement theory in late life can be found in the work of Tornstam (1989, 1994, 1999).

Nearly fifty years ago Havighurst (1961) reviewed the two dominant rival models of successful ageing of that era; Activity theory and Disengagement theory. He described them in the following terms: “The activity theory of successful ageing means maintenance, as far and as long as possible, of the activities and attitudes of middle age. The disengagement theory defines successful ageing as the acceptance of and “desire for disengagement from active life” (p. 309). Activity theory seems to have long been the more widely embraced model, especially by people who work in the field of gerontology and particularly by those in the aged care industry. In this paper Havighurst (1961) was careful to discuss these theories in a reasonably even-handed way. He pointed out that individual temperament could mean that older people who had been active and busy all their lives would probably follow the precepts of activity theory while quieter more introverted people would perhaps prefer a disengaged path in later life. Havighurst stressed the need to acknowledge diversity amongst ageing people. In the light

of hindsight Lynott and Lynott (1996) argued that it is inappropriate to debate the merits of the two theories because they are not discussing the same thing: activity theory is concerned with individuals while disengagement theory (as distinct from individual acts of disengagement) is “about social systems” (p. 751).

One gains a sense that, during what Schroots (1996) called the ‘classical’ period of psychological theorising, academics saw themselves as experts and were somewhat prescriptive and global in their ideas of how seniors should conduct their lives most appropriately and successfully. Several researchers have made this point. For example, Tornstam claimed that ‘deviations’ by elders from the predominant research views were often labeled by gerontological researchers as ‘abnormal’ (1992). Lynott and Lynott (1996) have said that at this time those who did not fit normative definitions of successful ageing were seen as “maladjusted” (p. 750). This is a problem with most theories that, in an effort to be universally applicable, tend to blur over the many differences and variety in the ways that individuals may successfully negotiate the transition from midlife to late old age. It will be shown later that Tornstam himself was not immune to such criticisms.

Although Havighurst (1963) promoted the view that activity in later life is a positive, he also indicated that he agreed with Henry and Cumming’s (1961) point that adhering to a theory which valorises prolonging middle age for as long as possible gives rise to a number of potential problems. For example, to idealise older people’s ability to maintain capacities and activities that are more normally associated with midlife, could run the risk of not recognising that old age has its own unique characteristics and possibilities for growth and development. In more recent times the current leading successful ageing theories still predicate success on the achievement (Rowe & Kahn, 1987, 1997, 1998), or the approximation (Baltes, 1987; Baltes & Baltes, 1990; Baltes & Smith, 2003), of a high level of

adaptive functioning in later life that may be more normally associated with middle-aged people.

This kind of emphasis on the maintenance of high functioning and capacity in later years is strongly manifested in the successful ageing model of Rowe and Kahn (1987, 1997), and has invoked the same kinds of criticism that Havighurst discussed in 1963. For example, Bowling and Dieppe (2005), Ryff (1989a), Holstein and Minkler (2003), and Tornstam (1992) have all spoken of the need for less health and functionally based perspectives on successful ageing. Havighurst concluded his 1963 paper with a call for social gerontology to develop “good measures of successful ageing” (p. 311), arguing that only in this way would it be possible to gauge which theories were likely to be the most relevant and useful to older people.

In 1982 Ryff reviewed earlier successful ageing theories and outlined a range of criticisms of classical stage theory models of development. These criticisms concerned the rigidity and “lockstep” nature of most stage theories, which are usually based on biological models and hence are “unidirectional, irreversible, hierarchical, invariant and universal” (p. 212). Other criticisms of stage theories related to the lack of attention that many have paid to human diversity arising from cultural, cohort, and contextual differences and to individual differences amongst people.

2.2.1 Current leading theories of successful ageing

In response to problems or gaps in some of the earlier theories, a number of theorists have posited new versions of successful ageing models, which have often included categories of successful, optimal, or elite ageing, contrasted with normal or usual ageing and descending in desirability to poor, impaired, pathological, or sick ageing (Bowling, 2007). These were all constructs that proliferated during a period of research and writing that corresponded with Schroots’ ‘modern’ period of psychological thinking and a number of them are used by the

following theorists: Baltes (1987), Baltes & Baltes (1990), Laslett (1989), Rowe & Kahn (1987, 1997, 1998), Schulz & Heckhausen (1996). Unlike some of the earlier dominant theories described, there was now a new focus on the possibility of there being positive aspects to ageing particularly in regard to the period covered by Laslett's third age although not his fourth age.

Several of these theories of successful ageing have come into prominence since the 1980s. Foremost amongst these are Rowe and Kahn's (1987, 1997) functionally oriented model of successful ageing and Baltes and Baltes' (1990) life span theory of selective optimisation and compensation (SOC) approach to optimal or successful ageing. These theories have made valuable contributions to the current widely accepted understanding that ageing can potentially be seen as 'optimal' or successful. Most of these 'newer' gerontological researchers have argued, from different theoretical positions, that for positive ageing to happen certain criteria must be met or processes must occur.

Rowe and Kahn's (1987, 1997, 1998) model of successful ageing emphasised the need for good health, freedom from risk of disease and related impairment, and the maintenance of productive social engagement (which may take different forms). They argued that good health was the most important of the three (1998). Baltes (1987), and Baltes and Baltes' (1990) SOC model could be said to describe a set of psychological strategies whereby older people successfully negotiate and adapt their way through a series of gradually increasing biological losses encountered in the process of growing old. They do this by skillfully modifying their activities, their environment, and their goals. This theory posits that as older people lose capacity in some functional realms they often gain them in other areas that may have more of a focus on different kinds of socio-psychological skills and abilities. SOC theory can be seen as describing a process whereby strategic focus on one's strengths allows individuals to

optimise their capacities and compensate for losses (e.g., through glasses and hearing aids) in order to produce an appearance of not suffering diminished ability due to age related loss and decrepitude. It is as though, according to this theory, successful ageing is maintained as long as third age capabilities can be sustained.

Schulz and Heckhausen's (1996) life span model of successful ageing, which is a 'control' or mastery theory, argues that as older people lose biological capacity and 'primary control' over their environment, they will compensate for as long as possible with "secondary" control strategies that are focused on adapting to the environment. Like Rowe and Kahn's (1987; 1997) theory, Schulz and Heckhausen considered that the loss of health and functioning signals the end of successful ageing. In fact Schulz and Heckhausen (1996, p. 711) wrote that their views of ageing "converge with those of Rowe and Kahn". Thus their model incorporates elements of both of the leading theories on ageing. Another theorist who posited that post-retirement life, after a period of fulltime work and active parenting, could be enriched and positive was British demographer Peter Laslett with his theory of four ages. However, despite its benefits, Laslett's (1989) theory has incurred some criticisms as have the dominant ageing theories discussed above.

Something that all of the theories of ageing discussed in this section share in common is a positive outlook for the period of life encompassed by Laslett's third age and a less sanguine view of the fourth age. Considering the previous tendency of many previous theorists and researchers to see life span development as a process that was down hill after midlife, this positive outlook for the third age was welcomed (Schroots, 1996). This more optimistic view of the period of late maturity is in parallel with the increasing health and longevity of populations in western democracies (Baltes & Smith, 2003; Laslett, 1989).

To summarise, the dominant successful ageing models, as discussed above, resurrected third agers from the stereotype of being ‘over the hill’ by outlining more positive ways of ageing. However, these and other predominant ageing models, for example those expounded by Rowe and Kahn (1987, 1997), Baltes and Baltes (1990), Baltes & Smith (2003), Laslett (1989), and Schulz & Heckhausen (1996), have continued to promote a deficit and loss view of the fourth age. Baltes and Smith (2003) spoke of the fourth age as a time when “psychological mortality” often occurs and this can mean: “loss of identity, psychological autonomy and a sense of control” (p. 123). Despite the undoubted strengths of these theories they have all variously attracted a deal of criticism as well, and the next section looks at some of these issues.

2.2.2 Some problems with these life span and successful ageing theories

Several criticisms of current mainstream theories of life span development and successful ageing have been forwarded. Holstein and Minkler (2003) pointed out that by focusing on the individual’s responsibility to make lifelong healthful choices, Rowe and Kahn, (1987, 1997) ignored “class, race and gender concerns that result in further marginalizing the already marginalized” (2003, p. 794). Holstein and Minkler argued that Rowe and Kahn’s model discriminates against social groups who are already socially disadvantaged (e.g., those who are old, poor, female, or from non-mainstream ethnic groups).

In a similar vein Riley (1998) accused Rowe and Kahn’s model of being “seriously incomplete” (p. 151) in that it does not acknowledge the fact that social structures and socio-economic circumstances play a primary role in determining the life opportunities of the great majority of people. A number of researchers particularly dislike the fact that Rowe and Kahn’s model can be seen as carrying an element of implied blame towards individuals who are

not able meet the functionally based criteria for ageing successfully (Callahan & McHorney, 2003; Holstein & Minkler, 2003; Riley, 1998). They consider that Rowe and Kahn (1998) ignore the impact of environmental and socio-economic limitations on the ability of individuals' to 'choose' healthy lifestyles and claim that successful ageing "can be attained through individual change and effort" (p. 37). They have argued that Rowe and Kahn's (1987, 1997) view puts the responsibility for successful ageing squarely on older people themselves. Holstein and Minkler (2003) called this theory "new gerontology" (p. 790) and objected to the fact that blaming older people for their lack of 'success' in ageing runs the risk of mitigating the importance of making social resources more equitably available to all people. Yet another criticism of this theory comes from Bowling (2006) who has described Rowe and Kahn's "biomedicalisation" approach to the ageing process as too narrowly focused and lacking input from older people.

Steverink, Lindenberg, and Ormel (1998), while positive about some aspects, have criticised Baltes and Baltes' (1990) theory as "empty", because their criteria and goals for successful ageing are too vague and difficult to measure. They also make the same kinds of criticisms about Schulz and Heckausen's (1996) views on successful ageing. Torres (2003) has accused both the Rowe and Kahn (1987, 1997) and the Baltes and Baltes (1990) models of successful ageing of being culturally insensitive and promoting a western hegemony in gerontological studies of ageing well. Kendig (2004) has also expressed a similar concern regarding the domination of western ethnocentric theories of ageing in the field of gerontology. Torres suggests that one solution to this ethnocentricity is to have much more tolerance of diverse alternative ways of formulating positive or successful ageing.

These kinds of criticisms point to a number of gaps in the leading theories of successful ageing and three of these are the focus of the present study: firstly the lack of consultation

with midlife and older people on how they view successful ageing – as distinct from the experts' more top down models. The second criticism is the lack of weight given to religion and spirituality as a component of successful ageing, and the third is the concern that the lack of a positive long term view of ageing, as distinct from the implicitly loss and deficit models, is likely to contribute to an unnecessarily negative view of the third and fourth ages, and it does not offer ageing people any hope or dignity.

The first of the three gaps in the successful ageing literature to be discussed is the concern that there has been insufficient consultation with older people themselves on their understanding of what constitutes successful ageing. The complaint that the mainstream models of successful ageing do not sufficiently take into account what older people think has been made by a number of researchers, particularly in regard to Rowe and Kahn's model. The argument has consequently been made that there is a need for researchers in gerontology to consult more with older people regarding their views on ageing and well-being issues in later life (Bowling & Dieppe, 2005; Phelan & Larson, 2002; Quine, Morrell, & Kendig, 2007; Strawbridge et al., 2002; von Faber et al., 2001).

Von Faber et al. (2001) have also found that the views of very old people with a range of physical health limitations do not concur with Rowe and Kahn's (1987, 1997) functional and health based constructions of successful ageing. Von Faber and colleagues contended that because the ideas of Rowe and Kahn (1987, 1997) are based on "optimal functioning" they exclude many people. In their study of 599 participants aged over 85, von Faber and colleagues found that positive well-being was their key criterion for successful ageing. Using this well-being criterion, their study found that more than three times the number of participants (45%) accounted themselves to be ageing successfully than could be considered so using the functional capacity and other criteria of Rowe and Kahn. They reported that

according to Rowe and Kahn's criteria only 10% of participants could be counted as successfully ageing. Other researchers have reported that older adults define successful ageing in multi-dimensional terms and that none of the published work extant on this subject has incorporated all of the four dimensions of success that their participants counted as important: that is, the functional, physical, psychological, and social health domains (Phelan, Anderson, La Croix, & Larson, 2004).

Strawbridge and colleagues (2002), in a study of 867 older people aged 65-99 years, found considerable discrepancy between participants' self rated reports of successful ageing and the results of assessing them for successful ageing according to Rowe and Kahn's (1987, 1998) criteria. The differences primarily relate to the fact that many people who had chronic illness and functional problems assessed themselves as ageing successfully – although they could not be classified as such according to the Rowe and Kahn model. Strawbridge and colleagues (2002) have urged other researchers to take more account of the way that older people see these issues because of this mismatch between their participants' views and the leading experts' theories.

The next gap in mainstream theories under consideration in the present study is the lack of weight given to religion and spirituality as a component of successful ageing and well-being in later years. Sadler and Biggs (2006) suggested that one reason for the omission of such a potentially important source of support as religion and/or spirituality for well-being in later years is the “conceptual and methodological problems in trying define and measure such a multi-dimensional and abstract construct” (pp. 270-271). This issue will be examined further later in this chapter.

Crowther, Parker, Achenbaum, Larimore, and Koenig (2002) have also criticised Rowe and Kahn's (1987, 1997) model of successful ageing on the grounds that it does not take into

account the important role of positive, spiritual affiliations on the health of older people. They defined positive spirituality as incorporating life enhancing aspects of both religion and spirituality and they contended that adding this dimension to Rowe and Kahn's model of successful ageing (1997) would enhance its capacity to lead to health promoting interventions. In a similar vein, Parker and colleagues (2002) reported that they needed to formulate an 'expanded' version of Rowe and Kahn's model that included the recognition of religiously based spirituality in order to create effective therapeutic interventions with older people. The role that religion and spirituality may play in supporting positive well-being and successful ageing will be examined further in a later section of this chapter.

The third and final gap in the major successful ageing theories presently under discussion relates to concern over the lack of a long term positive view of ageing, as distinct from loss or deficit models. Despite the recognition that Baltes and Baltes' (1990) life span SOC theory has been said to give to diversity in ageing people, by Baltes and Carstensen (1996), and the support that it offers to those who wish to move past the 'over the hill' the stereotyping of old age, it has nevertheless received criticism on both of these grounds. Although positive about the potential for successful ageing in the third age, SOC theory is quite pessimistic about the fourth age (Baltes & Smith, 2003; Ranzijn, 2002b). For example, the SOC strategies, which describe an adaptive process of making the best of the capacities one has are said by Baltes, Smith, and Staudinger (1992) to be "effective whenever we use a balance sheet where losses are part of the main scenario" (p. 156).

SOC theory posits that the adaptive strategies of selection, optimization, and compensation occur in response to the negative stimulus of age related change and loss. However, the explanatory power of these premises, and SOC processes (Baltes, 1987; Baltes & Baltes, 1990), have been challenged (Ranzijn, 2002a, 2002b; Utal & Perlmutter, 1989). More recently

Baltes and Smith (2003) have declared the fourth age of life to be one that has many disadvantages and a time that is best avoided or minimised for as long as possible. This essentially deficit view of the fourth age is also echoed by other researchers (e.g., Schulz & Heckhausen, 1996) in the field who have built on and extended Baltes and Baltes' (1990) life span model in various ways. Elsewhere, Heckhausen acknowledged her use of Baltes and Baltes' (1990) SOC concept, which she described as "failure compensation" due to the increasing amount of "losses" that are incurred with age (1997, p. 176).

According to Laslett (1989), although the third age is potentially very positive, the fourth age is considered to be a time of "dependence and decrepitude" (p. 152) and in this respect it is clear that Laslett also subscribed to the ubiquitous loss-based perspective towards those experiencing extreme frailty and/or in the last phase of life. Laslett's negative representation of the final age of life is not, in the view of this researcher, an inevitable picture of how the fourth age must unfold. As Wilkinson and Lynn (2007) pointed out, even an event such as a terminal illness can motivate many to seek "meaning, peace, life closure, or transcendence that overcomes the fear and despair" (p. 450).

Fry (2000) and Nakashima and Canda (2005) also expressed similar opinions concerning the importance of focusing on older people's capacity for continuing to sustain and develop personal meaning in their lives. These researchers argued for an increase in focus on the positive potentials of the fourth age rather than emphasising only the losses that accompany old age as is commonly the case. However, notwithstanding his negative view of the fourth age, some aspects of Laslett's (1989) flexible theory and definitions of the processes of ageing were found to be helpful in this project, particularly the four ages or stages of ageing, which have provided a useful way of locating the position of participants across the life span continuum.

Gridley et al. (2000) also noted that the current focus of gerontological practitioners is on compensating for losses rather than developing strengths. A number of other researchers have challenged the current predominance of the bio-medically focused view of ageing and argued instead for a broader more strength perspective on growing older (Bearon, 1996; Ranzijn, 2001, 2002a 2002; Ryff, 1982, 1989a; Schacter-Shalomi & Miller, 1995; Tornstam, 1992, 1999). In the same vein Ranzijn (2002b) pointed out that “older age has stereotypically been associated with losses and declines, and relatively little work has been done to identify gains and areas of growth” (p. 79).

Although most of the currently dominant models of successful ageing suggest that there is potential for the third age to be successful, the fourth age is seen, almost by definition, as highly unlikely to allow for positive well-being or quality of life. This point of view is summed up well by adherents (e.g., Smith, Borchelt, Maier, & Jopp 2002), of the SOC model of adaptive ageing. These researchers reported that they found “strong evidence” (p. 728) that for those over 80, illness, decreased mobility, and loss of functions (e.g., hearing and sight), “have a negative impact on an older individual’s sense of well being” (p. 728). They suggested that the accumulations of these deficits of ageing erode the individual’s capacity to engage in adaptive strategies and make the kinds of adjustments that allow positive well-being to continue into the fourth age.

As discussed earlier, similar conclusions and doubts about the capacity for one to achieve well-being in the fourth age are present in the theories of ageing promulgated by Rowe and Kahn (1987, 1997), Baltes and Baltes (1990), Baltes and Smith (2003), Schulz and Heckhausen (1996), and Laslett (1989). One reason why this is of concern is that these researchers on ageing have regarded successful ageing and high levels of health and

functioning in later life as virtually equivalent terms. However, older people themselves may not base their own views of successful ageing on these factors. As already noted, von Faber and colleagues (2001) found in their study that it was feelings of well-being, not physical health and capacity, that were considered by ageing people to constitute successful ageing. These findings indicate that a personal sense of well-being can allow individuals to rise above issues such as poor health or physical incapacity and maintain a sense that they are ageing successfully regardless of illness.

Ryff (1982, 1989a, 1989b, 1989c), became so concerned about the predominance of negative theories in the study of successful ageing that she developed a set of Psychological Well-Being Scales (PWBS) aimed at measuring positive and growth focused aspects of ageing. Ryff argued (1989a) that one way researchers can help to balance the negative focus on ageing is “to examine the implicit theories of positive ageing held by old people themselves” (1989a, p. 52).

Ryff (1989b, 1989c) identified six attributes of psychological well-being based on established theories of life span development, clinical theories of personal growth, and the literature of mental health. These are Self Acceptance, Autonomy, Environmental Mastery, Positive Relations with Others, Purpose in Life, and Personal Growth. Ryff and colleagues reported that two important components of psychological well-being decline as people age; these are “personal growth” and “purpose in life” (Ryff & Singer, 1998b; Ryff, Kwan, & Singer, 2001). Keyes, Shmotkin, and Ryff (2002) have noted that, of Ryff’s six psychological well-being sub-scales, these two qualities are the ones most reflective of existential well-being. Thus a decline in scores on these sub-scales may be indicative of a decline in existential or spiritual well-being. Because of their growth-oriented focus, Ryff’s sub-scales have been considered to be a useful means of providing additional information on how positively

participants in the present study view the quality or success of their ageing according to psychological well-being criteria. This use of Ryff's PWBS is also in alignment with the argument, by Costa, Metter, and McCrae (1994), that for psychologists and psychiatrists successful ageing can be viewed as "psychological adjustment and well-being across the full life span" (p. 53).

Gauging indications of successful ageing by measuring psychological well-being may also provide a positive contrast to bio-medical models that implicitly equate poor health with unsuccessful ageing. This is particularly interesting because some researchers have reported that a subjective self-assessment of one's health and well-being appears to be a better predictor of morbidity and mortality than bio-medical assessments by physicians and pathologists (Menec, Chipperfield, & Perry, 1999; Ranzijn, 2002a, 2002b). Such findings seem to indicate that, contrary to Rowe and Kahn's (1987, 1997), health-based model of successful ageing, personal beliefs and optimism (or pessimism) may have a more powerful impact on one's feelings of well-being or sense of ageing successfully than do the objective facts about one's health.

In fact, a number of researchers have disagreed with the dominant negative perspectives on well-being and successful ageing in the fourth age. Wilkinson and Lynn (2001), for example, contended that there is "potential for personal growth possible at the end of life, including an opportunity for providing a sense of meaning and a sense of completion" (p. 451). One possible explanation of such a phenomenon, which is almost counter intuitive in the light of prevailing views about ageing, has been put forward by George (2000). She posited the existence of a "sacred self", which she suggested is often associated with religious and spiritual beliefs, and/or with an existential sense of authenticity. George argued that a person's sacred self may be able to transcend her/his external context and personal circumstances,

however negative. In this regard George's theory has qualities in common with Frankl's (1959) description of a psychological process of existential meaning-making which created a well-being that was able to transcend even the horrors of Nazi concentration camps. George also argued that there are senses of self which "can flourish despite environmental and personal limitations and that can both protect and enhance the self when other components of the self cannot do so" (p. 27). In a similar vein, Brennan (2006) also pointed out that existential well-being may be derived from non-spiritual sources of meaning-making as well as from religious and spiritual origins.

One of the goals of the present thesis has been to see whether the participants in the qualitative studies show indications of Ryff's (1989a) "implicit theories of positive aging" (p. 52). These positive theories may perhaps be manifested in the form of participants' recognition of the potential for them to experience resilience and inner strength in their frail fourth age. If Ryff is correct and older people do have implicit positive theories of ageing, their views may provide support for those researchers who have called for more focus on "strengths based" or positive view of ageing (Bearon, 1996; Nakashima & Canda, 2005; Ryff, 1982, 1989a; Tornstam, 2005; Wilkinson & Lynn, 2001).

In the present study it was considered that the seniors who would be most likely to believe in the potential for them to have a positive or successful fourth age would be individuals with a strong sense of meaning and purpose such as might be found amongst people who hold religious and/or spiritual beliefs and affiliations. Ryff's (1989c) sub-scales for Purpose in Life and Personal Growth help to assess these important aspects of spiritual and existential well-being (Keyes, Shmotkin, & Ryff, 2002). However, in some respects, the role of a spirituality that is not affiliated with religion remains under-researched due to inherent difficulties in defining and investigating spirituality as separate and distinct from religious and spiritual

affiliations that are conflated together (McFadden, 1996, 1999; Wallace, & Bergman, 2002; Wink & Dillon 2003). Before turning to examine the literature on what conceptions of religion and spirituality might mean in the context of 'successful ageing', it is useful to begin by clarifying the terms of discussion. The next section will look more closely at some of the ways that religion and spirituality have been defined and studied within psychology, and also how existential beliefs and meaning might be situated in relation to those concepts. Some of the ongoing difficulties with establishing widely agreed upon terms in this research field will also be examined.

2.3 Debates concerning terms and concepts related to spiritual, existential and religious beliefs, and associated well-being

As already noted, the precise meaning of terms such as religion, spirituality, and religiosity, are under contention (George et al., 2000; Pargament, 1999; Seifert, 2002; Zinnbauer et al., 1999; Zinnbauer, Pargament, & Scott, 1997). Originally spirituality was seen as an integral part of religion. Over the past few decades it has increasingly been seen as a separate concept to religion although there are some who resist this separation (Zinnbauer et al., 1997). This resistance may be because a number of earlier studies have polarised the issue by suggesting that religious affiliation tends to be narrow, rigid, constrictive, socially rather than transcendently oriented, and generally a more negative alternative to spirituality: which by contrast is constructed as positive, inner-directed and representing a more genuine and praiseworthy approach to the sacred in life. These issues are more fully explicated in an article by Pargament (1999).

As a result of this ongoing debate over terminology, several researchers have argued that it may not be necessary to separately define and operationalise these terms at the present time or

that religion and spirituality are more effectively researched when the two terms are linked together (George et al., 2000; Koenig, 2007; Musick et al., 2000; Pargament, 1999). This argument held more sway when religion was virtually the only pathway available to explore and express spirituality but, as already observed, this is clearly no longer the case (Eckersley, 2007). On the other hand, Shreve-Neiger and Edelstein (2004) have complained that this approach, wherein studies use the terms religion and spirituality ‘interchangeably’, has muddied the waters and as a result it is “sometimes difficult to discriminate one from the other” (p. 381). Indeed Koenig (2007) argued that most studies of “spirituality are de facto studies of religion because of the difficulties in operationalising spirituality as a separate construct from religion” (p. S45). However, others such as McFadden (1996, 1999), Roof (1999), and Wink and Dillon (2003) have argued that the terms are not synonymous, even though they have been treated as if they were by some researchers (Musick et al., 2000; Sinnott, 2002; Wallace & Bergeman, 2002).

Although one of the goals for this study is to pay attention to participants’ understandings of key terms such as religion and spirituality, it is also of interest to have an understanding of some of the debates on these, and the related concepts of existential beliefs and well-being, in the wider society. Brennan (2006) for example claimed that the terms “spiritual beliefs” and “existential beliefs” have been wrongly conflated in English speaking countries. Brennan (2006) and Debats (2000) considered that existential well-being is the broader construct incorporating both religious and spiritual beliefs and associated well-being as well as numerous other secular ways of making meaning. They would both agree that people with religious, spiritual and/or existential beliefs share in common the possession of a framework for making sense of life that can be covered by the umbrella term of ‘existential beliefs’. These thinkers have also maintained that religion and spirituality provide only one pathway to

the search for meaning and purpose and there are many diverse secular pathways to finding existential meaning. Thus, according to this view, when personal ways of making meaning (regardless of the vehicle) are operating efficaciously for individuals, they can be said to enjoy existential well-being. However, there is an alternative perspective that has been put forward by Hardwig (2000), who constructed spiritual beliefs as the broadest category for understanding life and finding meaning and purpose. Hardwig argued that spiritual beliefs can be seen as something that refers to:

“Concerns about the ultimate meaning and values in life. It has to do with our deepest sense of who we are and what life all about. Spiritual does not imply any belief in a supreme being or in a life after this. Atheists have spiritual concerns just like everyone else” (p. 28).

Hardwig’s conception of the spiritual is broad enough to easily incorporate participants’ spiritual affiliations and existential beliefs that are premised, as described above, on the possession of a framework that provides a sense of meaning and purpose. As Debats (2000) observed, the “crucial factor in deriving a sense of meaningfulness is the degree to which people are committed to ideals or purposes for living” (p. 96) and Hardwig’s non-secular definition of spiritual concerns certainly encompasses this description of existential beliefs.

Ryff and Singer (1998b) pointed out that these definitions of spiritual, religious, existential beliefs, and related well-being, are consistent with high scoring on Ryff’s Psychological Well-Being Scale (1989a, 1989b, 1989c), most specifically on Ryff’s sub-scales for Purpose in Life (and meaning) and Personal Growth, which are considered to be to be “strongly existential” in the aspects of psychological well-being they measure (Keyes, Shmotkin, & Ryff, 2002, p. 1017). Thus it may be concluded that high scores on these sub-scales indicate high levels of

spiritual and/or existential well-being and this is one of the advantages of using these scales for this study. In the present study personal religion and spirituality will be identified through respondents' self reports with additional information being provided through Ryff's (1989b 1989c) psychological well-being scales which, with two additional sub-scales from van Dierendonck (2005), measure religious, spiritual, existential, and psychological well-being. The next section will examine some of the links that have been found between religion, spirituality, health, and psychological well-being.

2.3.1 Religious and spiritual and affiliations and their possible interactions with successful ageing and well-being

Since there have been many studies that have established links between spirituality, religion, good health, and psychological well-being, it is pertinent to briefly consider some of their key findings. George et al. (2000) provided a starting point with their useful review which divides the findings into two health categories: physical and mental (including drug and alcohol abuse). These researchers distinguished between the onset and the path of illness, reporting significant associations between religion and the onset of physical health issues, such as: coronary disease and heart attacks, emphysema, and cirrhosis and other liver diseases. They reported that where participants had significant religious affiliation (78% of studies) there was evidence of reduced occurrence of disease and disability and an increase in perceptions of vitality and energy. In regard to the question of a relationship between religion and mortality, they found that religion is positively correlated with longevity regardless of the cause of mortality including cardiovascular disease and cancer. In all of these studies, the strongest predictor for the positive health outcome was frequency of church attendance. George and colleagues (2000) claimed their research findings suggest that a strong religious

commitment is associated with speedier recovery and reduced mortality amongst patients whose conditions include cardiac surgery and breast cancer treatment (pp. 107-108).

The bulk of these studies were multivariate, statistically controlling for other possible factors impacting on physical health (to various degrees depending on the study). It also should be noted that most of these studies are cross-sectional, which makes directional interpretations difficult. However, George et al. (2000) noted that increasing numbers of longitudinal studies are being conducted, and their results support the earlier findings. In a study of 838 inpatient hospitalised adults aged 50 years and older, Koenig et al. (2004) reported finding similar statistical relationships but somewhat weaker, which may perhaps relate to the participants having a presenting illness at the time of the study.

George and colleagues (2000) also found that there is an association between religion and the prevention of mental health problems and drug and alcohol abuse. They reported that this association is stronger than the one for physical health issues and mortality. The beneficial effects of religious commitment that George et al. observed are believed to include: fewer anxiety disorders, fewer cases of depression, and a reduced occurrence of drug and alcohol abuse. In comparative studies with people who had no religious affiliation, they reported that the strongly religious patients recover more often and more quickly. These studies also were multivariate with statistical control for confounding factors; in some instances randomised sample groups were used in controlled experiments.

Similar findings and circumstances hold for Koenig and colleagues' (2004) research, which found that spiritual and religious affiliations consistently predict reduced depression, higher cognitive functions, and greater cooperation from those patients. They also reported that religious patients were found to have higher levels of social support. Again in most cases these findings were correlational and Koenig et al. (2004) were not able to predict causality.

Interestingly, this (2004) study found that patients who identified as neither spiritual nor religious, tended to exhibit “worse self-rated and observer-rated health and greater medical comorbidity” (p. 554).

Although many positive outcomes have been linked with religious and/or spiritual well-being, there is still much contradictory information and the debate on these issues flourishes. For example, Vaillant’s (2002) longitudinal research led him to declare that: “neither spirituality nor religiosity appeared associated with successful ageing” (p. 263). Vaillant reported that participants with “extensive spiritual or religious involvement ... were four times as likely to have experienced depression” as were those who had minimal or no such affiliations (p. 264). However, he also found that those religious participants manage their, mostly former, depression much more positively and effectively than do non-spiritual and religious depressed people. Thus the outcomes for those seeking these avenues of support and meaning making were positive. Vaillant concluded that amongst his participants it was those who were lonely, or ill, or depressed (ergo unsuccessful?) who were most likely to seek out a religious or spiritual connection in life. This idea concurs with Debats’ (2004) suggestion that people who were patients were more interested in deeper existential concerns than were non patients; suggested, she argues, that people need a crisis to occur to spark the search for meaning.

More recently, studies suggest that the possession of a non-religious sense of meaning/peace may contribute more to improvements in patients’ coping and the maintenance of psychological well-being for those in seriously poor health (the fourth age of life) than do religious or ‘faith’ based beliefs and meaning (Edmondson, Park, Blank, Fenster, & Mills, 2008; Lawler-Row & Elliot, 2009; Whitford, Olver, & Peterson, 2008). Whitford et al. found in their Australian study of quality of life (QOL) in cancer patients that “the more meaning in

a patient's life, the higher their QOL" (p. 1124). In contrast they found that religious affiliations, operationalised as 'faith' "had much less of an association with well being and was not related to physical well being at all" (p. 1124). Whitford and colleagues' findings appear not to support those of Dillon and Wink (2007) and others discussed earlier who did find that having active religious faith had a strong association with well-being in their participants. There are many reasons why this could be so, including differences between: research populations, the instruments used in the respective studies, the methodologies, operationalisations of constructs, and the different importance placed on religious beliefs in the two countries (Australia and the United States).

The following section outlines a number of spiritually-oriented and strengths-based approaches to successful or positive ageing. Most are not religiously based but they are all generally compatible with religious, spiritual, and existential pathways to old age.

2.4 Some examples of strength-based and spiritually-oriented theories of ageing and development

The theories discussed in this section share in common a focus on meaning and purpose and an emphasis on the inherent strengths of the human spirit. One of the earlier modern theorists of positive gerontology was Lars Tornstam. In a move that Schroots (1996) said placed him outside of the mainstream of 'modern' theorists, Tornstam (1989, 1992, 1994, 1997) attempted to redress some of the negativity of modern concepts of successful ageing by forging a new theory that he named Gerotranscendence. Schroots classified Gerotranscendence under the heading of 'New Theories' in the psychology of ageing and considered it a 'promising' effort to integrate aspects of previous disparate theories. Tornstam attempted to salvage aspects of disengagement theory (Cumming & Henry, 1961) and to combine them with aspects of Erikson's stage theory (1950/1963) and Peck's (1968) theory of

adult development, as well as adding his own unique vision of what the ageing process might be. Tornstam argued that rather than being an inevitably sad period of loss and decline, old age might be seen as a positive time when elders combine “turning inwards” for solitude and meditation, with a degree of selective, outwardly focused, generative concern directed towards younger generations or cultural and community issues. He proposed that there is a natural potential for a three stage developmental movement within older people that represents a change from material preoccupations towards a new level of ‘cosmic transcendence’.

For Tornstam (2005) cosmic transcendence describes a time when an older person feels a sense of communion with the universe and experiences a new understanding of concepts such as time, space, life, and death. He argued that there are also changes in the way older people relate to others and in the way they see themselves. Tornstam (1989, 1997) acknowledged that these changes often involve a degree of detachment that consciously echoes the earlier (now unpopular) theory of disengagement (Cumming & Henry, 1961).

Tornstam’s theory seems to have had a degree of appeal due to its positive perspective on ageing, particularly amongst nursing staff working with older people (Hauge, 1998; Jonson & Magnusson, 2001). However, it has been severely criticised for its attempt to be a “grand” universally applicable approach and for its claims to describe a “drive” that is inherent and natural to all human kind (Thorsen, 1998). These aspects of gerotranscendence are argued to be insensitive to the manifold processes of ageing and accordingly, also cross-culturally insensitive. However, one of Tornstam’s severest critics suggested that if he were to drop the essentialism and his suggestions of universality, there would be a chance that his theory might be potentially useful to future research (Thorsen, 1998). Jonson and Magnusson (2001) argued in their critical review of Tornstam’s theory that in one sense, “gerotranscendence theory is a solution to one of the fundamental issues of modern aging – the identification of a positive old

age that does not deny decay and dependence” (p. 326). In a similar vein Jonson and Magnusson also suggested, that if Tornstam would let go of the essentialist aspects of his theory, gerontranscendence could more appropriately be “not a theory of what old age really is, but rather what it can become” (p. 329).

Schacter-Shalomi and Miller (1995) have also developed a theory of spiritual development in the third and fourth ages of life. Their theory emphasises the idea that older people can, if they choose, make a choice to commit to turn their ageing into “sageing”, which involves seeking wisdom and deliberately embracing a spiritual path. MacKinlay and Trevitt (2007) have also put forward an alternative model of successful ageing that has a focus on the spiritual, rather than the physical aspects, of growing older. This model has a particular emphasis on the second and later part of life with a focus on the “search for meaning, connectedness and hope”, which they believe becomes more important during the fourth age of life (p. 74).

Another alternative to the current predominantly success versus deficit/loss focus on successful ageing by gerontological researchers and allied health professionals may be found in a school of thinking called ‘positive psychology’. Ranzijn (2002a, 2002b) argued that positive psychology has much to offer towards remedying the problems that accompany a loss- based approach to ageing on the part of health professionals and our society generally. As Ranzijn pointed out, for many years the gerontological focus has been on the losses that accompany old age. Thomas (2003) was also of this opinion and was concerned that one unfortunate consequence of this negative focus is that the potential of older people is regularly underestimated and there has been little interest in identifying areas of gain or development. She concluded that what is needed is an “evidence-based proposition that growing older is a normal progression of life in which most people can be mostly happy for most of the time” (p.

12). A key aim of this thesis is to contribute to that evidence base and the proposition that very old age is not inevitably the dismal, negative experience it is currently constructed to be.

As discussed earlier in this chapter, a number of researchers have found that leading current approaches to successful ageing are more negatively oriented than are the views of older people themselves on what constitutes ageing successfully (von Faber et al., 2001; Phelan & Larson, 2002). This has contributed to a rising concern that current approaches to ageing are too narrow and negative. It seems feasible to suggest that positive psychology, with its focus on concepts such as hope, love, courage, optimism, faith, and flow, offers a valuable complement or alternative perspective to the current biomedically dominated approach (McLafferty & Kirylo, 2001; Seligman & Csikszentmihalyi, 2000). Seligman and Csikszentmihalyi have called for the discipline of psychology to diversify from the current focus on mental illness and dysfunction and to develop an understanding of what makes individuals and communities flourish.

Although positive psychology is an approach that has emerged from the work of Seligman and Csikszentmihalyi (2000), these authors acknowledged that the ideas of earlier theorists such as James (1902/1958), Jung (1936/1969), Hall (1917, 1904), and Maslow (1971), are forerunners of, and contributors to their thinking. McLafferty and Kirylo (2001) also pointed out that these ideas were promulgated by theorists such as Jung, Maslow, Frankl (1986), and Assagioli (1965), and as such the roots of contemporary positive psychology stretch back towards the earlier days of psychology. Ryff (2003) has also acknowledged that positive psychology owes a debt to these and other humanist oriented theorists. In particular Ryff also mentioned Frankl's (1959) work on logotherapy, which has a focus on spirituality and "the capacity to find meaning" despite terrible external circumstances (2003, p. 157).

As Seligman and Csikszentmihalyi (2000) noted, from the beginning of the last century the discipline of psychology has had several major threads and one of them was a concern with the positive mental health and well-being of people. They lamented, however, that this more positive perspective was lost when, along with the rise of behaviourism, there also came an increasingly predominant focus in psychology on pathology and poor mental health. This project aims to align with positive psychology research by gathering data on the things that improve the experience of ageing and contribute to a sense that one's ageing has been positive and successful as well as acknowledging any negatives that are expressed by participants about the ageing process.

2.4.1 Positive psychology has links with spirituality, successful ageing, and well-being

Today there are sound arguments for renewed interest on the part of psychologists on what makes people well (Seligman & Csikszentmihalyi, 2000; Ryff, 2003). In fact an increased focus on what factors promote and sustain well-being in older people is fast becoming a primary health care imperative due to the greatly increasing numbers of older people. Researchers have found that there are many physical and/or psychological benefits for older people who enjoy a positive sense of well-being (George et al., 2000; Kirby, Coleman & Daley, 2004; Ryff & Singer, 1998b). Accordingly, as the positive psychology movement contends, it is important that psychologists understand how to support and nurture these kinds of key aspects of well-being in older people, and to prevent their decline insofar as they are able. This is one of the aims of positive psychology as promulgated by its advocates (McLafferty & Kirylo, 2001; Ryff, 2003; Seligman & Csikszentmihalyi, 2003).

The point is made by Emmons (1999) that those who orient themselves towards a spiritual path and integrate this path into their thoughts and activities: "typically experience their lives

as more worthwhile, unified and meaningful” (p. 880). This may perhaps be associated with a lessening of the decline in older people of purpose and meaning and personal growth (Ryff, 1989b; Ryff & Singer, 1998b). McLafferty and Kirylo (2001) delineated a number of connections between these two forces for holistic well-being: an indication that positive psychology and positive spirituality may be different ways of approaching or understanding the same or similar processes of attaining well-being and successful ageing. McFadden (1996) also cited Frankl (1959) as an important theorist of the psychology of spirituality. Again these kinds of interconnections add fuel to the notion that there are many commonalities amongst the constructs of religious, spiritual, and existential beliefs and in turn with ‘positive psychology’. One common factor amongst these different findings appears to be that a sense of meaning and purpose in life is correlated with improved well-being.

Building on Frankl’s (1959) existential meaning theory (Logotherapy), McFadden suggested that spirituality can be seen as the “motivational and emotional foundation of the lifelong quest for meaning” (1996, p. 164). She argued that this approach overcomes the ongoing difficulty of defining spirituality and religion as separate constructs. Using Frankl’s (1959) ideas, McFadden put forward a broad ranging view of spirituality that encompasses a range of experiences that “signal a sense of connectedness or integration” (1995, p. 164). Such experiences may vary widely from a relationship to God (with or without the mediation of prayers and church services) to a sense of transcendence and unity that is achieved through finding meaning in such sources as nature, art, or music and is not concerned with notions of God or religion. McFadden’s broad definition of spirituality is more in line with the views of Hardwig (2000) rather than Brennan’s (2006), which were discussed earlier in this chapter.

It seems likely that positive psychology, which aims to enhance positive affect through promoting experiences of hope, meaning, and optimism in clients, may assist in maintaining

successful ageing (Mc Lafferty & Kirylo (2001). This connection is also highlighted by van Loon (2001), who contended that spiritual well-being cannot be achieved in the absence of meaning and purpose. As already noted, purpose in life and personal growth are aspects of existential as well as of psychological well-being and both have been found decline in later life (Clarke, Marshall, Ryff, & Rosenthal, 2000; Ryff, 1989b; Ryff et al., 2001; Ryff & Keyes, 1995). This raises the interesting research question: can religion and spirituality prevent the decline of these existential qualities? In the same vein McCoubrie and Davies (2006), have suggested that: “by helping patients to address existential issues, we may improve their spiritual well being and, consequently their psychological well being” (p. 384).

There is some evidence that for the majority of adherents, religion and/or spirituality are integrally related to their maintenance of the well-being qualities of purpose and meaning. And, as Emmons (1999) has pointed out, most religions are centrally concerned with seeking personal improvement and excellence (i.e., personal growth), another core aspect of spiritual well-being. In spite of this, a number of social science researchers have observed that there has generally been a high degree of reluctance on the part of mainstream psychologists and researchers to give attention to the role of spirituality and religion in maintaining well-being (Alston, 2001; Emmons & Paloutzian, 2003; George et al., 2000; McFadden, 1996; Musick, et al., 2000; Paloutzian & Kirkpatrick, 1995; Wong). Yet, as has also been pointed out by Emmons & Paloutzian (2002), Hodges (2002), McFadden (1996, 1999), and Paloutzian & Kirkpatrick (1995), there has long been an interest in spirituality and religiosity that began with early pioneer psychologists, such as James (1902) and Starbuck (1899), and continued with other notable figures such as Allport (1950), Erikson (1950/1963), and Frankl (1959; 1967, 1986).

It is notable that these are the same forefathers who are claimed as the forerunners of positive psychology. It appears that an interest in what makes people well has continued throughout the 20th century but at a relatively low key level. It has been somewhat harshly suggested that this low level is because of mainstream psychology's increasing preoccupation with researching only that which was tangible and easily measurable, particularly with the rise of behaviourism and cognitive psychology (Seligman & Csikszentmihalyi, 2000). However, after many years of relatively minimal interest in positive psychology and on the role of religious and spiritual affiliations in maintaining well-being, there has been a resurgence of interest in such topics. Beginning with a small trickle in the late sixties there has been a veritable avalanche of publications and research on these areas over the past 25 years (Emmons & Paloutzian, 2003; Seifert, 2002).

2.4.2 Possible mechanisms affecting interactions between religion, spirituality and well-being

Given that reaching the fourth age is a time of multiple life transitions that have the potential to impact negatively on well-being, any decline in psychological well-being is cause for concern (Ryff et al., 2001; Strongman & Overton, 1999). Importantly, as already noted, Ryff et al. (2001) and Ryff & Singer (1998a, 1998b) reported that the existential facets of psychological well-being (personal growth and meaning and purpose) decline consistently and sometimes markedly in older people. However, although religion and spirituality have been argued to be beneficial to well-being in the context of recent research on aging, the mechanisms by which such processes occur are not well understood.

As discussed earlier most of the protective mechanisms that have been posited come from studies of religion and spirituality conflated as one factor. These studies have included, for example, Wallace and Bergeman's (2002) qualitative study of older religiously affiliated

African Americans, which found that protective mechanisms may include: the friendship and community support that church fellowship provides; healthy behaviours including abstinence or moderation towards drink and drugs; the comfort of being able to trust in a higher power; and improvement in self-esteem from being involved in community and charitable good works that religion often fosters amongst its members. Musick and colleagues in a review of the area (2000) suggested several similar religion-related factors that appear to impact positively on well-being. They also found that frequency of church attendance was related to quality of social relations, for example marital stability, which is in turn correlated with longevity.

Moberg (2004) noted that despite the fact that many older people are overwhelmed with the problems that can accompany old age, there is an increasing recognition by current writers in this field that, through “spiritual approaches to meaning making” (p. 4), much negativity can be transcended. He argued that in this way some people are able to find affirmation of their identity and a growth in understanding and wisdom, as they progress to the end of their life span. Debats (2000) made the same point from her existential perspective and the common mechanism that they both describe is the benefit to be gained from having meaning in one’s life.

It seems possible that whatever the mechanisms are, they transcend cultural barriers because they appear to occur across nations and cultures. Hodges (2002) and Wallace and Bergman (2002), for example, found strong links between active religious faith and meaning and purpose in older African American people. Strongman and Overton (1999) have reported that spirituality is considered by older Maori people to be an important factor in their well-being. The latter two authors also postulated that the well-being effects of spirituality may be found to be cross-cultural in their applicability.

Earlier studies have provided useful information on the ways in which religion appears to act to promote well-being in participants. However, one of the questions for this investigation concerns the interactions of ‘spiritual affiliations only’ as a separate process from those linked to ‘religious and spiritual affiliations’, because there is little information available on the two as distinct mechanisms. As researchers in this field have generally acknowledged, almost all of the studies conducted to date look at the correlations of well-being with religion, with spirituality included as a subsidiary under the heading of religion or religiosity (George et al., 2000; Hodges, 2002; Koenig et al., 2004). Seifert (2002) suggested that this may be because the complexity of the terminology has led to researchers finding it difficult to define and operationalise spirituality as a separate construct from that of religion.

If the mechanisms or pathways by which these two constructs impact on well-being are different, there may be implications for those who work with older people and for issues of public policy and planning and a range of interventions that impact on older people: for example, issues relating to health and welfare programs, housing, and counselling.

It is useful to gain clarity about the ways by which spirituality may operate to promote well-being because there is evidence to suggest that supports and environments are not always appropriate or available to allow older people to age ‘successfully’: that is, to utilise their fullest potential for well-being (Gridley et al., 2000; Ranzijn, 2002a, 2002b). Gridley et al. argued that psychologists have a role to play in developing health promotion programs for older people and in developing and evaluating home and community care (HACC) services. Since there is evidence that spiritual/existential and religious/spiritual beliefs may be protective of well-being and longevity, there is both a humanitarian and an economic justification for investigating these issues. One of the goals for this thesis is to contribute to

the stock of knowledge on what midlife and older women say supports them in their promotion of personal well-being and successful ageing.

2.5 The present research approach and intentions and thesis questions

The present research was primarily conducted using qualitative methodologies to examine issues relating to successful ageing and to explore the respective processes by which religion and spirituality may impact on well-being. In addition participants completed a number of health and well-being questionnaires, involving self reports of psychological (Ryff, 1989b), spiritual (van Dierendonck, 2005), physical, and mental well-being (Ware et al., 1996). The qualitative methodologies, focus groups, and one-to-one interviews were central to this research project because employing qualitative methods is a way of honouring what has become a maxim amongst older people, that there should be nothing about us, without us (Gridley et al., 2000).

In the same vein, McFadden (1999) has argued that the felt human expression representative of this “multi-dimensionality” (p. 1084) of ageing people, can only be finely delineated through qualitative methods of data gathering and is easily lost in purely quantitative methods of collecting and analysing data. As already noted, many researchers have pointed out the need for greater consultation and awareness of older people’s views in the field of gerontological research.

This study is relevant and timely because it provides, through an identified vulnerable group of participants (i.e., midlife and older women), opinions on issues which can help to inform researchers’ measurements and theories. Such theories in turn give rise to social “policy goals” and plans that are devised and applied to ageing people. A further value of the present study is its emphasis on identifying the gains as well as the losses associated with ageing. This practice is in accord with the precepts, as Quine, Morrell, and Kendig, (2007)

have pointed out, of the *Framework for an Australian Ageing Research Agenda* (2003). This document includes a recommendation that urges researchers to help counter ageism by aiming to include a focus that promotes: “positive images of ageing” (p. 4). This is something that the present thesis, by recording and highlighting such positive images, along with the diversity of participants’ other views, has endeavoured to do.

The four key research questions of the present thesis correspond to three gaps and several related issues that were raised in the literature and have been outlined in chapters one and two.

Question 1: What do mid-life and older women participants understand by the term successful ageing?

Question 2A: Do religious affiliations contribute to successful ageing?

Question 2B: Do spiritual affiliations contribute to successful ageing?

Question 3: If religious affiliation and spiritual affiliation are related to successful ageing are their impacts the same or different?

Question 4A: To what extent will participants express views of successful ageing congruent with the leading outcome (Rowe & Kahn, 1989) and process (Baltes & Baltes, 1990) theories?

Question 4B: To what extent will participants express views of successful ageing congruent with positive or strengths based (Bearon, 1996) approaches to successful ageing?

In keeping with the predominantly grounded theory perspective of this thesis, it is not considered useful to speculate at this stage on the answers to these questions before conducting the research and analysing the results.

CHAPTER THREE: FOCUS GROUP STUDY: METHODOLOGY, QUANTITATIVE RESULTS AND THEMATIC OUTLINES

3.1 Introduction: Successful ageing

Study One seeks to address several gaps or issues found in the literature on successful ageing and on religion, spirituality, and quality of life/well-being. From these gaps four thesis questions, as set out at the end of the previous chapter, were generated. The following chapter reports on the results of two focus groups conducted with midlife and older women who self identified as either spiritual and religious (SR), or spiritual only (SO), respectively. They were asked for their views on successful ageing and quality of life in later years. Focus groups were considered to be an effective way to gauge the level of participant interest in these issues, and as a method for identifying the key terms and questions that could be used in a follow up interview study.

As discussed in Chapter One, a mixed models' approach was used, which means that this qualitative study also incorporated questionnaires (Burke Johnson & Onwuegbuzie, 2004). The current chapter presents participants' views on the role of religion and/or spirituality in their lives and also briefly outlines the thematic findings from the group members' discussions on successful ageing. The quantitative data collected from the focus group included demographic information and data on mental and physical health and psychological and spiritual well-being.

3.2 Methodology

This study conformed to the provisions of the Declaration of Helsinki and was given ethical approval by the University of Adelaide Ethics Committee.

3.2.1 Participants

The 'snowball' technique, as described by Atkinson and Flint (2001), was used to recruit a purposive sample. Existing researcher networks were deployed to engage initial recruits who were asked to recommend others who met the research criteria. Participants were recruited if they identified as having spiritual and religious affiliations (SR) or as being spiritual only (SO), with no religious affiliations, and if they were aged from late midlife onwards (minimum age 50). The method produced two sample groups of women (N = 8) aged from 50 to 72 years of age, who were viewed by themselves and their peers as either SR or SO. The two groups' respective spiritual and spiritual/religious affiliations were subsequently confirmed both verbally during the focus group discussion and through the participants' responses to three questions that were taken from the WHO spirituality, religiousness, and personal beliefs Field Test Instrument (WHOQOL-SRPB; 2002) as set out in Table 3.2 in section 3.3. All of the SO participants had undertaken post-secondary education and two out of four of the SR participants had done so; the other two had completed their high school Leaving Certificate (equivalent to matriculation at that time).

The SO Group

The SO group ranged in age from 50 to 56 years. The four SO participants were all members of a loosely affiliated network of women interested in pursuing a personal spiritual journey that was not founded on a formal religion, was women-oriented and was not dominated by a patriarchal hierarchy. Two of these group members were raised within a

broadly religious family and school context and two had no formal affiliations to a religious background. Participants in the SO group had been known to each other over periods of between two to three decades and were on friendly terms. Participants who could form a reasonably homogenous group were deliberately chosen. This strategy is recommended as a measure to increase trust and confidence within the group and thus promote a greater level of sharing and disclosure (Dunne & Quayle, 2001). Two of the SO group members provided assistance to the researcher by suggesting others who met the study criteria and were likely to agree to participate in the research.

The researcher was also the group moderator and a member of the same broad affiliation of women who are interested in developing a personal spirituality that is not linked to patriarchal or formal religions. It has been found that a moderator who shares a background with participants is more likely to establish common ground and mutual understanding with them (Smithson, 2000). A shared background and cultural understanding between participants and moderator are also believed to help develop trust and facilitate sharing within focus groups (Sim, 1998).

The SR Group

The SR focus group participants were also recruited using the 'snowball' technique, which produced an identified sample group of four women aged between 62 and 72 years. There was a gap of six years between the SO and SR participants who were closest in age (56-62) and a 22 year age gap (50-72) between the youngest SO and the oldest SR participants. This group self identified as affiliated with Christianity as well as with spirituality and as potentially interested in participating in the study. Three of the participants were members of the same church congregation and had been known to each other for periods of between 10 and 50

years. The fourth participant was a long term friend, over several decades, of “Esther” (pseudonym).

Esther was responsible for recruiting all of the other SR participants and she was the pivotal mediating connection between these women and the researcher. The SR focus group met in Esther’s home and shared afternoon tea prior to the commencement of the focus group discussion. The moderator felt able to establish common ground with the SR group members since she too is a mature-aged woman, came from a religious family background, attended church until early adulthood, and still attends on particular family occasions. The researcher had also been known to and on friendly terms with Esther for approximately 10 years. Participants completed questionnaires that enabled a degree of triangulation with the qualitative findings and were also of assistance in understanding their well-being in relation to psychological, physical, mental, and spiritual issues.

3.2.2 Survey materials

Participants provided demographic information and completed the SF-12 Health Survey Ware et al. (1996), van Dierendonck’s (2005) abbreviated version of Ryff’s (1989b) Psychological Well-Being Scales (PWBS), and two spiritual well-being scales put forward by van Dierendonck. Ryff’s Psychological Well-Being Scales (1989a; 1989b) were originally developed to have 6 dimensions with 20 items per dimension. Several shorter versions of Ryff’s scales have been produced. A 14 item per scale version has been used in a number of studies (Ryff & Essex, 1992; Ryff, Lee, Essex, & Schmutte, 1994). The 14 item per scale version, derived from the 20 item version, was reported (van Dierendonck, 2005, p. 630) to have “correlations with the original scales [which] ranged from 0.97 to 0.98.”

In 1995 Ryff and Keyes published a much shorter 3 item per scale version of the original Psychological Well-Being Scales which had positive correlations with the 20 item scale of

between 0.70 and 0.89. However, the internal reliability for this new scale was unacceptably low – from 0.33 to 0.56 and therefore its use is not recommended. A 9 item version of Ryff's Psychological Well-Being Scale was also formulated which, along with the 14 and 3 item scales, has been evaluated and assessed for construct validity by van Dierendonck (2005).

From his investigation of the three Psychological Well-Being Scales developed by Ryff, and colleagues, van Dierendonck (2005) put forward a new shorter version after having deleted some items in order to reduce content overlap. The abridged version developed by van Dierendonck also has an added Spiritual Well-Being Scale and this made it particularly suitable for the present study. This shorter version has scales that contain from 6 to 8 items per dimension and van Dierendonck reported that it has correlations with Ryff's 14 item version that range from 0.91 to 0.95 as follows: Self acceptance 0.95; Positive relations with others 0.92; Autonomy 0.94; Environmental mastery 0.91; Purpose in life 0.92; Personal growth 0.92 (van Dierendonck, 2005, p. 637). These correlations indicate that Ryff's 14 item and van Dierendonck's new shorter modified Psychological Well-Being scales are essentially measuring the same constructs.

It was also found (van Dierendonck, 2005, p. 637) that the internal consistency of the abridged scales that he developed ranged from 0.72 to 0.81. Specifically van Dierendonck reported that the internal consistency (Cronbach's alpha) of his shorter version of the Psychological Well-Being Scales for each of the 6 dimensions was: Self acceptance 0.81; Positive relations with others 0.80; Autonomy 0.81; Environmental mastery 0.78; Purpose in life 0.81; Personal growth 0.72.

In regard to the two additional Spiritual Well-Being sub-scales put forward by van Dierendonck (2005) it is reported that the 6 items on the Inner Resources sub-scale have an

internal consistency of 0.76 and the 4 items on the Relationship with a Higher Power sub-scale have an internal consistency of 0.87.

The SF-12 Health survey comprises 12 questions aimed at discerning the respondents' self reported mental and physical health over the four weeks prior to survey completion. The SF-12 has been validated as appropriate and reliable for use on Australian populations and as an effective substitute for the SF-36 when a shorter instrument is sought (Andrews, 2002; Sanderson & Andrews, 2002). The focus of the physical component summary (PCS) SF-12 is overall health, pain, and functional capacity restrictions in the activities of daily living that are related to physical health disorders. The mental health component summary (MCS) looks at limitations on quality of life and functioning due to mental, social, and emotional disorders.

The SF-12 Health Survey was completed by respondents filling in a two page answer sheet; some questions were answered using a Likert scale and others required 'yes or no' answers. These were then entered on to a scoring sheet developed by Andrews (2002) to facilitate a hand scored integer-based final answer. The Australian community mean for this scale is 50 and the standard deviation is 10. Andrews' brief integer scoring process correlates "almost perfectly" with the standard scoring process but is much more readily scored by hand than the standard method (2002, p. 508). With these surveys, higher scores on the questionnaires indicated that the respondent had more of the quality that was being measured: that is, the higher the score the better the person's level of mental and physical health. As discussed van Dierendonck added two spiritual well-being sub-scales (2005, p. 641) to his abridged version of Ryff's six PWBS subscales (1989b) details for the PWBS are in Table 3.1. and details of the spiritual well-being scales follow.

Table 3.1: Psychological Well-Being Scales (Ryff, 1989b)

NOTE:

This table is included on page 60 of the print copy of the thesis held in the University of Adelaide Library.

The two spiritual well-being subscales put forward by van Dierendonck (2005) are also summarised:

Inner resources:

This sub-scale looks at individuals' spiritually oriented strengths and resources. These are relatively neutral questions that could apply to either people with spiritual only, or with religious and spiritual affiliations. Questions asked, for example, whether the respondent experienced inner peace, or strength, or harmony. **Highest score:** 36.

Relationship with a Higher Power:

This sub-scale included two questions that framed religion in a hierarchical context by implying there is an all powerful cosmic being; there was also a third question that mentioned 'prayer'. Unlike the Inner resources sub-scale, which makes no reference to religion, only one of the four questions in this subscale did not refer to religion or the concept of a higher power.

Highest score: 24

Although van Dierendonck omitted some questions from Ryff's (1989b) scales, he retained her original wording for the questions he included. Van Dierendonck (2005) advocated using all eight subscales together to form a single instrument to look at both psychological and spiritual well-being; this combination of measures was considered ideal to suit the aims of this study. The psychological and spiritual well-being scales were scored using Ryff's original six-point scale with options ranging from (1 *strongly disagree* to 6 *strongly agree*). Some questions for the PWBS were reverse scored as per Ryff's instructions; this was done by hand by the researcher. A full list of questions for each of these sub-scales can be found in Appendix A.

Several questions from the WHO Spirituality, Religiousness and Personal Beliefs Field Test Instrument (WHOQOL-SRPB; 2002) were used to establish that there was a difference between the two groups in their spiritual affiliations. The three WHO survey questions were completed by all eight participants and these were scored using a five-point Likert scale with options that ranged from (1 *strongly disagree* to 5 *strongly agree*). The results are shown in Table 3.2 presented later in this chapter.

3.2.3 Focus group method

Since a primary aim of the research was to gain an understanding of participants' subjective perspectives on successful ageing, a qualitative methodology (along with a component of survey data as outlined above), was selected as the most suitable vehicle for the major means of data collection in this study. The focus groups were also intended to help identify suitable terminology and questions, as well as gauge levels of potential participant interest in this topic, prior to commencing an in-depth interview study on these issues.

The first focus group (SO) was held in the researcher's home and was a reasonably informal occasion after which participants shared a meal. The second group for the religious and spiritual (SR) participants was accompanied by afternoon tea and was held in Esther's home. These domestic venues helped to contribute to a relaxed and friendly atmosphere for the group process. The focus group participants completed the demographic information and the health and well-being surveys before the group discussions began. Prompt questions were used flexibly since the discussion process was semi-structured and a schedule of the most consistently questions used in this research project can be found in Appendix B.

3.2.4 Qualitative methodology: Interpretive Phenomenological Analysis (IPA)

Interpretive Phenomenological Analysis (IPA) was chosen as the qualitative method to guide the design of this study (Smith, Jarman, & Osborn, 1999; Smith, 2004). The flexible yet focused elements of the IPA research process enable a rich source of data collection (Smith, 2004). Smith (1995) described the IPA approach as a ‘middle position’ (p. 10) half way between viewing participants’ responses as providing a verifiable, factual record representing the real world of their lives, and the view that participants’ responses are merely part of a performance designed to achieve a particular function in a social situation such as self protection or to save face.

The middle ground claimed by Smith (1995) for IPA assumes that participants’ responses do “have some significance and ‘reality’ for them beyond the bounds” of the research event (p. 10). Furthermore, Smith suggests that what participants say in the research situation “is part of their ongoing self-story and represents a manifestation of their psychological world” (p. 10). It is this phenomenon that the IPA researcher seeks to illuminate. At the same time it is acknowledged “that meanings are negotiated within a social context” (p. 10) and this fact can be expected to influence the nature of participants’ responses. However, the IPA approach to research does not seek to make those contextual and inter-actional factors that may impact on participants’ responses, especially in a group situation, the sole or primary focus of data analysis.

Greene (2003) and Martin and Sugarman (2001) have written of the dilemma, when selecting a qualitative approach to psychological research, in choosing between either a methodology that naively reifies individual experience, or a social constructionist (e.g., Gergen, 1991) approach that grants no validity to the beliefs and agency of individuals. While there is a great deal to be learnt from a social constructivist perspective, if taken to its logical

extreme it can serve to further deny the voice of marginalised groups who have not had much opportunity to be heard. The IPA approach offers a middle path between these two extremes that is consistent with Greene's (2003) call for a theoretical stance that allows for individual agency while it acknowledges the power of social constraints and "locates the person in her collective, socio-cultural context" (p. 142).

An important consideration in selecting IPA to inform the study design was the respect that is given to the participants as experts on their own stories and perspectives concerning the research questions. One reason for choosing a phenomenological type of approach with these participants is that, due to the double jeopardy of ageism and sexism, the voices of ageing women in the western world societies are frequently not heard and/or are overlooked (Bolen, 2001; Browne, 1998). IPA analysis is primarily driven by the hermeneutics of "recollection or restoration of meaning" (Smith, 2004). Key features of IPA research methods that complement the aims of this study include:

- The notion that the participants, not the researcher, are considered to be the primary experts on their own experience
- The importance of the researcher establishing rapport with the participants
- The use of small sample sizes to facilitate intensive, iterative follow up analysis of the accumulated data
- IPA interpretation that is always strongly grounded in the actual words of the participants, so any analysis must be backed up with examples from the text of participants' responses
- A schedule of questions that is semi-structured and the order of questions is not inflexible; rather it provides a framework that leaves the group moderator free to

explore areas of priority to participants and to use prompt questions where appropriate to follow up on matters of interest to the researcher or the speaker

- The notion that IPA oriented research is not driven by prior hypotheses but seeks to find questions and answers through participant contributions on the issues of concern.

IPA is considered most suited to in-depth, semi-structured interviews and it is thought that focus groups are less suited to the technique because the primary intention of IPA is to take an ideographic, case-by-case approach to collecting participants' personal views and experiences (Smith, 2004). However, while semi-structured, one-to-one interviews are said to be the 'exemplary' data collection method for IPA (Smith & Osborn, 2003), a number of interesting and useful studies employing IPA have used focus groups as their research method, for example, studies by Dunne and Quayle (2001) and Flowers, Duncan, and Knussen (2003).

Smith and Osborn (2003) recommended caution when using IPA with focus groups in case the group dynamics are such that there is not sufficient purely individual, personal disclosure to allow for an ideographic analysis of participant responses. In the light of these considerations the focus group analysis, while based primarily on data collected using IPA principles, is supplemented and informed with strategies from more specific writing on the use of focus groups for research, data collection, and analysis techniques. Braun and Clarke's (2006) work on the thematic analysis of qualitative data has also helped to inform the analysis of the focus group data in the present thesis.

Sources for the focus group strategies employed in the present study have largely come from the writings of Carey (1995), Carey and Smith (1994), Duggleby (2005), and a number of publications by Wilkinson. Wilkinson (1998, 2000, 2003, 2006) argued that focus groups are well suited to research that seeks to illuminate the perspectives and understandings of

women in the community. Focus groups are particularly useful (though not solely) as a feminist method because they facilitate the normal give and take of ordinary conversation, since they often draw on members from the same social groupings (Wilkinson). This means that participants are likely to have common backgrounds and find talking together easy and natural, thus promoting a more democratic and less moderator-dominated research event. It was found that these kinds of participant social bonds were well established for both groups in this study and this contributed to a relaxed atmosphere and lively engaged responses on the issues of concern. Another advantage of this kind of participant-centred approach is that it is less likely to lead to accusations that the research situation exploits the participants.

Focus groups are also suitable for this exploratory phase of the study since a key aim is to pay attention to the voices of midlife and older women on matters that are of concern to them but where their opinions are often not sought (Browne, 1998; Greene, 2003). Specifically this study aimed to seek midlife and older women's personal views on what successful ageing means to them; it is hoped that this process may in turn help to inform matters related to policy and planning for the fourth age (Bowling & Dieppe, 2005; Browne, 1998). It has been argued that there is a danger that policy and planning for older people generally in western society is informed more by models of ageing put forward by gerontological experts than by the wishes and opinions of the ageing people who are the ultimate consumers of the results of such policy and planning (Bowling & Dieppe, 2005).

Some researchers have warned of the danger in focus group research that quieter individuals' opinions may be suppressed by dominant group members, thus producing a skewed picture or a false consensus (Duggleby, 2005; Kidd & Parshall, 2000; Sim, 1998). Other factors of concern are the possibility that genuine agreement between group members will produce a polarisation or a magnification effect whereby mutual agreement results in a

more extreme set of views than was actually held by group members (Carey, 1995; Carey & Smith 1994; Sim, 1998). Smith (2004) also suggested that through these kinds of group influence and group dynamics there may be an appearance of, or an 'assumed', consensus where none exists. In this study these dangers seem to have been avoided perhaps through the small size of the groups and the absence of dominant figures in the discussion, which allowed a diversity of opinion to flourish. The dynamics of this democratic diversity are demonstrated through the frequent use of excerpts of participants' own discussions and comments in the analysis.

Other researchers have also found that because focus group discussion is at least a semi-public process, participant safety and comfort in disclosing may be affected by various kinds of political, social, and family pressures or influences depending, for example, on who is present, moderator impact, and the vulnerabilities (e.g., political) of the sample (Sim, 1998; Wilkinson, 1998, 2003). Hence it is generally understood that focus group data should not be accepted uncritically at its most obvious surface level of meaning and attention. Instead attention should also be paid to such issues as the influence of the group dynamics that could affect participants' statements or the occurrence of apparently contradictory statements. For this reason the thematic data analysis contains both excerpts of individuals speaking and extracts of group interactions that illustrate the creation and development of themes.

3.2.5 Focus group procedure

The semi-structured schedule of questions was employed as a framework to guide the group towards discussion of topics related to the research focus (see Appendix B). Aside from the semi-structured interview/discussion questions and occasional prompts, moderation was primarily non-directive. The intention was to encourage group members to share their personal views and understanding of key concepts (e.g., what constituted successful ageing for them),

and that participants would primarily speak to each other and not to the moderator.

Occasionally the moderator took a more directive role when a very talkative group member appeared likely to obscure another's input or when a more reticent member seemed to require a direct invitation in order to find the impetus to contribute to the discussion. However, there was no pressure placed on participants to speak if they were not ready or felt uncomfortable with an issue.

The focus groups lasted from one to one and a half hours and were recorded using two means: a tape recorder and a smaller, electronic, recording device. Obtaining two sources of recordings proved useful when voices were barely audible or several participants spoke at once and also when a tape finished and had to be changed the group discussion could continue to flow as the electronic device was able to hold up to eight hours of data.

3.2.6 Transcription of the data

The initial transcription was done by a professional research typist. On their return, transcriptions were checked and data were clarified and expanded through close attention to the second data source, which was especially helpful where there were difficulties with understanding the taped conversations and in ascertaining exactly who was speaking. These two issues are known to be common challenges with focus group data (Sim, 1998). The focus group members were given pseudonyms to preserve confidentiality and the four SO participants were given names from Goddess mythology: Freya, Brigid, Hathor, and Shakti. The four SR group members were given the following Biblical names: Martha, Esther, Naomi, and Ruth. The speakers' 'names' are given at the end of excerpts except where the quotation is an extract of interactive conversation showing the speakers responding to each others' comments. For those extracts, the new speakers' names are placed at the beginning of each new comment. When an enthusiastic group member attempted to contribute or interrupt, but

failed to stem the flow of another's conversation, this is indicated by placing their interpolation in square brackets [] within the main or first speaker's text.

3.2.7 Thematic analysis

The transcripts were read many times and initially all of the themes that emerged were noted although eventually some that were not specifically related to the research focus were not included in the final analysis. The themes were painstakingly and iteratively analysed partly in order to reduce their number by placing them into broader categories of similar concerns. This analysis was in part informed and guided by Braun and Clarke (2006) in regard to listing all initial themes and using strategies or aids such as diagrams and 'mind maps' as the themes were further distilled into three central groups of core issues of importance to participants. Frequent reference was also made to the IPA analytic process which follows a similar process to achieving thematic reduction (Smith, 1995; Smith & Osborn, 2003). The analysis was inductive and grounded in the data rather than theory driven which, as already noted, is another reason why frequent excerpts from the participants' discussions are used to support the veracity of the themes.

3.3 Quantitative results and discussion

This section begins with the mean results from the World Health Organisation survey questions (Table 3.2), followed by those for the psycho-spiritual well-being scales, and concluding with results for the SF-12 physical and mental well-being survey.

Table 3.2: WHO Spirituality Survey Questions: mean scores and ranges by group

Questions	SR n = 4	Range	SO n = 4	Range
1. To what extent do you consider yourself to be a religious person?	3.5	3 - 4	1.7	1 - 3
2. To what extent do you consider yourself to be part of a religious community?	4.7	4 - 5	1.7	1 - 4
3. To what extent do you have spiritual beliefs?	4	3 - 4	4.2	3 - 5

Note. Questions from: WHOQOL-SRPB (2002).

Table 3.2 shows that the SR group scored much higher on the religious questions but on the spiritual question the SO group scored the highest (although both groups' scores were high on this item). Thus the scores show clear differences on the religious questions but not on the spiritual beliefs question. One SO participant who selected Agree (4), in answer to the second WHO question: *"To what extent do you consider yourself to be part of a religious community?"*, also wrote on her questionnaire "I'm a pagan Buddhist so these categorisations don't really fit". As anticipated, results indicate that religious affiliations were primarily important to the SR group but that only spiritual beliefs were important to both sets of participants and hence common to both groups. These results affirm the participants' self identification into SO and SR groups. Later in the present and two subsequent chapters, the participants' focus group discussions will be examined closely in order to more fully understand the nature of their beliefs and affiliations and their views on successful ageing.

3.3.1 Results for the Psychological Well-Being Scales (PWBS)

Table 3.3 (below) shows a comparison of the two groups' scores on the shortened form (van Dierendonck, 2005) of Ryff's (1989b) Psychological Well-Being Scales and on the two Spiritual Well-Being measures.. The sub-scales were scored according to the formulae

described by Ryff and van Dierendonck. Higher scores represent greater levels of the quality in question. Since the sample numbers were low (N = 8) statistical tests were not performed to analyse whether the differences between the two groups were significant.

Table 3.3: Mean scores and ranges of scores on the Psychological and Spiritual Well-Being sub-scales by focus group

Sub-scale	SO	Range	SR	Range
	M		M	
Self Acceptance	30.5	28-34	31.0	28-31
Positive relations with others	29.2	25-36	28.0	17-36
Autonomy	38.7	33-44	30.5	26-30
Environmental Mastery	28.0	26-32	28.0	25-31
Purpose in Life	28.2	22-32	32.2	28-35
Personal Growth	41.0	39-42	37.2	33-39
Inner Resources	33.2	30-36	33.2	29-36
Higher Power	13.5	9-24	21.2	20-24

It can be seen in Table 3.3 that the means for most sub-scales are reasonably high. Furthermore, for all except two sub-scales, the participants' average overall scores were no more than four points apart and in several cases the two group's scores were identical. Except for the sub-scales for 'Autonomy' and 'Relationship with a Higher Power', all participants' scores were in the top tertile on the measures shown in Table 3.3. There was a more than eight point difference between the two groups on the mean scores of the Autonomy sub-scale. For the Autonomy sub-scale the SO group mean was in the middle of the upper tertile and the SR group's mean score was near the top of the middle tertile.

Ryff (1989b) who developed these scales and has written about them extensively said that a high score on the Autonomy sub-scale indicates that the respondent is “self determining and independent; able to resist social pressures to think and act in certain ways” (pp.1069-1081). A low scorer is more “concerned about the expectations and evaluations of others”. Since the SR participants all belonged to religious parishes or other religious communities and the members of the SO group were strongly individualistic, this is not an unexpected difference between the two groups.

Despite the SO group scoring more than eight points higher than the SR group on the Autonomy sub-scale the SR group’s mean was still at the upper end of the middle tertile which is certainly not a low score. The difference in this case may be partly due to the different value each group places on membership of a community; something that often carries with it obligations to conform in some degree to social or community influences and expectations. This attitude is illustrated in the comment one member of the SO group wrote on her survey paper: “I am not a Christian; religion implies belonging and I do not belong to anything. I simply am”. It may also be that this difference in Autonomy between the two groups is related to the age gap between the two groups.

Another difference is the 7.7 point gap between the two groups’ mean scores on van Dierendonck’s second spirituality scale ‘Relationship with a higher power’ (2005). It is interesting to note that on his first spirituality sub-scale measuring ‘Inner resources’, the two groups have identical mean scores indicating that both sets of participants identified equally with the qualities of inner strength and spiritual harmony measured by that scale. However, van Dierendonck’s second scale which has two out of the four questions asking about a supportive relationship with “God or a higher power”, did not resonate with several of the SO group members. Two SO group members scored near the bottom of the middle tertile while a

third scored near the middle of the top tertile. The fourth SO group member scored 24 out of 24 possible points on this scale and was apparently quite comfortable with these questions. It seems to be the case that two of the SO group members felt uncomfortable with the male term 'God' and/or the hierarchical nature of the term 'Higher Power'. One indicator of this was seen when a participant wrote next to that sub-scale: "Don't like higher - not top down".

As previously mentioned, two areas of particular interest in the Psychological Well-Being sub-scales were Personal Growth and Purpose in Life and meaning, which have both been found to decline in older people in previous studies (Ryff et al., 2001; Ryff & Singer, 1998b). However, in the present study members of both groups scored in either the upper middle or the top tertile on these two sub-scales.

These results indicate that there were many similarities between the two groups and that both appear to have maintained high levels of psychological, spiritual, and existential well-being. As could be expected, the two groups scored differently on the religion oriented spiritual well-being sub-scale with all of the SR participants scoring in the upper tertile. On the other hand the results on the Relationship with a Higher Power sub-scale were spread quite erratically for the SO group.

3.3.2 Results for the SF-12 Physical and Mental Health Survey

Table 3.4 (below) shows the two groups' scores on the SF-12 version of the mental (MCS) and physical (PCS) health survey. It can be seen that the results reveal that the SO and SR participants do not show higher than average levels of physical and mental health when compared to norms for these measures (see Table 3.4 *Note*).

Table 3.4: Mean scores and range of scores on the SF-12 Health Survey by focus group

Outcome Measure	SO	Range	SR	Range
Mental (MCS)	49.2	34-59	50.0	42-5
Physical (PCS)	48.0	23-63	49.5	42-5

Note. The higher the score the greater the attribution, SF-12: M = 50, S.D. = 10, Andrews (2002).

The fact that the participants' scores on the mental and physical components of the SF-12 survey clustered towards the community mean (Andrews, 2002) could indicate that most participants enjoyed average levels of health at the time of the survey. However, there was quite a large spread of scores within the two groups of participants as shown in the range column of Table 3.4 making it difficult to state anything conclusive about the results. The apparent large spread seen here is probably just an artifact of the small sample size.

As outlined in the literature review, a number of studies have reported that people with religious and spiritual beliefs often have high levels of physical and mental well-being, and speedy recovery from illness. Given the many studies that report a protective effect on health from religion it was considered likely that the participants in this study might score in the above average range on the SF-12 health survey. However, this does not appear to be the case for this small sample.

3.3.3 Summary of survey findings

One reason for using mixed models in the present thesis is so that quantitative data from the two studies could provide a means of triangulation with the qualitative (thematic) results. Another reason is to enable comparisons between survey results from the SO and SR groups with trends from previous studies of psychological well-being (Ryff, 1989b; Ryff et al., 2001).

The differences found on the WHO questions (Table 3.2) support the allocation of the two groups into separate and distinct sample groups. The focus group results indicate that participants' spiritual and religious-spiritual affiliations may be protective of the beneficial, existential elements of well-being (Purpose in Life and Personal Growth).

3.4 Focus group discussions on the role of religion and/or spirituality in their lives

The following sections present an exploration of what spirituality, religion, and religiosity mean to participants as this will help show the role, if any, that these concepts play in participants' understanding of successful ageing and well-being. It was noted in the literature review chapter that the meaning of the terms 'spirituality' and 'religion' are debated in many studies on psychology and religion so it is of particular interest to know how the participants viewed these concepts. The first step in this process was to ask participants what the terms religiosity, religion, and spirituality meant to them. Since the groups were chosen on the basis of their religious and/or spiritual affiliations it was also considered useful to take cognisance of the role these elements played in participants' lives. This process begins by examining the SO group's views on the key spiritual and religious terms used in the study and then moves on to a consideration of the views of the SR focus group. These responses were given in answer to questions such as the following: "*What does the term religiosity mean to you?*"; "*What*

does the term religion mean to you?"; "What does the term spirituality mean to you?"; "What role does religion play in your life?"; and "What role does spirituality play in your life?"

Religiosity

Religiosity has been seen by some researchers from the United States, for example, Wallace and Bergeman (2002) and Williams and Sternthal (2007), as a positive factor that can be viewed in tandem with spirituality as a resource that is protective of individual well-being in times of stress or ill health. However, participants in the SO group saw religiosity in a different way as shown in the following interaction.

Extract: 1

1. To me it's still part of that being willing to . . . bow to the dogma . . . [and] not necessarily taking any responsibility for your beliefs or your actions. *Freya*
2. Yeah, and I mean it also seems to suggest that you've, are trying to inflict it on other people. *Hathor*
3. It seems to have that implication . . . it's the doing of religion. Religiosity it's just the doing, like you said, of the external stuff. *Brigid*

Thus although religiosity is often viewed in positive terms in the literature from the United States it is seen in a much more shallow light by the SO group as demonstrated by their discussion in Extract 1 (above). In this excerpt religiosity is criticised because it is seen as carrying overtones of oppression and as being more about following the form than embracing

the spirit of belief. The next section presents the SO group members' comments on these terms.

Religion

“To me religion is all about power over and politics.” *Freya*

“A whole heap of sucky people telling you what to do and how to be otherwise you're not good.” *Brigid*

“Religion doesn't operate in my life.” *Shakti*

“I used to sit in church when I was a teenager and cringe at the implications of the language you know it was terribly hierarchical.” *Hathor*

Some of these comments indicate a refusal to concede power to a religion that is perceived to represent male-dominated, top-down authority. As Brigid declared:

“I look at Christianity and it's patriarchal; tell me a religion that's not patriarchal.” *Brigid*

Moane (1999) argued that when women challenge macro level (Bronfenbrenner, 1979) patriarchal institutions in this way, they are undertaking a journey towards an autonomous identity or sense of selfhood. It may be noted that these comments help to confirm the initial categorisation of the participants as not religious and this division is also supported by their responses to the questions taken from the WHOQOL-SRPB (2002) survey as shown in Table

3.2. Comments that affirm the participants' affiliation with spirituality are also strongly evident and will be examined next. However, it should be noted that two of the SO group members acknowledged there were some valuable aspects to religious teachings and that religion offered support and community for other people who might need it – although not for the SO participants themselves.

Spirituality

It is noticeable that connecting, unity and relationships were important aspects of participants' understanding of spirituality as shown in the following comments:

“Spirituality is people together who create community.” *Shakti*

“Spirituality is ... developing your own personal power and your relationships with all that is.” *Freya*

“[It's] what interconnects everything, but it, I mean, it's also ... probably what informs things like social justice. ... It is very much an awareness of total interconnectedness.” *Hathor*

“It's a connection with something that's more than just a physical body ... the way the spirit actually works in the world and how ... people's spirits, animals, rocks, earth spirit, work, together and connect together.” *Shakti*

“While we are in bodies, then I mean we cannot be separate from it. ... Spirituality I suppose is an awareness of those relationships. There is an aliveness at the core of everything ... perhaps the spirit is the energy that holds it all together.” *Hathor*

“I often wrestle for a term. I call it the universal something that holds everything together. Even using language sort of dents or twists it in some way and makes it something that it’s not because it just is.” *Brigid*

The common thread in each of these SO participants’ comments is that spirituality is about connections, including relationships amongst people and between everything in the universe. Eckersley writes in a very similar way saying that: “spirituality represents the broadest, deepest form of connectedness” (2007, p. 554). However, like Brigid in the previous excerpt, most participants also acknowledged that it was a struggle to define spirituality because, as Hathor said:

“A lot of what we are talking about is un-nameable and it’s relationships and it’s change. I mean trying to give it names is sometimes useful but I mean they’re very relative.” *Hathor*

Regardless of the challenges in defining or describing it, the key issue here is that spirituality is clearly highly valued by the members of the SO group and hence likely to be an important aspect of maintaining a good quality of life and a successful ageing process. The SR participants also had strong views on these issues. When the SR participants were asked:

“What do you understand by the term religiosity?” their reactions were summed in the following comment by Martha:

Religiosity

“More importance with the form than with the meaning.” *Martha*

It was evident from the general murmurs and nods of assent that this rather negative view of religiosity was generally agreed upon by the SR group. Since this view also reflected that of the SO group it was decided not to use the term ‘religiosity’ in the later interview study for this research project because it seemed unlikely that any of the participants would see the term as anything but a negative. Just as with the earlier SO group, participants in the SR group struggled to find the words to define spirituality. However, they clearly saw the concept as separate and different to the term religion, but as inextricably intertwined within their own lives. As the discussion proceeded participants added extra comments to build on their original formulations. The following descriptions show the SR group members’ constructions of spirituality:

Spirituality

“I think it is being part of something greater than just an individual and it is an encompassing of not just human beings but of nature and of an awareness that everything is part of a whole.” *Esther*

“A feeling of well being, of having experienced wonder and awe.” *Esther*

“It is also an experience of having meaning in your life and being present to the wonder that’s just in your life, you know, what happens in your life.” *Ruth*

“It is something deep inside you ... I suppose in some ways it is a feeling you have an affinity with God.” *Naomi*

“Is it an awareness of something beyond ourselves?” *Martha*

“Spirituality is knowing that there is, believing that there is, something more than this, things, the material.” *Martha*

“[It] becomes important to people at various times, but one time is when you are asking questions about your own life, what you’re about, who you are.” *Ruth*.

“Spirituality can be an individual; and you don’t need to necessarily meet with another group for that spirituality to manifest.” *Naomi*.

In these responses the SR group members associated spirituality with feelings of being uplifted, of wonder, of awareness of the numinous, and as a catalyst for asking existential questions. Spirituality was described as something that can be an individual as well as a communal experience. It was also seen by the SR group as an inner experience, a possible spur for personal growth and a source of positive, transcendent emotions. Constructions of religion on the other hand had much more to do with community, beliefs, traditions, and meaningful symbols.

Religion

As might be expected, the SR group did not describe religion in the primarily negative way the SO group depicted it. Esther, for example, described religious affiliation in terms of the importance of having a set of beliefs that denoted membership of a religious faith.

“Anyone could classify themselves as being spiritual but not everybody until they have, I don’t how to say this but not everybody until they have ... a belief system in something, would they classify themselves as religious.” *Esther*

“Religion . . . also involves the symbols that you stand before that remind you of what you are about . . . It also tells the story ... for you about your life.” *Ruth*

“Is religion the coming together of people of like minds and like thinking?” *Naomi*

Although each of the four SR participants said they considered themselves to be at once both spiritual and religious they were quite clear that the two terms could be understood as separate but related concepts. Spirituality was said to be concerned with personal feelings such as wonder and a person’s individual experience of unifying connections to others and to the universe. Religion was more associated with symbols, beliefs, supportive traditions, structure, and community.

For these SR participants one of the chief benefits of religion seemed to be the grounding and strength that comes from being part of a like-minded community who shared a belief system that provided support, meaning, and purpose throughout life and especially in times of trouble. In the same vein, Blieszner and Ramsey (2002) have written about the positive

psychological benefits and personal resiliency that can come from being a member of a faith-based community. For the SR focus group members in this study, both spirituality and religion together were seen as life-enhancing and participants spoke of looking back over their lives through the lens of their faith and seeing that they had grown and progressed and been supported. The following excerpts indicate that participants felt that it is better to be both spiritual and religious together:

“A lot of people experience ... spirituality but they don't find a form that links to their experience. It's dangerous not to have any form because form gives you kind of direction; it is a touchstone, a foundation.” *Ruth*

In this excerpt (and elsewhere in the discussion) Ruth argued that in today's society there were dangers in experiencing spiritual feelings without religion. This is because without the structure or form that religion can provide she believed that young people in particular often struggled to find answers to existential questions such as “Who am I? What is my purpose?” Ruth went on to say that she believed that youth sometimes became alienated and suicidal because they were unable to find meaning and direction in their lives. These opinions are in line with the views in a paper on youth suicide in Australia by Eckersley and Dear (2002).

On the other hand Martha described a possible situation of being religious without spirituality and as a result leading a life that was more about external forms than transcendence and meaning.

“You can be very involved in the forms and the pageantry and even the heredity of something that you have grown up with, without experiencing the spiritual side of it.” *Martha*

It can be seen that this sample group viewed religion much more positively than the previous group and hence that their views of this concept are markedly different. This was not the case for the term ‘religiosity’ which as discussed earlier in this chapter, although often used as a positive term in the United States’ literature as with Wallace and Bergeman (2002), was generally seen in negative or slightly comical terms by both of the focus groups’ participants. Unlike the SO group members, SR participants viewed religion positively as providing protective personal resources that helped them to maintain well-being. Participants described a number of positive consequences that they attributed to their Christian beliefs: that is, when bad things happened, participants felt supported; as for example when:

“All of a sudden wallop! Your sister’s cancer has regrown; your mother who has always been able to do everything is suddenly stricken with Alzheimer’s ... [and], we sort of fall to pieces a bit, but on the other side of the falling to pieces something, somehow, lifts you up.” *Esther*

“Even the bad things have been growing things and I can’t see that, all that was accidental. It was a progression I feel. I’ve never felt alone, I’ve never felt I had to do things by myself, I never felt that I wasn’t held up, ever. So that sustains me when I’m thinking ‘blah’.” *Martha*

One reason spirituality and religion are centrally important for this group seems to be because they provide meaning and an ongoing source of nurture and support that allows participants to cope with the inevitable troubles and losses that happen through life. Similar views on the psychological benefits of spirituality have also been put forward by a number of researchers on health, spirituality, and religion as discussed in Chapter Two of this thesis. Eckersley's (2007) comments are particularly apposite when he argues that spirituality "is the only form of meaning that transcends people's personal circumstances, social situations, and the material world, and so can sustain them through the trouble and strife of mortal existence" (p. 54).

In a related vein one of the participants spoke of learning over her lifetime that:

"You are only given as much as what you can bear." *Naomi*

Thus for this group it appears from their responses that religious and spiritual beliefs create an experience of resilience and a sense of being protected in times of trouble. Before discussing the successful ageing themes, it is pertinent to appreciate the depth of the SR group members' affiliation with and commitment to spirituality and religion in their lives because these beliefs infused their understanding and behaviours and were part of who they were. All of the SR focus group participants had been affiliated with Christianity over their whole lives. The depth of the SR group members' religious and spiritual affiliation can be glimpsed in their response to the following question: "*What role does religion play in your life?*" At first there was a moment of absolute silence that was quickly followed by peals of laughter and the answer:

“It’s my whole life and that is my life. It’s from birth really.” *Martha*

Through the comments shown here and earlier in this section the participants made it clear early that religion and spirituality were the central, driving forces over the whole of their lives. In fact it seemed that participants’ very identities were integrally related to their Christian and spiritual affiliations. Thus it seems likely that the key themes and associated issues relating to participants’ views on successful ageing and well-being may also be linked to the centrality of their spiritual and religious identities.

3.5 Summary of focus group themes on successful ageing

Participants in both groups described successful ageing in terms of issues related to quality of life and the three central themes – ‘Personal Agency’, ‘Social Value’ and ‘Fourth Age Issues’ – can also be viewed as embodying and describing well-being and quality of life in later years. As described in Bowling and Dieppe’s (2005) review of successful ageing, participants in this study did not have a single understanding of what successful ageing meant to them. Instead they presented multi-layered perspectives on the research issues that developed over the course of the group discussion process. Successful ageing for the focus groups is summarised in the themes and sub-themes set out in Figures 3.1 and 3.2 in the following pages, which provide an outline of the thematic analysis that will be explored in detail in Chapters Four and Five. The numbers attached to each theme refer to the section of the chapter in which the theme will be discussed. This style of referencing the themes and sub-themes has been adopted for both the focus group and the interview studies.

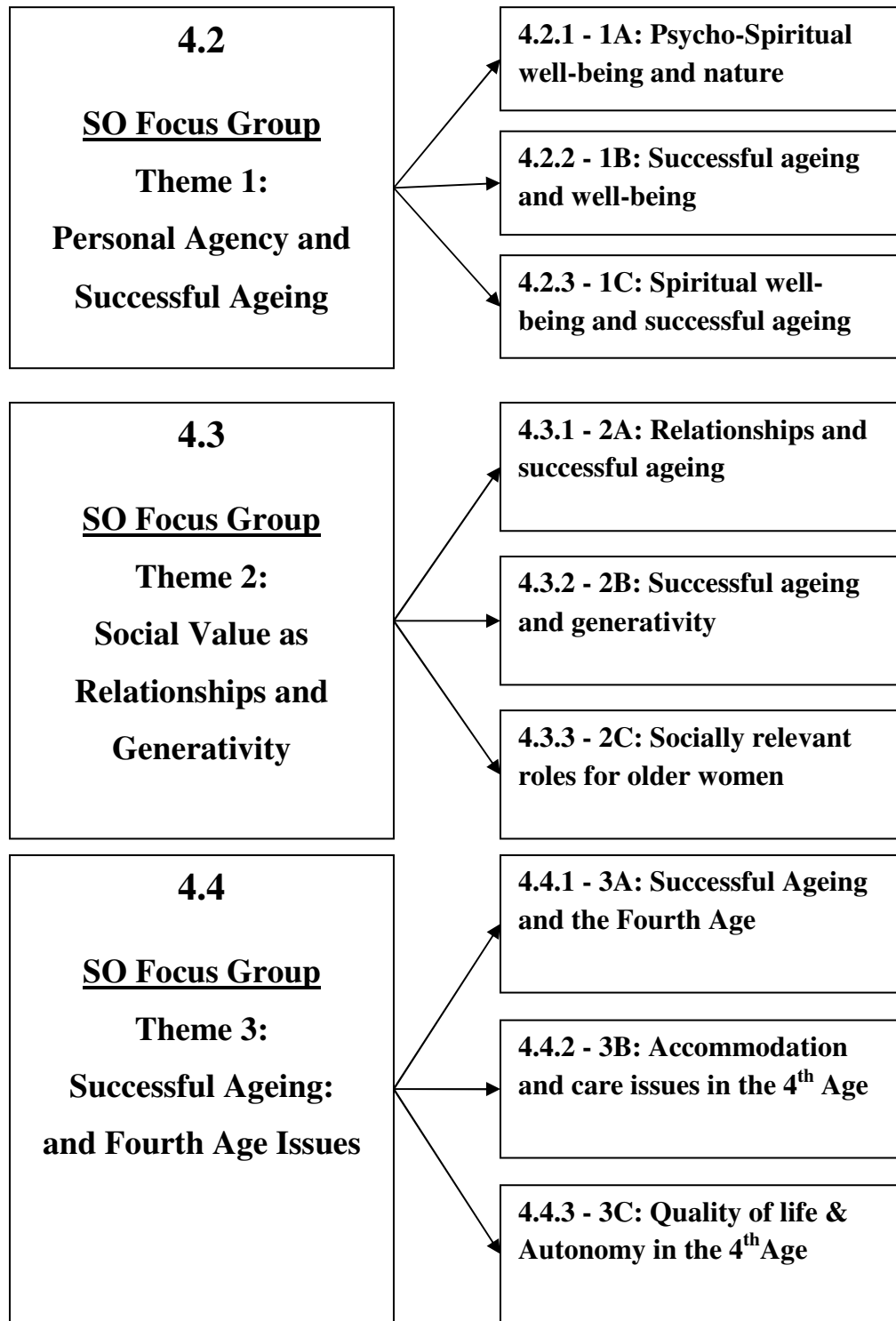


Figure 3.1: Major successful ageing themes for the spirituality only (SO) group

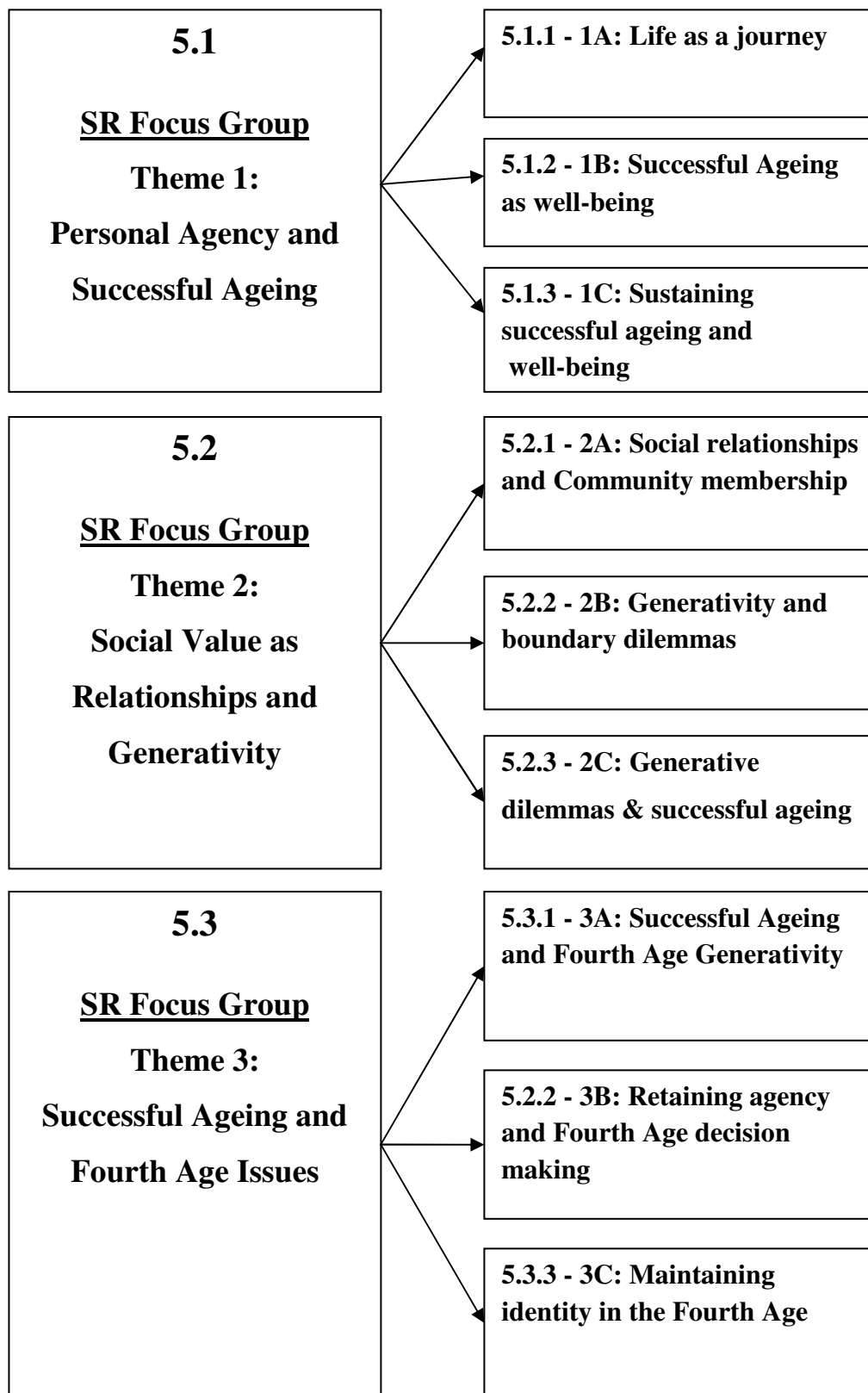


Figure 3.2: Major successful ageing themes for the spiritual and religious (SR) group

3.6 Brief discussion of the thematic outlines for the focus groups

As with the analysis of the SO focus group, the SR group's responses to questions on what constitutes successful ageing and well-being fitted into three broad categories that had a number of similarities. However, not all of the SR and SO sub-themes were as similar as the central themes appear to be; these differences are examined further in Chapters Four and Five. Both groups of participants described a range of desired elements and experiences that represented quality of life and successful ageing for them. Figures 3.1 and 3.2 are only intended as a general summary and outline of the qualitative analyses.

3.7 Chapter summary

The SF-12 self report health surveys given to the focus group participants showed participants had average levels of mental and physical health. These surveys and the psychological well-being scales results for the focus group study, although based on small numbers, begin to suggest that SO and SR affiliations may be associated with well-being. As already indicated, participants in both groups scored strongly (i.e., above the midpoint of the upper tertile) on the sub-scales for: Self Acceptance, Personal Growth, and Inner Resources. Both groups also scored well into the upper tertile on the sub-scales for: Environmental Mastery, Purpose in Life, and Positive Relations with Others. These results suggest that participants' psychological and spiritual well-being was high at the time of the survey and there were no strong differences between the groups on any of these measures. Thus insofar as these well-being surveys may reflect differences due to participants' respective affiliations with religion/spirituality and spirituality only, the results do not suggest that either one of these kinds of affiliations is more or less beneficial to personal health and well-being than the other. However, there were some differences noted and as summarised below.

The World Health Survey questions indicated that there were clear differences between the spiritual and religious affiliations of the two participants. There were also differences between the two groups on the sub-scales measuring psychological well-being in Autonomy and on the more religiously oriented well-being sub-scale measuring Relationship with a Higher Power (RHP). The Autonomy sub-scale results may reflect the fact that the SO participants are less likely to conform and had a greater propensity to strike out on their own than did the SR participants. Differences in Autonomy sub-scale results between the two groups may also be related to the notable differences between the members of the two different cohorts.

The RHP sub-scale appears to be a measure of religious, but not spiritual well-being, contrary to van Dierendonck's proposition (2005). It seems that van Dierendonck was probably correct when he said further research is likely to be necessary in order to assess the usefulness of this scale. Certainly the findings for this study suggest that the second sub-scale has limitations when it is used to assess the spiritual well-being of a spiritually affiliated sample of people who are avowedly not religious. However, a more extensive assessment of van Dierendonck's (2005) two spiritual well-being sub-scales is not within the focus of this research project. In-depth discussions of the themes that have been outlined in Figures 3.1 and 3.2 are presented in Chapters Four and Five which will examine how the members of the two focus groups constructed what successful ageing and well-being in later life meant to them.

CHAPTER FOUR: THE SO FOCUS GROUP ANALYSES

4.1 Introduction

The most important objective of this study was to look at the contested concept of successful ageing and to see how these two groups of midlife and older women defined and understood that term. Chapter Four will look at themes identified from the spirituality only (SO) group after which Chapter Five will examine themes from the spiritual and religious (SR) group. The present chapter will also introduce the analytic focus of Study One and Chapter Five will summarise and review the overall findings from both focus groups.

The analysis will include both an examination of individual's responses and of a number of group member interactions. There will be a summary of each group's themes and finally a brief comparison of the two groups. Three sources of data are examined and presented to illustrate themes and issues pertinent to the questions that are the focus of this study. Thus the data analysis will be based firstly on, individual participants' viewpoints, and secondly, selected extracts are used to illustrate the way individual's viewpoints joined together to create the themes that were developed and expressed through the group interaction process. Finally there will be a comparison of themes from both groups. These themes did not evolve in a linear fashion but on occasions appeared sporadically, although sometimes they were predominant all the way through the group discussion. By tracing the pathways through which the themes emerged individually, through the lens of group member interactions, and finally via a comparison across the groups, it is planned to:

- Examine the development of themes in both groups
- Better understand the meaning themes hold for participants

- Illustrate the way that group members interacted to support or challenge each other's point of view
- Compare what the different groups have to say about the successful ageing process and note areas of agreement and divergence between the major themes from each.

Participants' discussions in response to questions on what constitutes successful ageing and well-being in later years were organised into three central themes that spanned both focus groups. A range of desired qualities and experiences were described that represented themes of successful ageing and well-being in later years for participants as well as several dilemmas that were considered unhelpful to successful ageing. The three major themes each highlight a different aspect of successful ageing or well-being. The next section will examine the first of the three overarching central themes that were identified from group members' views on what constitutes successful ageing. The focus of Theme 1 is on what constitutes quality of life and successful ageing from the perspective of the SO group members. Theme 2 concerns interpersonal and community aspects of successful ageing and Theme 3 will focus on how group members envisage life will be for them, issues they expect to deal with, and what they fear and what they hope for when they reach the fourth age.

4.2. Theme 1: Personal agency and successful ageing

The theme of quality of life and successful ageing covers a number of issues grouped as sub-themes under this central heading. The range of issues reflects the findings of Bowling and Dieppe (2005) and Bowling (2007), who have noted that lay people do not speak of successful ageing as a one dimensional concept. Instead they tend to describe successful ageing in multiple ways. The defining elements of this overarching theme centre on what

group members see as important to them from an individual perspective. These women have clear views about what has nurtured and sustained their well-being up until this point in time and what works against their quality of life and, hence, against their ability to age successfully. Theme 1 is made up of the sub-themes of: 1A) Psycho-spiritual well-being and nature; 1B) Successful ageing and well-being; 1C) Spiritual well-being and successful ageing.

4.2.1 Sub-Theme 1A: Psycho-spiritual well-being and nature

It was apparent from the depth and passion with which the SO group members discussed spirituality that it was a core and abiding value in their lives and thus integral to their views on what constitutes successful ageing. The importance of the natural world to spirituality for members of this group also soon became evident. Nature in fact seems to be integral to spirituality and successful ageing for these participants. The natural world is represented as an abiding and deep source of nurture, as shown by the following excerpts when the group spoke about their resources for spiritual and personal well-being:

“Going out into nature and finding a spot ... it’s clean, clean air and, and where I feel that I can really ground with the earth ... at the moment that’s the thing that is important to me, nature.” *Shakti*

“It’s being in contact with the land, it’s being, and for me it’s the red earth, it’s the red dirt of South Australian North and just being present and being there and being respectful and being, being aware that I’m just a part of all that and a very small part indeed.” *Brigid*

“It’s so important to have wilderness spaces, I guess or even if it’s not a wilderness space a much loved space where the people that live there respect the land ... just being present ... is very, very important.” *Brigid*

“I would have to agree with what Brigid just said and ... another spiritual practice is, I mean is, just humour ... but definitely the land and I mean for me it’s dancing on the land, but it’s also music.” *Hathor*

“Gardening if I become too disconnected; I just need to go out and pull up weeds for an hour or so. ... sort of getting my hands dirty, is enough to help start rebalancing me; but my favourite place, to actually help really rebalance ... is where there’s red earth; that’s really powerful.” *Freya*

It is interesting to note how often participants coupled nature with metaphors that are related to power and energy: there is a sense of grounding “with the earth”, “being in contact” and seeing nature as a remedy when they feel “disconnected”. Since connection with nature is described by this group as synonymous with spirituality, disconnection may be equated with a loss of spiritual equanimity. These metaphors convey an understanding that contact with the land enables participants to tap into and connect to a source of power that can be accessed via the natural world. It is evident that when their own resources and well-being need restoring, participants seek out contact with nature and know they will be recharged or regenerated by this contact.

Thus nature can be seen as an important and ongoing source of psycho-spiritual well-being and therefore as important to successful ageing for SO group members. It would be difficult to

overstate participants' deep attachment to connecting with nature as a spiritual practice and this topic brought forth some of the most eloquent, lengthy, and passionate responses of all. Discussion of this sub-theme has focused on spiritual and existential factors that extend beyond the perimeters of leading mainstream successful ageing theories (Rowe & Kahn, 1987, 1997; Baltes & Baltes, 1990). However, in the next section, participants' views on other, more functionally oriented, components of successful ageing and quality of life are examined.

4.2.2 Sub-Theme 1B: Successful ageing and well-being

This theme came from responses given when participants were asked "*what does successful ageing mean to you?*" Some issues discussed in this section tended to relate to holistic functioning, such as when Freya and Hathor combined several facets of well-being together at once: for example, physical and mental health, emotional and spiritual equanimity, and appropriate community involvement and social interactions. The forthcoming discussion and examples below show how these concepts unfolded. Participants viewed successful ageing as incorporating quality of life and well-being, and this included a number of different elements: for example Freya provided a comprehensive, multidimensional description of successful ageing:

Extract: 2

1. You know it's not just about having money. It's not just having your own house. We are you know, spiritual, emotional, physical and mental beings and successful ageing is going to uh still bring in those whole four aspects. *Freya*
2. And social too, social beings as well, so that brings in relationships. *Hathor*

3. But yes, to me successful ageing is going to be still having health ... And just still being physically, mentally, emotional, spiritual beings. *Freya*

4. [Murmur of agreement]. *Hathor*

In this way these definitions were often constructed by several group members together; as in this example with Freya and Hathor. Sometimes group interactions indicated a lack of agreement amongst members and at other times, as in the extract above, there is more of a sense of jointly constructed meaning. Joint production of meaning is a phenomenon of focus groups that has been described by Smithson (2000) and there is not always agreement between group members. For example, a little later when Shakti ventured an opinion on the most important dimensions of successful ageing that was seen by some of the others to be not sufficiently balanced:

“Well for me it would be emotional and spiritual are the most important dimensions.” *Shakti*

Freya quickly and emphatically disagreed:

“If you’ve got emotional, spiritual, but yeah you’re totally incapacitated. You know like, where does that leave you?”

Shakti responded:

“Yeah, but you can, I mean, [pause] I can’t answer that.”

Freya concluded:

“I think it all comes down to balance, [*Hathor*: Yeah.] you know? Like all life is basically balance.” *Freya*.

Balanced good health and well-being as the recipe for successful ageing as described above by Freya, and supplemented by Hathor, was the closest the SO focus group participants’ definition came to Rowe and Kahn’s (1987, 1997) functional view of successful ageing. Freya’s emphasis on this view may perhaps be linked to the fact that she is heavily involved in one of the healing professions; as is Doctor Rowe (of Rowe & Kahn, 1987), who is a physician. Shakti’s position is interesting because it seems to envisage a potentially positive way of seeing ageing. That is to say, if emotional and spiritual well-being are more important to Shakti than good physical health then conceivably her capacity for successful ageing could be maintained beyond the boundaries of poor health and functioning. Spirituality and successful ageing are discussed further in the following section.

4.2.3 Sub-Theme 1C: Spiritual well-being and successful ageing

This sub-theme emphasises more spiritual and existential qualities and the power of the individual to create her own successful ageing through sustaining her personal sense of meaning, the value of life and staying open to its possibilities. These qualities are reflected in the next extract where participants jointly talked about the importance of maintaining a sense of joy, awe, and engagement with the world around them:

“Still being able to love; that’s important too [*Shakti*: Mmm] and I mean whether it’s a person, or whether it’s a [*Freya*: Cat] a pet, or you know, just the delight of the bird that flies past.” *Hathor*

This response again illustrates the way group members often joined together to create shared constructions of meaning; this extract shows how Freya and Shakti were in agreement with Hathor and contributing to this topic. As previously detailed in the focus group methods Chapter Three, the square brackets in the excerpts (above) demonstrate the process whereby participants contributed to construct a joint understanding of the topic without the original speaker actually stopping the flow of her comments. This process reveals the development of the group's agreement about the importance of 'still being able to love' to ageing successfully. The following excerpts reveal group members' recurring emphasis on intangible, spiritual, and existential qualities as important to successful ageing.

“It's also people who stay young at heart [laughter] ... delight in the new, curiosity, involvement, lively conversation? You know that, that kind of delight.” *Freya*

“It means freedom of spirit [laughing] and independence and the confidence that I can just go the way that I want to go.” *Shakti*

“And I mean probably being happy with what you are and what you have been and you do. So yeah, I mean, there's a lot of dimensions to that I guess.” *Hathor*

These qualities which relate successful ageing to personal freedom, joy in life, and satisfaction with the life one has lived, seem to be quite separate from the mainstream theories of successful ageing related to functioning and adaptation to loss. Instead, they seem to point towards a more positive view of ageing that is not bound by or limited to good health and

functioning. This appears to be indicative of the potentially positive view of growing older that was discussed earlier in this thesis. This perspective, expressed in the previous four extracts, is linked to spiritual and existential well-being. In the next section the importance of social recognition and interpersonal relationships to successful ageing for participants is examined and discussed in further detail.

4.3 Theme 2: Social value – relationships and generativity

This theme focuses on the way participants perceive and interact with their other people and with the wider society. Bronfenbrenner (1979) has developed a theory of the ways that individuals both shape and are shaped by their environments on four different levels. Moane (1999) has observed that Bronfenbrenner's ideas are: "widely used in developmental psychology and elsewhere" (p. 5) and a modified three level version of his framework, put forward by Moane, has been adopted for the present thesis.

Moane (1999) postulated that individuals live their daily lives (at home, work, and school), at the micro level while the meso level describes the community and organisational settings that a person interacts with. The macro level, in which she includes culture, politics, economics, and ideology, "impacts on the individual through shaping the immediate settings (micro level) and organisations (meso level) in which the individual is embedded" (p. 6). Theme 2 broadly concerns participants' relationships and close ties with family, friends, and people at work (micro level) and various community connections with others (meso level) and occasionally touches on the macro level of society. Moane believes that few individuals are able to make an impact on the macro level of society. This theme is made up of three Sub-Themes: 2A) Relationships and successful ageing; 2B) Successful ageing and generativity; and 2C) Socially relevant roles for older women.

4.3.1 Sub-Theme 2A: Relationships and successful ageing

At the time when the focus group was held, none of the women in the group had grandchildren or dependent children, however, all participants expressed concern and affection when speaking about their own parents and their grandparents, including those who were no longer living. Community was also seen as an important part of spirituality for participants and for Shakti the two were interlinked and virtually one and the same thing:

“Spirituality is people together who create community.” *Shakti*

Each of the SO participants was affiliated with a wider spiritually focused community in the form of a large group of women who shared an interest in women’s spirituality. Various members of this group meet several times a year to spend time in woman-centred, non-religious, spiritual fellowship. For Brigid it was important that this women’s spiritual group was relatively unstructured and not rigid and formal in the way that she perceived religious communities to be as shown in the following comment:

“With our group, the fluidity of our group is 22 years old now!” *Brigid*.

However, the others quickly reminded her that it was actually closer to 29 years since this women’s spirituality group had first begun to meet.

Some SO participants who had not had children had chosen to live in a communal setting (with shared land and independent housing) to help create enduring community bonds in their lives. However, for Hathor who had done this many years earlier, events had not worked out as she had hoped:

“I went into community living, I suppose, assuming that would be a peer group for when I was old. Only, you know half the community has died so you know you can’t make any more predictions about a group of unmarried people than you can about your family.” *Hathor*

In the following Extract (3), Brigid and Hathor talked further about the importance to successful ageing of having a supportive community or peers in their journey through life:

Extract: 3

1. Successful aging for me is being present to an affirmation of my **journey**,
[*Hathor: Yeah*] not a dismissal or labelling me [*Hathor: mmm*] a certain way
because I happen to have a few years on me. *Brigid*
2. Yes. So it’s having a community too ... Yeah, or a peer group. *Hathor*
3. Yeah, having a reflective peer group, or having like, yeah people with whom
you can have a conversation and you’re not constantly defending your
position. *Brigid*
4. Yeah, where you’re valued for wherever you are in your journey; whoever you
are in your **journey** too. *Hathor*

There is a sense here that participants' journeys towards a strong sense of self, identity, and self acceptance required the acceptance and support of a supportive community of others. The metaphor of life and successful ageing as a journey often recurred in the conversations of the participants in studies one and two. For the focus group, Study Theme 1 described the process by which SO participants established their sense of selfhood. Theme 2, as Bronfenbrenner (1979) and Moane (1999) have shown, places the person in their interpersonal and community context. The next sub-theme explores the dynamics of the individual embedded in society as a contributing member.

4.3.2 Sub-Theme 2B: Successful ageing and generativity

The spirituality group participants placed a high value on having an ongoing generative role that involving giving back to future generations or the community in their present and later years and most said they considered this to be a part of successful ageing:

“To give something back too ... that’s one of the things about getting older, that you do develop a bit of knowledge that actually might be worth passing on. You know? So it’s probably a bit about, sort of, working with younger people as well as older.” *Hathor*

“I think that successful ageing would be being a respected mentor.” *Freya*

“To ... really feel like I have something to contribute to community, other communities ... to, yeah, speak to my truths, and see where it’s valued and use it where I can.” *Shakti*

A number of researchers, for example, Keyes and Ryff (1998), McAdams et al., (1993), Warburton, McLaughlin, and Pinsker (2006), and Warburton and Gooch (2007), have reported that it is not uncommon for generative behaviours and feelings (Erikson, 1950/1963) to continue well into later life. All participants spoke about feelings and behaviours that concerned their wish to contribute to society. Looking ahead to the third and fourth ages awaiting them, these second age participants spoke about their wish to go on being valued, contributing members of society as they grew older as important aspects of their concepts of successful ageing. The desire to be recognised as socially relevant and worthwhile was important to participants and this was shown when they said that successful ageing was to be a “respected mentor”(Freya); or to deploy one’s truth “where it’s valued” (Shakti). Brigid voluntarily gave up her leisure time to participate in groups and committees working for a variety of social justice issues. She also worked fulltime in one of the more gruelling caring professions and spoke of her disappointment with the entrenched ageist discrimination that she experienced at her workplace. Each of the members of the SO group was working in one of the ‘caring’ professions. This kind of working life has been described as making a career out of generative activity and researchers have named these types of helping or caring professions (which include health, teaching, and welfare) as: ‘prime examples of the drive to generativity’ (McAdams & de St Aubin, 1998, xxii).

Extract: 4

In, in my work, in my current work I experience a considerable degree of ageism, [Hathor: mmm] because the ages are shifting and they’re within that, I don’t know whether it’s within Australia culture, or specifically in my working culture. But there’s disrespect for age, and that notion of ageing successfully would be outside

of that disrespect. That [*i.e.*, *successful ageing*] would be away from an awareness of the effect, the contempt that youth has for the experience and the infirmity and the lack of ‘keeping upness’ whatever their keeping upness is. What it does to your self-esteem; [*Hathor*: Yeah] or what it does to your sense of worth of having led a fairly productive and perhaps, positive life. *Brigid*

In this extract Brigid essentially says that, despite leading a generative life, she found it hard to maintain her self-esteem and her conviction that she had led a worthwhile life, in the face of the ageist behaviour and lack of respect that she experienced each day from younger colleagues in her workplace. In most respects Brigid fitted the profile described by Holstein and Minkler (2003) of a mature-aged woman who has attended to “aspects of moral life such as nurturing, caring, friendship, love, and social activism that have been primary in the lives of many women” (p. 793). These researchers pointed out that within the current *Activity* driven paradigms of successful ageing, these kinds of behaviours are frequently undervalued and rendered invisible and hence “become vulnerable as sources of self-worth if they lack sustenance and recognition” (p. 793). This is the scenario described by Brigid who said she struggles in her workplace to demonstrate the “keeping upness” expected in a society that venerates youth and appearance. This is also of concern because researchers have reported that “Generativity is fundamental to individuals feeling good about themselves and for judging their lives as worthwhile and meaningful” (Keyes & Ryff, 1998, p. 254). Keyes and Ryff also found “that all aspects of generativity predict well being” (p. 255). However, despite the positive effects that have been correlated with generativity, Extract 4 reveals that, the well-being of a generative person can be undermined through ageist behaviours and lack of recognition of her social contribution.

As already noted, the SO participants said that they wanted to feel they were contributing and valued members of society. It seems that this desire may be thwarted by the fact that in western society midlife and older women cannot be at all confident that they will find an appropriate social niche or be regarded as valued, contributing members of society. Feminist research also supports these participants' experiences and argues that ageist and sexist presumptions abound because women are primarily valued in western society for their reproductive capacity and physical attraction, both of which decline from middle age onwards (Browne, 1998; 1984; Greene, 2003; Moane, 1999). This creates a painful dilemma between participants' wish for a valid social identity and role and the reality of their knowledge of how society actually is as shown in the following excerpt.

“One of the things is that we have got that is really strong is ... all the images of women getting older in western cultures which are pretty dismal.” *Hathor*

Hathor's comments about the “dismal” images of older women are suggestive of negative social stereotypes and they align with those in Extract 4 where Brigid alluded to the difficulty of maintaining self respect in the face of the ageist social prejudices and treatment that she experienced in her working life. Researchers have examined in some depth the issues that flow from social discrimination and ageism and their findings confirm its harmful effects on older people (Browne, 1998; Gething, 1999; Greene, 2003; Laws, 1995; Minichiello, Browne, & Kendig, 2000; Moane, 1999; Neill & Kahn, 1999). A number of these researchers also found that late midlife and older women face double jeopardy in that they are liable to experience both ageism and sexism in modern western societies and hence prejudice and discrimination (Smith & Baltes, 1998). Due to the “vast majority” of the older population being female in

Asia-Oceania, Kendig (2004) has also argued that “Successful ageing needs to focus strongly on women” (p. S8).

4.3.3 Sub-Theme 2C: Socially relevant roles for older women

A number of researchers in gerontology have commented on the lack of social roles and the discrimination facing older people. These include Baltes and Smith (2003), who argued that one of the things required for good social policy is for “social roles to be allocated to older adults” (p. 126). Ryff, Kwan, and Singer (2001) also argued that western society has not yet addressed: “the needs for purposeful engagement and talent utilization amongst its growing older population” (p. 483).

However, the SO participants did not passively accept this dilemma regarding the conflict between their hopes for a socially relevant old age and the predictable reality of old age in modern western society that is likely to be hedged by physical and social constraints and negatively influenced by ageism and sexism. Instead, they attempted to problem solve and come up with alternative options. Since there was no dispute in the group about the fact that the key ‘images’ (and accompanying social stereotypes) of women ageing in western society were ‘pretty dismal’ some participants looked to other sources for more desirable models of ageing women as illustrated in the following interaction.

Extract: 5

1. There’s also there’s the Indigenous one [role] of becoming an elder and actually developing in spiritual authority I suppose and responsibility as we get old. I mean that’s the one I’m really consciously hanging onto and trying to work with. *Hathor*
2. It happens in India as well I think. *Shakti*

3. Yes. It happens in most traditional societies I think. *Hathor*
4. Because that's a part of having structures and communities. *Brigid*
5. And it happens in Africa I believe. *Shakti*
6. And we don't have so much structures and communities within our frameworks. *Brigid*
7. No but we do have archetypes that we can work with still and we can actually ... you know, bring them into our own society too. *Hathor*

In this extract the participants' interactions make it clear that there was mutual understanding and agreement amongst them on the lack of positive roles in our society for women as they grow older. The nature of these shared views is further reflected in the way participants looked to other cultures for positive images and role models for women who are ageing in our society. The idea of "hanging onto and trying to work with" positive models of older women in other cultures and/or re-instating archetypal (Jung, 1969) imagery of powerful social roles for older women may sound like a rather slim hope. Nevertheless, this idea of women 'activating' empowering archetypes has been expounded in depth by a number of feminist writers, including clinical psychiatrist Bolen (2001, 1985) and others (Stone, 1984; Walker, 1985). Bolen outlined a range of empowering archetypes available to western women. She and Walker argued that these archetypes can be beneficial to well-being if used with

awareness and if recognition is given to current scientific knowledge. Walker argued that pre-Christian psychological archetypes can be beneficial for modern women, provided the core concepts are embraced and the attendant “unscientific and unworkable explanations of the natural world ... [are] carefully weeded out” (1985, p. 12).

A number of authors have argued that the role of women as respected spiritual elders, carriers of wisdom, healers, midwives, and herbalists did once exist in our societies, but that those women were often sought out, denounced as witches, and executed by either religious authorities or bodies who were sanctioned by them (Barstow, 1994; Daly, 1973, 1978; Walker, 1985). It has been argued that one consequence of the history of the oppression, persecution, and execution of women is that ancient traditions of women’s healing, knowledge, power, and spirituality were thereby stamped out. This left no established positive social roles for western women as respected elders of the kind that exist in some more traditional and Indigenous societies. Brigid referred to the history of the violence and oppressive social limits placed on women in the following terms:

“I have inherited, you know all the, the casualty of 500 years of witch-burning and the oppression of women and you know a lot of the social construction of women’s role is within a religious or Christian framework. And I mean I look at a lot of religions across the way that see women as the source of original sin and therefore have got to suffer because they were the first source and I just reject it totally and utterly and completely reject it.” *Brigid*

Some scholars have canvassed possible reasons for the negative treatment of women by the Judeo-Christian religions (Daly, 1973, 1978; Walker, 1985). It is generally thought by these

writers that the traditional religious restrictions and inequities towards women come from fears of women's power - if it were ever unshackled. With the rise of feminist consciousness in the 1960s and 1970s, an increasing number of women have refused to belong to Christian and other religions that have traditionally oppressed and treated women as inferior and some of those women have sought spiritual affiliations and social affirmation in alternative ways (Daly, 1973; Moane, 1999). In terms of the thesis questions, some of the important considerations from Theme 2 are that participants believed that successful ageing requires that they both contribute generatively and occupy socially valued roles. The next section **examines** Theme 3, which has a focus on issues to do with successful ageing and quality of life in the fourth age.

4.4 Theme 3: Successful ageing and fourth age issues

Theme 3 shows the group members looking ahead to a time when they will have reached the fourth age: that is, a time that is signified by frailty and becoming dependent on others (Laslett, 1989; Baltes & Smith, 2003). The fourth age is not tied to a chronological age, but is a state determined by poor health and functioning and, for many people who live long enough, it might be expected to begin sometime between 75 and 85 years of age. However, some individuals may live long and healthy lives and never experience the fourth age, which, according to Laslett, is a time of "decrepitude". In some ways moving from the third age to the fourth age parallels Rowe and Kahn's (1987, 1997, 1998) model where one moves from successful ageing to impaired or (by implication) unsuccessful ageing. Theme 3 is particularly interesting because it shows group members envisioning themselves grappling with a stage of life when, according to most mainstream models and definitions, successful ageing is no longer possible. Nevertheless, while naming some of the impediments to attaining successful ageing during the last phase of life, participants also described their hopes and goals for this

time and attempted to problem solve the challenges that they believed await those who reach the fourth age. The following discussion of Theme 3, ‘Successful ageing and fourth age issues’, looks: firstly at Sub-Theme 3A) Successful ageing in the fourth age; secondly at Sub-Theme 3B), Accommodation and care issues in the fourth age; and thirdly at Sub-Theme 3C) Quality of life and autonomy in the fourth age.

4.4.1 Sub-Theme 3A: Successful ageing in the fourth age

For the SO group, quality of life in frail old age appeared to be contingent on participants being free to make personal choices about day to day aspects of their lives. However, although participants were articulate in describing their wish for freedom and agency in their fourth age as an essential part of their successful ageing process, the metaphors that they used to express this indicated that they did not expect it to be easily achieved. The following extract exemplifies this dilemma, in that, even as Hathor expressed a wish for the freedom to flout social conventions, she made her point by using metaphors of confinement (highlight added) as well as images of non-conformity.

“You know the idea of getting, getting old disgracefully ... **not getting bound up** in the stereotype limitations, I mean take up belly dancing again at 82 and take a new lover at 87 ... and being able to be totally anarchistic. ... You know **not easily put in a box.**” *Hathor*

Images such as “getting bound up” and “put in a box” to describe what she does not want convey a sense that Hathor feared being almost forcibly deprived of free choice and being confined according the will of others. This dilemma is also apparent in Brigid’s responses when she described her need for agency as:

“That sense of control over, your own destiny or your own fate ... choices, choices, choices, rather than be **narrowed into no choice.**” *Brigid*

In this excerpt Brigid contrasted her call for control over her destiny with her fear of being ‘narrowed’ and having no choices. Brigid also said that she feared that she would not experience the freedom that she hoped for in frail old age as shown in the next extract where she equated lack of funds with lack of options and the crushing of her spirit:

“That’s a huge fear of mine, that without enough money to have choices, I’ll be put somewhere without choice and that’s the small death bit, that’s the crush of spirit.” *Brigid*

A number of researchers have noted that having control and autonomy over decision making in the third and fourth ages is important to well-being (Quine, Wells, de Vaus, & Kendig, 2007; Rowe & Kahn, 1998). In an Australian study Quine and Morrell (2007) found many ageing people feared a loss of independence but only a minority of respondents said this included fears of having to enter a nursing home. They suggested that more qualitative research could help to establish the reasons for ageing people’s fears about nursing home accommodation.

In the present study, the dilemma for participants does appear to reflect the conflict between the discourses of individual freedom and those of the social and physical constraints that accompany old age, as described by Billig and colleagues (1988). This is expressed in Brigid and Hather’s comments (above). It seems that at the core of Brigid and Hather’s fears

was a concern that the social restrictions that accompany the frailties of age would strip them of the freedom to be themselves however they may wish to express that self. In this vein Hathor said:

“My spirituality also is tied up with my sensuality and my sexuality too. I mean I do not want to be told that I have to relinquish them before I’m ready to.” *Hathor*

In this excerpt Hathor’s desire for autonomy is focused on being free to be able to act congruently with her own sense of physical and spiritual identity or selfhood and to make decisions autonomously in accord with her sense of self. These participants clearly feared that in late life they could lose their capacity to make authentic decisions that reflected their personal identity. George (2000) claimed that the idea that society disapproves of authentic behaviour especially in older people is an assumption that is unproven, untested, and arguably unlikely. However, the expectation that society would proscribe their authentic behaviour in later life was certainly a view held by some SO focus group’s members and it also accords with the research findings of Billig and colleagues on issues concerning individual freedom versus social constraints (1988). In this regard Billig et al. argued that people who become ill or frail, and those who reach very old age, frequently lose many taken-for-granted human rights and freedoms as they encounter: “the iron laws of social necessity” (1988, p. 146); examples could include the restrictions incurred from being a patient in a hospital or a nursing home.

The SO participants feared that when they no longer had the functional capacity to make their own choices they would lose control over their lives unless society actively supported them in their decision making – something they believed would not happen. This issue is

probably a universal dilemma for those who reach the fourth age. However, as Greene (2003) and Smith and Baltes (1998) have noted, women generally live longer and in greater poverty than men and this creates a systemic disadvantage for older women.

As previously discussed, for the SO group, contact with nature was both a healing and a spiritual experience and thus an important aspect of a successful ageing process for them. The focus in this section is on the dilemma that some participants considered might arise if they did not always have the capacity or perhaps be permitted the 'right' to access nature in ways that nurtured and sustained their spirituality. These concerns are shown in the next extract.

Extract: 6

1. I have a horror of overly cultivated gardens with petunias. That's not spiritual, (general laughter) that's, that's [Hathor laughter] and if I were to be confined to a petunia landscape, sort of environment that would be the absolute death of me. *Brigid*
2. You want the moss rocks, the standard roses and the ... [interrupted by gales of group laughter]. *Freya*
3. Oh no, no, no! Just that whole notion of wilderness, of the, the sharp spike. Of the bare dirt, that blows in the wind and does get on your skin and does end up tracked through. That life force to be denied that is like a small death. *Brigid*
4. I think I will always find some way of connecting and expressing it; and I mean I hope it will be through having a, you know, an active and healthy body to do it. And if it's not then I mean I'm sure that it will be still possible.... *Hathor*

5. Well the only elderly women I've seen walk barefoot in the dirt are Indigenous women ... I don't see western women permitted that freedom. *Brigid*

6. Yes, well I mean western women of 50 aren't 'permitted' it either. This doesn't stop us taking it. *Hathor*

In exchanges one and three in this extract, Brigid compared the wilderness of the nurturing spiritual landscape she desired with a 'petunia' landscape that conjures up the ordered, cultivated garden areas that commonly adorn retirement villages and nursing homes. The terms she used, such as "confined", "denied", and "stuck somewhere", convey a sense of imprisonment that is the opposite of the ideology of freedom and autonomy that is generally held to be the right of the normal individual in our society. The other participants made light of her fears and laughter accompanied some of the comments, but Brigid continued to argue that it was unlikely that "elderly western women" would be 'permitted' the freedom to "walk barefoot in the dirt". This comment is both a metaphor for freedom and unconventionality and for Brigid a literal wish for contact with the earth and spiritual sustenance that such contact provided to her – a wish that is not likely to be met in the conventional accommodation that mainstream society provides for the frail older people in current times.

It was not clear exactly who was not permitting very old women to walk barefoot in the dirt (response five), but Hathor accepted this premise and pointed out that western women like themselves are not 'permitted' to do so either. Billig and colleagues have noted that, as part of the human condition, we carry within us conflicting social ideologies. Hence in situations like this for participants the "dilemma lies in their being both oppressed and oppressor in outlook,

in viewing themselves from their own position and yet within the terms of others who dictate their condition” (1988, p. 98).

Thus, according to the Billig et al. (1988) analysis, in a situation like this, it seems the permission denier is in part external and in part the participants’ own internalisation of the social discourses that prescribe what is ‘appropriate behaviour’ for middle-aged and older women in our mainstream society. As Hathor pointed out, women in their 50s can simply ignore these social constraints and they themselves often flouted convention and walked barefoot in the dirt. However, although it is usually relatively easy for a woman in a westernised society, while in their second or third ages, to make such choices, the issue that Brigid raised was not addressed. That is: if participants managed to reach the fourth age, what would happen to a spirituality that was nature-based, when frail age and bodily or other constraints joined with social precepts about appropriate accommodation and behaviour for women in the fourth age. Billig and colleagues have spoken about these kinds of quandaries in relation to western, modern, understandings of illness and health. Such conflicts they say: “can be seen as part reflections of the Enlightenment tradition, which simultaneously declared the ethical freedom of the individual’s human nature and the material necessity of the individual’s bodily being” (1988, p. 147).

Denial of access to spiritually nurturing landscapes for these women could be as devastating as the refusal of access to church services and/or associated supports would be to a religious person. However, the reality waiting for them in the future is far more likely to be a ‘petunia’ landscape than one where they will be able to get their hands dirty or walk barefoot or dance on the red earth. These comments by Hathor and Brigid can be seen as examples of women who are developing, as Browne (1998) has said: “numerous paths of resistance to a society that is generally not supportive of them” (p. 206). Browne argued that sometimes

women resist oppressive social demands through individual, interpersonal, and community actions. She showed how this process can be seen to move from growing personal awareness, to women speaking together, to belonging in small groups and naming problem issues, and finally to working together towards broader social action on larger community and society wide levels. In the present examples, women can be seen to be naming and canvassing solutions to situations that they viewed as oppressive.

In discussing Sub-Theme 3A, successful ageing has been seen to involve a variety of issues of freedom of choice including spirituality and nature, sexuality, dancing, walking, decision-making, and living arrangements. Next, Sub-Theme 3B examines in more depth a core problem, that is, care and carers, as a bar to achieving successful ageing during the time of the fourth age. This was most strongly articulated by Brigid. In Sub-Theme 3C, it will be shown to be a concern about which all four participants had strong opinions.

4.4.2 Sub-Theme 3B: Accommodation and care issues in the fourth age

Since the issue of accommodation and care was of particular concern to Brigid, her responses will be used as a small case study of the human dilemma of freedom versus social and 'bodily constraints' (Billig et al., 1988) because it is a dilemma that provides a window into the concerns of many, aware, mature-aged people contemplating their future in the fourth age.

"I have a horror of uncaring carers. I have a horror of not having three dimensionality of me recognised. I'm just a work unit to some overworked and underpaid sort of employee who's got to wipe my bottom and sort of and spoon my gruel. And that is very ... frightening and so horrific, you know, I would prefer to make choices around, [euthanasia?] before ever getting to that space." *Brigid*

Ageing people's concerns about nursing homes were touched on by Quine and Morrell (2007) in their quantitative study of nearly 9,000 randomly selected older people. However, they did not seem to encounter the degree of intensity of feeling that Brigid expressed when she made it clear that the 'choices' she referred to in this scenario specifically meant suicide saying:

"I would rather take my life than be stuck somewhere like that." *Brigid*

As proved customary for the SO group, Brigid attempted to solve this dilemma of the fourth age. She did this by describing two examples of aged care that met her criteria: "for loving support [and] caring community". The extracts below describe the kind of care that Brigid felt could allow her to experience a successful old age. The first example was an imagined scenario which Hathor also strongly embraced:

"An aged complex with red dirt backyards where elderly women can sit in the dirt and draw mandalas and sort of keen and sing to the wind [Hathor: "Oooh! I love it!" laughing] and be able to just sit in circles and chant and play, and laugh our heads off? ... Can you see it? I mean in our lifetime?" *Brigid*

The latter comment indicates that Brigid does not think this desired type of nursing home could be available in time for her old age. As noted in the methodology section, the square brackets enclosing Hathor's interruption indicate that her comment was an interpolation for which the speaker did not stop speaking but instead kept on going with her train of thought.

The next example describes a place which the participant once visited which housed a religious women's order that included some very old women where:

“You know the older nuns' wing and where they're in various degrees of dementia, but there seemed to me a great deal of love and support and a sense of, it's okay to howl at the moon ... and within that space and in that territory, it was sort of, there was still love and care.” *Brigid*

In these excerpts Brigid described the kind of nursing home or aged accommodation places that she would be willing to contemplate entering if she were ever in the throes of the vulnerability that accompanies frail old age or even dementia. However, to conclude this section, although the nursing homes described above may provide the sort of care Brigid would like to have, as she herself acknowledged they are not a reality for the majority of ageing people. In the next section participants discuss ways of dealing with the anticipated problems of the fourth age.

4.4.3 Sub-Theme 3C: Quality of life and autonomy in the fourth age

In response to Brigid's concerns the other group members suggested a range of solutions that might make it possible to maintain autonomy and freedom of choice in the fourth age or, failing that, suggesting for example, that things could be made better by taking positive action:

“Well I guess in a way we're lucky in that we're of that generation that is making a lot of these changes.” *Freya*

“I think it’s possible to still subvert from a nursing home probably – if there’s enough of us.” *Hathor*

The statements (above) by Hathor and Freya indicate that they had a belief in personal agency and empowerment that can be directed towards changing the status quo or subverting from the status of a rebel position. Such strategising is of a kind celebrated by Browne (1998) as an example of women refusing to simply accept conditions they view as oppressive and collaborating to seek alternative options. It seems likely that there may be a forthcoming cohort of ‘baby boomers’ who will not passively accept the horrors of aged care ghettos in their fourth age. Another solution participants canvassed was to employ the commonsense lay psychology “mind over matter” strategy of viewing troubling events in a different (positive) light:

Extract: 7

1. It’s also what goes on inside your own head too, you know? *Hathor*
2. Well very much, so I mean it’s how you look at any situation. You know the old, ‘two men looked out of the prison bars; one saw mud, the other the stars’ ... or the glass half full and the glass half empty bit. *Freya*

Here Hathor and Freya seem to have been arguing that, even if their external physical reality can't be changed, life can be made better if one chooses to look at it from a more positive perspective. However, this point of view did not convince Brigid who felt that when encountering loss of autonomy and ageism later life there was only a certain amount that could be achieved by a positive or spiritual state of mind:

“You can challenge it by the way that you live and to have the opportunity to live that way, rather than being channeled into where, it's inevitable you're going to end up in a nursing home.” *Brigid*

On the one hand Brigid spoke here of challenging the ageism that even now in her 50s she experienced and also the social constraints of a nursing home that she envisaged could loom in her future. But on the other hand she indicated she did not believe that effective resistance could take place if the person were constrained, which for her meant being placed in a standard, less than ideal, nursing home:

“The spiritual practices can be in your head as long as you're not being slowly eroded by being outraged, you know, physically and emotionally.” *Brigid*

In this excerpt Brigid also rejected the idea of a 'mind over matter' solution and asserted that poor physical and personal well-being conditions could undermine spiritual equanimity. It is not surprising that participants were not able to resolve these issues, which are fundamental dilemmas that accompany the desire for freedom versus the social restrictions applied to

people who are old or sick. These situational dilemmas are particularly oppressive to women because they normally carry embedded sexism and ageism (Browne, 1998; Greene, 2003).

The following comment seems to sum up the participants' situation regarding the dilemma of ageing with agency versus the social constraints of frailty and possible ill health – in short for highly autonomous women the dilemma for their fourth age is: “represented by the contradiction between possessing a theoretical ideology and at the same time living in a society whose everyday life seems to negate that ideology” (Billig et al., 1988, p. 27).

It emerged that, for the SO participants, when the choices are between life without autonomy or death, death appeared to be the better option. This decision to cease living as a resolution to the inevitable impediments of successful ageing was so self-evident to Freya that she admonished Brigid:

“I’m actually surprised that you even think, you know, even think, of going into a nursing home. You know that it would even ... like going into a nursing home hasn’t entered my consciousness.” *Freya*

In her own defense, Brigid quietly responded by asking the other group members to relate their experiences of older relatives’ “death or diseasement”. Each in turn citing family members who had never entered a nursing home, Freya, Hathor, and Shakti described the actual or expected positive end of life experiences of their older relatives and explained how they believed their own end of life experiences would also be reasonably positive. Between them they spoke of three mothers and two fathers who had died, and Shakti’s father who had multiple disabilities, but was still living in his suburban home, and they each had a history reflecting the fact that as Freya said:

“None of my close relatives have been in an old folk’s home.” *Freya*

Freya and Hathor described parents who they said simply ‘chose’ to die after months of illness but before they could be confined to a nursing home. One parent had chosen to refuse chemotherapy and another:

“... had cancer and chose not to tell his doctor because, you know, his ability to be autonomous and stay at home and look after himself was very, very important to him.” *Hathor*

Another parent was reported to have stayed at home to look after herself in ill health:

“As soon as we actually had a nurse in to look after her one day, and the way she treated her – we just said “Oh, forget it mum, you know, we’ll look after you”. But she chose to die that night.” *Freya*

Similarly with apparent foreknowledge, Freya recounted that her father died in his sleep one night after preparing a huge quantity of soup, much beyond his own needs, which the family shared while planning the funeral. Each of these accounts stressed the autonomy of the older person who avoided being placed in an institution or nursing home by exercising a large degree of free choice right up until their last breath of life. In the case of her frail aged father, who was still living in the community, Shakti said:

“I wouldn’t like to think of him in a retirement home, but I know my father if he had to go down that pathway, he would just stop breathing ... you know, he’s kind of got that ability to do that.” *Shakti*

Like Freya and Hathor she had full confidence that a peaceful, natural death could be chosen through an act of free will:

“Well I’m just going to sleep, you know, when I think I can’t look, [pause] get looked after.” *Shakti*.

Brigid had quite different experiences from those of the other three group members and therefore, not surprisingly, she came to quite different conclusions about end-of-life experiences:

“My experience has been horrendous ... Pop’s wife, she was also in a nursing home because she got very early onset dementia, and she ended up killing herself because she hated being in the home so much and he did the same because he hated being in the home so much ... and I don’t see myself any different from him.” *Brigid*

In each case, the group members took their warrant for their beliefs from their older relatives and also their guidelines and intentions for their own final stages of life. In fact they also took a part of their identity from their family history. As Brigid said: “I don’t see myself as any different from him”. Later Brigid reinforced this position with the following statement:

“And I can appreciate why my mother died at home ... willfully and youthfully died in preference to being, you know, institutionalised in an aged state. And I mean that’s her spirit and I’ve inherited that.” *Brigid*

It seems likely that in some countries these fears of participants are likely to be more well-founded than in others. For example, eminent European gerontological researchers Baltes and Smith (2003, p. 125) have claimed from their studies that the ‘bad news’ for women who reach the fourth age is that the majority will die widowed and alone in a hospital or an institution.

However, it is possible that the SO focus group participants’ fears may apply only to a minority of Australians. Quine and Morrell reported that in their study, “only a minority of older people (aged 65 and upwards) reported nursing home admission as their main fear” (2007, p. 219). The differences may also be due to an age or cohort factor since the SO group were not yet in the third and fourth ages as were Quine and Morrell’s participants. The following interview study for the present project may throw more light on this issue. While Quine and Morrell urged the need for more in-depth qualitative research to better understand the breadth and depth of these fears, Greene (2003) called for more active interventions. Speaking specifically about women and ageing, Greene (2003, p. 145) has called for more action to “undermine the dread many women experience in relation to ageing and old age, and to challenge unhelpful discourses on women and age.” Greene identified the main impediments to a positive ageing process as “poverty and loneliness” and she believed these could be addressed through social and personal action instead of simply accepted as inevitable (p. 145).

In the present study, participants' views were based on their observations of the way their parents and grandparents experienced the fourth age and end-of-life stages. It is evident from the two previous excerpts that Brigid believed that important elements of her identity were part of her heritage from her older family members' ways of being. When Brigid said that she did not see herself as any different from her family she was effectively declaring that she would kill herself before she had to go to what she called "one of those dreadful places". One of the key differences between Brigid and the other three participants was that she watched her grandparents go through very unhappy times before they died in their respective nursing homes. In reporting this she said in emotional tones:

"My grandfather stopped eating; just simply stopped eating, and no one could make him stop." *Brigid*

The other three participants also stated that they considered themselves to be heirs to particular aspects of their older relatives' character and history, especially in regard to the ways that these relatives approached death and dying. Something that all group members shared in common was a sense that the manner in which their families faced and dealt with death would be reflected in the ways they approached their own deaths. However, since the other participants did not experience the same kind of trauma as Brigid when their relatives died, they were much more optimistic about the process of facing death and making a decision to die as demonstrated in the following interaction.

Extract: 8

1. Lots of people do that. They say goodbye to their partners and they don't wake up the next day. *Shakti* [Sounds of general agreement]

2. I think that we all have the ability to do that. *Freya*

3. Do that yeah. Yes, but it's a bit sad because if life's worth living you continue to, but if it's not you stop. *Brigid*

4. But if it's not and that's your choice. *Shakti*

5. But if it's not ... *Brigid*

6. Not anybody else's. *Shakti*

Curiously Brigid, who most strongly advocated actively choosing to die rather than having to endure a life of indignity, showed a sense of ambivalence and regret that indicated a self-chosen death was for her not so much an ideal choice as the lesser of two evils. In fact, it sometimes it seemed as though her real wish was to avoid ending up in a poor quality nursing home so that life could be more “worth living” during the fourth age, as shown in the next excerpt:

“I have a shred of dread around this, that I won't have enough money to support myself in my infirmity, because it's money that sort of supplies you choice and quality of care.” *Brigid*

Quality of care in late life and frail old age were a dilemma for this participant and one that generally concerns most people who contemplate life in the fourth age. Although this example centres on the effects of poverty on physical and mental well-being, it is also tied to issues of agency and decision making. The group's concerns about dying well and Brigid's particular intention to 'take' her life rather than go into a nursing home may reflect wider social concerns in Australia about ending one's life in a positive or at least in a humane and dignified way (Bone, 2007; Kellehear, 2001; Khadra, 2007; Syme, 2008). It is also part of the dilemma between conflicting social discourses or ideologies of freedom and restraint outlined earlier and points to the often harsh economic reality that underpins these ideological considerations. Without money how do you afford good care in your old age? Moreover, these fears are founded in the actual reality that awaits many older people and researchers have noted that this situation is worse for women (Baltes & Smith, 2003; Browne, 1998; Greene, 2003; Smith & Baltes, 1998). Smith and Baltes found that not only were older women relatively worse off in regard to their health and economic contexts, "but at a systemic – wholistic level, women (and especially very old women) appear to be disproportionately burdened with multiple risks" compared to their male counterparts (1998, p. 690). The other participants, however, showed a more resigned acceptance of their expected futures in the fourth age in that they talked in terms of wanting to simply say goodbye to loved ones and then not "wake up the next day" (Shakti).

Kellehear (2001) has argued that movements for euthanasia (and palliative care), have partly arisen in response to the fact that in Australia, and some other western countries, we have lost the knowledge of how to go about the process of dying well. Therefore, he claimed, that in part: "these movements have been a reaction to the fear and revulsion felt at the prospect of isolation and institutionalisation" (pp. 508-510, and out of a wish to find a way of

dying with dignity. Viewed from Kellehear's perspective, the SO participants' views on euthanasia, and the reported approaches to choosing death by their older relatives, seem to be a rational solution to a problem that is badly managed in our society. It will be shown later in this chapter that the SR group also looked to their older relatives for models of approaching the end of life; however, they valued different personal qualities to those valued by the SO participants. The SR group appeared to prefer the palliative care option rather than the SO preference for a self-chosen death which could possibly include euthanasia. However, Kellehear pointed out that though palliative care began as a home and community-oriented option, it has been increasingly medicalised and institutionalised.

4.5 Summary of the SO group discussion

Amongst participants' core components required to achieve successful ageing into the fourth age were agency, autonomy, spiritually oriented access to nature, independent living, connection with community, quality ties, good health, social value for elders, financial independence, and staying out of nursing homes and medical institutions. These aspects of successful ageing were resolved into three different themes each with three attendant sub-themes as outlined in Figure 3.1 at the end of the Chapter Three. Most of these elements were important (to varying degrees) to most of the SO group members. All four SO participants described a multi-layered view of successful ageing and, for three of them, successful ageing was expected to be possible right up till the time when they 'chose' or decided to die. However, the positive views of old age held by Freya, Shakti, and Hathor did not include allowing themselves to end their lives in aged care institutions. For them a good end of life and death would be outside the normal social trajectory of hospitals or nursing homes at the

end of life. Unlike the other three, Brigid believed successful ageing was conceivable in the fourth age but she did not expect it to be achievable in her lifetime.

“Yeah, I have a very bleak view of an aged future ... I don’t see anything positive at all about my future and as regards ageing within the current system and current context.” *Brigid*

In the next chapter, the same questions were asked of a focus group made up of lifelong Christian women and it will be seen that, while there are broadly similar themes, there are real differences in some aspects of the respective groups’ sub-themes and the issues of concern and values of participants. The use of focus groups and qualitative analysis is particularly helpful in understanding nuanced differences of opinion on such issues. This is because it enables a close up examination of participants’ views in a way that a quantitative study does not.

Different participants in this group have made mention of a range of aspects of successful ageing. Hathor and Freya for example, felt that successful ageing would be a balance of physical, social, and psycho-spiritual well-being. Except for the spiritual emphasis these views are in accord with those of Rowe and Kahn (1987, 1997). The SO participants did not discuss SOC strategies such as using selective optimisation and compensation in order to cope with age associated slowing down or loss. This could be because they were all still working and in the second age, so they had not experienced the need for such strategies at this stage of their lives. It also appeared from the group discussions that spiritual affiliations, sustained by the natural world, are an important to psycho-spiritual and existential well-being and hence to successful ageing. These concerns go beyond the more concrete and practical dimensions of Rowe and Kahn’s model. Some SO participants were keen to focus on positive role models of

ageing women: for example, by connecting with strong, empowered archetypes of older women (Bolen, 2001), or with Indigenous norms of respect for elders. This indicates that these SO women were making efforts to engage with a more positive vision of women ageing and that their spirituality may have been able to support that process.

It was also clear, however, that participants were of the belief that the options currently open to people in their fourth age were so unpleasant, they would preferred a self-willed death at a time of their own choosing. In this negative outlook on very old or frail age, this group concurred to a degree with the dominant negative views of a number of the mainstream theorists on the fourth age, as outlined in the literature review. Yet, even Brigid, who had the most pessimistic views of nursing homes, said; “Yes, but it’s a bit sad because if life’s worth living you continue to, but if it’s not you stop.” In this excerpt Brigid seems to have been saying in effect that if only aged care could be greatly improved, or she could afford to pay for really good care in the fourth age, then she would not want to hasten her death.

According to Edmondson et al. (2008), existential well-being refers to a “subjective sense that life has meaning, purpose, value” (p. 162). For some people spiritual or existential well-being may be the key to successfully ageing right up to the end of life, when good health and psychological adaptations are no longer available. However, this did not seem to be the case for the SO focus group members; as Brigid said:

“The spiritual practices can be in your head as long as you’re not being slowly eroded by being outraged you know physically and emotionally.” *Brigid*

Hence, when they described a life in very old age, as characterised by dependence and nursing homes the SO group members said they would no longer want to stay alive. This

point, which no doubt would be different for different individuals, appeared to mark the end of spiritual and existential well-being or the end of purpose and the valuing of one's life for SO participants. This decision might also be triggered by poor quality of life, including illness, loss of home, loss of access to the natural world, and the loss of personal autonomy and freedom. It could perhaps be argued that, at some point during the fourth age (if they no longer wished to go on living), successful ageing would be at an end for these SO women. On the other hand, if the SO women were able to achieve a successful end-of-life or dying process, they might then consider themselves to have aged successfully. Rowe and Kahn (1987) and Baltes and Smith (2003) seemed to imply that the best solution to fourth age dilemmas is to work hard to prolong the third age for as long as possible and to hope that one's fourth age would be brief.

There are implications in these views for aged care policy makers, planners, providers, and caregivers concerning the needs and values of those they seek to provide for. It seems likely that in the future a number of ageing baby boomers may refuse to comply with the expectations of social planners and care providers. The next chapter looks at the SR group members' successful ageing themes, which are broadly similar to those of the SO focus group.

CHAPTER FIVE: SR FOCUS GROUP ANALYSIS

As with the analysis of the SO focus group, the SR participants' responses were also organised into three central themes, each of which had a number of sub-themes. The spiritual and religious participants described a range of desired elements and experiences that represented successful ageing, quality of life and well-being for them and they also spoke about dilemmas associated with ageing. These themes were shown in Figure 3.2 of Chapter Three, which provided an outline of the characteristics of the key themes and sub-themes associated with participants' views on successful ageing. To recapitulate, these broad central themes are in brief: Theme 1: Personal Agency and Successful Ageing; Theme 2: Social Value: Relationships and Generativity; and Theme 3: Successful Ageing and Fourth Age issues.

5.1 Theme 1: Personal agency and successful ageing

The SR group's Theme 1 chiefly focused on issues that relate to the third age and factors that are currently important to them; however, there was also a sense that participants hoped that the most valued aspects of their third age would continue on into the fourth age. Theme 1 has the following three Sub-Themes: 2A) Life as a journey; 2B) Successful ageing and well-being; and 2C) Sustaining successful ageing and well-being. At an average age of 66 years and no longer in paid work, all of the SR participants can be placed in the third age, according to Laslett's flexible guidelines on these four age categories. Successful ageing was discussed by the SR group in a variety of ways and participants emphasised different qualities that

represented successful ageing for them; but all agreed on the importance of religion and spirituality.

5.1.1 Sub-Theme 1A: Life as a journey

Sub-Theme 1A looks at SR participants' responses arising when a number of them spoke of life as a journey of exploration or as an adventure with meaning, purpose, and value:

“It’s, you know, important to be continuing to be on an adventure in your life no matter how old you are. And the adventures might not be quite as big or as dramatic or something but, but continuing.” *Ruth*

“Just continuing that kind of exploration and being open to whatever is coming ... as I get into the next phase of my eldership it’s going to shift you know.” *Ruth*

“One day anything could happen and when it does we’ll face it; but at the moment here we are and life continues so let’s embrace it.” *Esther*

“One of the things that sustains me, is looking back and I can just see the progression of everything that has happened . . . to me, just at the right time.” *Martha*

In these comments there is a sense that these SR participants were prepared to accept change and to make adaptations to whatever contingencies arose in their lives as they journeyed onwards. This kind of outlook has echoes in Baltes and Baltes’ (1990) SOC theory of successful ageing as a process of strategic adaptation to age-associated change. The following comment by Martha about growing older also indicates that she envisaged her own

ageing process as eventually bringing in a phase where she would be less active and may choose to engage in more sedentary, but equally rewarding, activities and this is also in alignment with the SOC theory of successful ageing:

“I would hope that I would have more time to read and meditate more as I got older; provided my family live about 100 miles away [loud laughter] which they don’t.” *Martha*

The sense of life and ageing as an adventure that is expressed in Sub-Theme 1A and the associated commitment to embracing changes that come with the fourth age life, is similar to the findings from Hurwicz (1993), who interviewed and described women in late life who were ageing well, in her study on positive ageing. The next section looks at some of the multiple levels of participants’ views of successful ageing.

5.1.2 Sub-Theme 1B: Successful ageing and well-being

In Sub-Theme 1B participants described a range of aspects of well-being that they hoped for in their later years. Several participants viewed successful ageing in terms of a balance of different elements including physical activity, keeping up personal interests, and social interactions. Most group members referred to older female role models to describe or exemplify what the concept meant to them; for example:

“I hope to be as active as what mum was as I get older and to retain that activity and the interests that I have and the enjoyment of watching my grandson grow up.” *Naomi*

“If I could be like your [Esther’s] mother in-law I would think I had successfully aged, if I could still be interested, gracious, warm, better at all those good things, being aware of other people ... and if you can be physically active as well that’s a plus.”

Martha

In addition to valuing these qualities of graciousness and good physical health, Martha said “I hope I’ll always be interested, active, approachable, and never grumpy.” Together these two participants’ comments come close to echoing the three criteria of Rowe and Kahn’s model of successful ageing (1997, 1998), with its emphasis on freedom from risk of disease-related impairment, and good social, physical, and cognitive functioning. The latter quality is indicated by participants’ desire to remain ‘active’ and ‘interested’; and social engagement is suggested by Naomi’s wish to enjoy her grandchild and Martha’s to remain always ‘approachable’ and never ‘grumpy’.

However, while Martha indicated that being physically active was more of a ‘plus’ than an essential, Naomi was the only participant who named staying active in later years when describing the elements of successful ageing. Moreover, the indications are that Rowe and Kahn’s model doesn’t capture all, or perhaps even the most important aspects, of successful ageing for most of the SR participants. This is quite a short discussion because Sub-Theme 1B did not occupy very much of the group members’ time or thoughts. However, as Braun and Clarke (2006) point out, even themes that have only one or two adherents can be important provided they are relevant to the core thesis issues or questions. Since thesis question four (4A) asks how far participants’ views on successful ageing match up with Rowe and Kahn’s (1987) model, this sub-theme was considered to be important, despite its brevity. In the next

section a number of other kinds of elements that were regarded as important by participants, for sustaining well-being and successful ageing, are discussed.

5.1.3 Sub-Theme 1C: Sustaining successful ageing and well-being

The final SR sub-theme of Theme 2 (personal agency and successful ageing) includes some of the ways that participants were able to maintain their spiritual and psychological well-being on their journey through life. Aspects of growing older positively that were mentioned as important by participants included music and nature. Participants spoke about music in several ways. For example, Ruth said that she always had the classical music radio station playing in her home as she went about her daily activities. Martha also found that “listening to music” sustained her, saying:

“Well, all good music is spiritual – religious because that was written from a person’s spirit and even though Mozart was a bit of a brat – but his music came from a very rich spirit somewhere.” *Martha*

Ruth and Naomi also spoke about the ways that music promoted well-being towards the end of life for their frail aged parents. The following extract began with Naomi speaking of her mother:

Extract: 9

1. She has Alzheimer’s and has lost the power to communicate. It is an area that no one knows how much is going in because she is not responding and feeding back. *Naomi*
2. Music is very good. *Ruth*

3. Oh, she loves her music, and we have it on all the time. *Naomi*

4. My mother couldn't hear the music at a certain point and she hadn't heard it for a long time and they found these earphones that you put them on it was like a microphone ... and it was like the first time she had heard for quite a while and she was just ... *Ruth*

5. And she responded? *Naomi*

6. Oh, immediately, yes, it was wonderful. *Ruth*

7. Yes, well mum responds to music. *Naomi*

This conversation may point the way towards sensitive interventions that could make a great difference to successful ageing and well-being for people in the fourth age – when sometimes it may be all too easy to see frail older people as beyond the reach of supportive interventions. For Esther it was not music but nature that provided a source of nurture and spiritual well-being:

“Well, I mean a walk at the beach; going outside and seeing that edifice out there of the rocks and nature in all its majesty and beauty. I mean that's part of it, I mean that's part of sustaining for me.” *Esther*

Ruth also mentioned that she felt sustained by walking on the beach and she aimed to do so at least once a day and more often when she could manage it. It is argued that the importance of things like music and nature to participants and the value placed on such relatively basic, free aspects of life indicates the possibility of more positive ways of theorising the fourth age. It may be that a subjective sense of successful ageing exists that is beyond the pragmatic realities of staving off the effects of loss that is dealt with in the mainstream theories of ageing. It is argued that regardless of physical circumstances perhaps the human spirit can still soar and, even in extremities, experience joy and a subjective sense of ageing successfully. As Eckersley (2007) postulated spirituality (which he defined very broadly), is the only form of meaning that is able to sustain people through the trials of life.

In addition to these personally uplifting aspects of their lives, the SR group were very strongly involved with their roles as members of a community of a religious and spiritually-oriented group of people and with their families and other relationships. In the next section, Theme 2 looks in more depth at how participants felt about relationships and the social and generative commitments in their lives.

5.2 Theme 2: Social value: Relationships and generativity

In this section, the theme of Social Value is primarily concerned with participants in relationship with important others and with generativity. Generativity is the fifth of Erickson's (1963) psychosocial stages of life and it was originally considered by him to be part of a maturational stage that peaked in middle age. It has been established that generativity applies chiefly to mature-aged and older adults who choose to give back to other people who are younger than themselves, or to the community, or perhaps to creative and cultural pursuits. This section is focused on the third age of life and relates to participants' current socially-oriented concerns and as well as the relationship of those concerns to successful ageing. The

Social Value theme (2) has three Sub-Themes; 2A) Social relationships and community membership; 2B) Generativity and boundary dilemmas; and 2C) Generative dilemmas and successful ageing.

5.2.1 Sub-Theme 2A: Social relationships and community membership

This sub-theme comprises family and other relationships within church, ecumenical, and community groups. Using Moane's (1999) levels of social action, these can be seen as the micro and meso spheres of human activity. Esther, Naomi, and Martha all mentioned how much they valued their closeness to their children and grandchildren. Ruth, who did not have offspring, also said that she valued close family relationships, including those with her husband, siblings, and nieces, and that those relationships were a core part of successful ageing for her. It was also evident that generativity towards family and also towards other people, especially the disadvantaged, was a part of participants' ways of being close to others and involved in their communities. Martha for example was passionately concerned to be able to be of help to others in her life:

“I dislike situations that I can't do anything about ... in most situations you can see that you can do something, even if it's just wait, [but] there are situations where you know there is absolutely nothing you can do.” *Martha*

When Ruth spoke about her life, she mentioned that she was committed to supporting and empowering her husband who was in poor health and also that she was:

“Always wanting to be caring for life for, life as it is; you know life, people.” *Ruth*

Several participants referred to older role models in ways which indicated their understanding that generativity could continue to be an important activity even in very late life and the fourth age; as Ruth said of her mother who lived until she was 94:

“She played a mentoring role until the day she died.” *Ruth*

Generativity in the fourth age was admired by the group and is discussed further in the section on Theme 3. In the meantime, however, the group discussion indicated that it was desirable for them that generativity in the third age should take a different form from generativity in the second age. It was also clear that negotiating the transition from the second to the third age was creating a challenge for them. One example can be seen when Esther reported that sometimes she had problems because her wish to be a generative person conflicted with her need to be herself:

“If I try to be something I am not then I get all upset with myself; but if I can accept myself as who I am and what I am, then, then things are fine. But it’s when I try to do what I think someone would expect me to do it doesn’t work.” *Esther*

During the focus group discussion this concern of Esther’s, which can be viewed as related to generativity and personal boundary issues, emerged as problematic for each of the SR group participants. The next two sub-themes will look at issues and challenges associated with generativity in the third age.

5.2.2 Sub-Theme 2B: Generativity and boundary dilemmas

Participants strongly valued continuing to care for their significant others and being able to give generatively to their communities as they had in the past. Paradoxically, however, since they had reached the third age, participants spoke of feeling some conflict when dealing with the external pressures on them to volunteer for tasks. In this regard participants described concerns that impacted negatively on their well-being and spiritual equanimity and referred particularly to the expectations that they felt that others placed on them. As Esther said:

“It’s when I try to do what I think someone would expect me to do it doesn’t work.”

This comment hints that Esther linked authenticity or being true to herself with maintaining her personal well-being. Naomi’s remarks were more downbeat and she spoke of:

“The pressures that people tend and can put on you because they want things done yesterday and they don’t allow for other things, sort of, that a person has planned.”

Naomi

Ruth also spoke about the pressures that came from ‘people’ who placed expectations on her apparently because in the past she had been seen by her community as capable and therefore an available source of labour, time, and energy that was there to be harnessed.

“It is hard because other people expect you to do what you have always done.” *Ruth*

Ruth made it clear that she still wanted to continue to be able to contribute, but that it must be on her own terms if she was to maintain well-being at the same time:

“If you are making the contribution that you feel like you can make at this time, or is appropriate, yes, then I yes, experience well-being.” *Ruth*

Ruth’s concern with contributing appropriately pointed to her need to set limits on her generative activities through the exercise of personal agency. It emerged during the focus group discussion that each participant had their own issues with generativity. For example, another participant in her early 70s said that at times she felt weighed down by the:

“Pressure of things, pressure of too much, too much to do.” *Martha*

However, like all of the strongly generative SR group members, Martha also showed some ambivalence about these pressures. For Martha this could be seen in her expressed wish to “never be grumpy”, a characteristic that could be expected to make it very difficult for her to challenge the expectations and demands of others. In the next excerpt, participants discussed some of the reasons why they were not happy about continuing on the same path of automatically giving their time and energy by saying ‘yes’ to requests from community and family as they had done for most of their lives up to the present. At the same time all of the group members were ambivalent on this issue, Martha for example described this situation in classic dilemmatic terms:

“It’s a two-edged sword in a way. You are pleased that you are able to do things, [but] you just wish almost, that everything didn’t come at once.” *Martha*

This ambivalence regarding being free to say yes or no and setting personal boundaries emerged as a significant dilemma for participants as reflected in the following excerpts:

Extract: 10

1. You are pleased that the kids think that you can do everything you just wish almost, that everything didn’t come at once. It’s okay, it’s okay. *Martha*
2. I think that’s the problem that everything does tend to come all at one time instead of spreading itself. *Naomi*
3. And we’ve just had a three weeks holiday; I was feeling all relaxed and recharged, yeah. *Martha*
4. Come home and then everyone wants you yesterday. *Naomi*
5. Oh, they say hooray, you’re back. Oh good, now I’ve got five days ironing here [laughing] and can you do this or that? *Martha*

The previous and the following extracts show exchanges first between Martha and Naomi and then between Esther and Naomi which illustrate a shared understanding between these participants of a kind of weariness with the ongoing requests for their labour and time:

Extract: 11

1. You're not in charge and you are doing things because someone thinks you ought to do it; or you **can** do it There are things that I can do and there are things that you can do and we've done them over the years; all our lives probably. But there gets [laughing] to be a point, Naomi, when you think 'I have done that and I want to do something else now'. *Esther*
2. Been there and done that – let someone else do it. *Naomi*

In this, Extract 11, the participants were both clearly feeling ready for a change or some relief from years of willingly taking responsibility for what sound to be tiring and mundane tasks. Esther referred to the ubiquitous 'someone' who applied pressure in the form of obliging them to do things because they 'ought' to do them. In turn Naomi suggested that it was now 'someone' else's turn to 'do it'. Similar rebellious sentiments were echoed by Ruth as well as shown in the next excerpt:

"I had been doing a lot of administrative work for 10 years and at that moment I just said, 'That's enough! I'm not doing anymore'." *Ruth*

These examples show that group members were beginning to tire of giving their labour (paid or unpaid) in the ways that they had done over many years and most in fact found the transition from willing acquiescence to saying 'no' a real challenge. The sub-theme of generativity and boundary-setting is important because participants named this dilemma as an issue that undermined their sense of well-being. Successful ageing is a lifelong process and

different models have been used to explain different aspects of how humans age. Researchers have found that the commitment to generativity often continues well past midlife into later life (McAdams et al., 1993; Warburton, McLaughlin, & Pinsker, 2006; Warburton & Gooch, 2007). Participants in the present study also indicated that they hoped to continue to contribute generatively into their third and fourth ages. However, it was also clear that the SR participants wanted to scale back on some types of generative tasks. This process is similar to Baltes and Baltes' (1990) adaptive selective optimisation strategies for growing older successfully by maximising one's energies and strengths.

Group members made several references to a slowing down of their capacities, which indicated an acknowledgement that they were now in their third age of life and wanted to let go of some of the activities and the speed that they had maintained during their second age. This is shown in the following example. In response to other participants saying that too many pressures disrupted their well-being, Ruth said:

“I notice that particularly now, as ... I have gotten older, that I think I can do the pace that I did in my 40s you know? Well, it isn't true, my spirit is not able to deal with that but if I do pace . . . things then I can.” *Ruth*

It is pertinent to note that Ruth said she can manage successfully “if I do pace it” clearly indicating that she felt the need to exert more personal control over her generative commitments. Again this kind of strategic pacing of oneself is similar to that described by Baltes and Baltes (1990) in their Selective Optimisation and Compensation model of ageing (SOC), which argues that ageing well requires modifying the type and intensity of one's

activities in the third and fourth ages. As an example of her decision to set her own pace, Ruth related an anecdote that she said expressed how she felt at this point in her life:

“There was a little story anyway about a man who was always in a hurry and he was climbing a mountain and he had two guides with him and the guides were carrying all the stuff and everything, and at one point the guides just stopped and he said, ‘Hey, we got to get going’. And they said, ‘We have to sit here for awhile until our souls catch up with us.’ [laughter]. That is me.” *Ruth*

This story is important because it describes a situation that related to each participant’s experience in that all of them spoke of external forces that were effectively pressuring them to go faster and do lots of tasks or “carry all the stuff”. In the story, and this may also have echoes in participants’ lives, the person pressuring the other two was a male boss and the guides were his employees. In the story the boss had the power and he set the pace for the underlings who were doing the bulk of the hard work. The guides sitting down almost carried the idea of a sit-down strike, or at least time out to take stock, and since Ruth identified with this action (“that is me”), it is clear that she was ready to make a stand of some kind in her life. Through these parallels, this story mirrored not only Ruth’s experience but was also congruent with the stories from all of the SR participants, who each described being pushed and pressured by demands from other people, who as Naomi said: “want things done yesterday”.

The SR focus group members made it clear in their statements that for various reasons, such as becoming older, fatigue, and boredom, they wanted to make changes in the way they gave their time and energy to others in their world. However, although they were clear about

this, they all experienced difficulty in making these changes. The following extract demonstrates the way participants rehearsed ways of learning to say no.

Extract: 12

1. The thing that changes a little bit is that you do learn to assess and say no sometimes. *Martha*
2. How long did it take you to say no? *Esther*
3. Oh, I am still learning. *Martha* [general laughter]
4. I think that, that is something though that we as Christians, or as you know. *Esther*
5. Particularly as women. *Ruth*
6. As women, yes, you just, it's part of you to say yes and I mean there comes a point when you **can't** say yes anymore because the old body is not doing what it used to do. *Esther*
7. You can say yes, but then you can uh say . . . *Ruth*
8. Yes but . . . *Martha*
9. But at this moment, no [laughing] - or whatever. *Ruth*

10. A part of it, I tell myself, is pride because I think to myself ‘well, I am able to do it so therefore I should do it’ and that is pride. *Martha*

11. Yet another part of this, you know, is I think to myself ‘my sisters are all older than I am and they, they’re a lot better. I mean and they can keep on track and I am the young one so I ought to be able to do it.’ *Esther*

12. It doesn’t always work that way though. *Naomi*

Extract 12 was selected because it highlights the dilemma that participants faced when wishing to set limits on their social contributions. In the first exchanges, Esther teased Martha (using the insight of 60 years of friendship) by asking in effect “and when did you learn to say no?” Following the laughter, Esther responded more seriously to their shared dilemma, which is that as they grew older participants found that they were less able to carry the loads and maintain the pace that they once had, “because the old body is not doing what it used to do”.

In such cases it seemed that participants simply couldn’t “say yes” but still found it almost impossible not to because as Esther said “it’s part of you to say yes”. In this statement, which appeared to be accepted as accurate by the other group members, there is an assumption made in the use of the pronoun ‘you’ that anyone who was both a Christian and a woman would feel this way.

There is also an impression created here that she (“you”) would say yes, but this ‘old body’ has made the decision for her (or “you”); again the use of “you” in this fashion suggests that ‘anyone’ would behave this way in similar circumstances. This use of pronouns softens the

refusal indicating that you would if you could but you simply “can’t” – the decision is out of your hands. Esther spoke in a similar way when describing her 95-year-old mother-in-law and role model, who now doesn’t practice her spirituality and giving “in the same way that she used to – she can’t ... [she has] slowed down.” However the important thing for Esther is that her mother-in-law in spite of this is:

“Still the same gracious, accepting sort of person.” *Esther*

These comments suggest that there can be no blame attached here; the mother-in-law has retained her identity. She has not become a selfish or unpleasant person – she has simply been forced to slow down by the exigencies of her 95 years. It seems as though, as Martha said, Esther believed that if she was ‘able’ or capable of doing something then she could not refuse to do it. In this example it is possible to see that Esther, who appeared to be squarely in the third age of life, was looking ahead to a role model who was in the fourth age and who had found a way to let go of the exhausting tasks of the second age. This is something that Esther and the other SR group members were still struggling to achieve.

There is a core dilemma to be found here in this transitional renegotiation of participant’s identity – from being a second age woman who always agrees to requests for help – to becoming a third age woman who is still the same good and spiritual person but who sometimes refuses. Part of the dilemma lies in the fact that the ‘old body’ has limits that are understood but not fully accepted by participants who have an identity or sense of themselves as active, generative, women. This situation seems to accord with Billig and colleagues’ description of: “dilemmas which arise through the sharpening of contradictory demands implicit in people’s bodily and social conditions” (1988, p. 84).

At the end of Extract 12, the participants explored more of the reasons for their reluctance to say no. For Martha it was, she says, a sense of pride that she was still ‘able’ to do it and “so therefore I should do it” and for Esther that her identity as the youngest sister created an expectation that if they (her older sisters) could ‘keep on track’ then she ‘ought’ to be able to. Psychologists have long been aware of the damage that self-talk that employs guilt, in imperatives such as “I should” and “I ought”, can do to an individual’s sense of well-being. In this case it is arguable that the use of these imperatives may have inhibited participants’ legitimate transition from the more active responsibilities of a second age woman to the slower pace more appropriate to the third age. Exchanges seven, eight and nine in Extract 12 above are very interesting because they show two participants rehearsing solutions to this dilemma and how they trialled ways to avoid saying yes or no.

7. You can say yes, but then you can uh say . . . *Ruth*

8. Yes, but . . . *Martha*

9. But at this moment, no [laughing] - or whatever. *Ruth*

Again this extract highlights participants’ difficulty in saying no even when they believed there were occasions when it was appropriate to do so. The next section presents participants’ discussion of a number of possible solutions or ways of coping that they brought to bear on this problem. This dilemma is important because it shows these women negotiating a crucial aspect of selfhood and personal identity: that is, the ability to set limits and draw protective boundaries in order to maintain their personal well-being during the last stages of life’s

journey. For many employed people in our society this transition to a change of pace and fewer demands is normally signalled by retirement, but often that is not an option for women even if they have been in paid employment. This situation calls to mind the old truism “a woman’s work is never done”.

SR participants’ difficulties with saying no in certain specified situations were mirrored in their comparatively (compared to the SO group) low scores on the Autonomy sub-scale of Ryff’s (1989a; 1989c) psychological well-being scale as discussed in Chapter Three. The difference in Autonomy scores may reflect the two groups’ different levels of comfort with saying no to requests to carry out voluntary tasks. There also seems to have been evidence of these differences in the respective focus group discussions. That is to say, although the SO group valued generative behaviours, the question of difficulties in saying no to requests from others never arose as an issue for them: whereas saying no was regarded as a challenging problem and discussed as such by all of the SR participants. The fact that the respective group discussions were consistent with their Autonomy sub-scale results may indicate that even with the small numbers these differences between the two groups are not due just to chance.

The SR participants described a range of ways of responding to the social and inner personal pressure to automatically say yes when asked to do things. Their responses ranged from taking charge to philosophical resignation (doing what they had always done). The next excerpt followed immediately after Naomi had described her frustration with being pressured to do things ‘yesterday’ – irrespective of her own plans:

“Those sorts of problems are still about, they are not new, and looking back over even my lifetime there’s still nothing new, it is like a wheel, it just turns and comes back to the beginning and off you go again” [finished with a laugh]. *Naomi*

This comment appears to indicate that although Naomi was able to name the ‘problem’ she did not contemplate taking action to change it but was resigned to an acceptance of the status quo. In the next excerpt Esther cheerfully described a happier situation when a “great” thing had “happened” to her recently:

“Somebody said to me my name is down to do something and I was supposed to do this on da de da and ... ‘I don’t want to do this’ was my internal feeling ... [And] somebody had the sense to see what was going on and she said, ‘Look you don’t have to do that’ Now I could have done it and probably would have done it fine but ... that was just so relieving [emotional, shaky voice].” *Esther*

This excerpt begins with the by now familiar social pressure of ‘somebody’ expecting ‘something’ to be done and it is significant that the participant ‘could’ and probably ‘would have done it’ despite her great reluctance. On the one hand the fact that this event (being relieved of the task) ‘happened’ to her and it took an unusually proactive, empathic, ‘somebody’ to intervene and in effect rescue her seems to indicate that Esther was not yet ready to take positive action to protect herself from these kinds of oppressive expectations. However, on the other hand this incident could be viewed as a micro-level example of women enacting resistance and through the solidarity of one woman supporting another’s need for respite.

Browne’s work described acts of resistance that women carry out against external and internalised social oppression and the strategies they employ to negotiate the social constraints of daily life (1998). Her writing illuminates our understanding of the way women can move

from silent endurance to shared understandings with other women, and finally to empowering actions. This process can be glimpsed in women from both focus groups in this study as they are seen to name, challenge, and canvass ways to resist social oppression in its multiple forms – casual and systemic. These examples of women sharing and supporting each other against social expectations and constraints can be seen, through the lens or grid that Browne provides, as: “older women’s paths of resistance in their work in churches, in their communities, and as consumers” (1998, p. 207). Browne urged researchers to document, share, and celebrate ageing women’s journeys as they find ways to enact resistance against the ongoing and often unquestioned systemic oppression of women. Moane (1999) made similar observations, concerning the way resistance may be carried out at the levels of the personal and interpersonal (micro), the community and community organisations (meso), and/or the political (macro) sphere.

Many women, especially older women in our society, were from birth subject to social pressures to assume carer roles, and saying no, for example, can feel like a violation of their personal identity as a caring, womanly person. Many writers have explored the wholesale, historically based, social, political, psychological, and economic exploitation that limits the freedom and well-being of women in westernised and other societies. Browne (1998), Greene (2003), and Moane (1999) are a few that come to mind. It can be argued that at the micro-level such exploitation and resistance is precisely what is occurring in these examples for these participants, although it is acknowledged that they may not view it in that way themselves.

Another way of looking at the SR participants’ situation can be found in Bolen’s (2001) book on archetypes for women aged over 50 where it is suggested that from their 50s on women may encounter the ‘Hestia’ archetype, which will find them drawn to an inner life and wanting time to themselves. At this time it is typical for a woman to encounter “problems

between the expectations of others and her own inclinations” (p. 153). According to Bolen the later life “Hestia influenced” woman will need to seek ways to manage her needs for an inner life with her desire to support the people who are important to her. Certainly the SR group’s dilemma has some parallels with the scenario painted by Bolen, and participants shared a similar dilemma to that described by her. Although the SR group members all spoke of wanting to be able to say no sometimes to requests for their time and labour, only one was able to share an anecdote that actively demonstrated such behaviour and this will be examined in the next section.

5.2.3 Sub-Theme 2C: Generative dilemmas and successful ageing

The SR participants did not want to stop contributing socially or being generative in their third age but they spoke about having more control about the timing and the type of tasks that they performed. Setting limits on generativity can be seen as a dilemma between the rights pertaining to individual freedom of choice and the traditional female role obligations of social responsibility both to family and within their religious and community circles. Greene’s writing touches on this dilemma when she notes that:

“Women’s time is very much not their own” (2003, p. 95).

In the next extract in response to a question on how she viewed successful ageing, Ruth focused on making her own decisions and engaging actively with life as keys to successful ageing. She had recently given up full time work for the first time since being a student at university and was now contemplating her future anew. For Ruth, giving up work had been triggered by moving from a very distant place and this had allowed her the space to consider new options for the next stage of her ageing process.

“I have been trying to sense, well, what is it that I really want to be doing now ... and being open to whatever is coming.” *Ruth*

This excerpt indicates that on the question of what constitutes successful ageing Ruth had no fixed views but she knew she wanted to approach the next phase of her life with deliberation and she knew she wanted to be active and ‘doing’ something. Now in her early 60s, Ruth had no desire to return to the tasks of her second age of life; instead she had determined to make choices that supported her well-being. The next section will examine in more depth the challenges that Ruth and the others faced in negotiating this ‘transitional’ phase of their ageing process from the tasks of the second age to enjoying the third age, which Laslett (1989) described as a time of working less or not at all and enjoying more personally fulfilling activities.

Ruth’s story provides a good example of the struggle that some women face when they seek to be more self-determining and autonomous after a lifetime of placing the care, support and consideration of others’ needs ahead of their own. For Ruth the success of this struggle involved an inter-play of elements of courage, perseverance, support, and luck. To begin with, Ruth said that moving to live in a place where not many people knew her was very helpful in taking more control of particular aspects of her life because:

“Other people expect you to do what you have always done ... [so] moving here was in a way a gift because people knew me but they didn’t know me.” *Ruth*

In addition, Ruth said that she was supported by her husband who suggested that she write down just what it was that she wanted to do. Ruth had also made it clear earlier that she wanted to continue to contribute to life and other people and to support her husband. However, she also had some new goals, and so armed with family support and the new found freedoms of moving to a place where she was relatively unknown, Ruth said:

“I just named, I wrote out a whole page this year of what I was willing to do ... and what I wasn’t and it was just so releasing when I did that and everyone is following it and they’re **actually** operating out of the guidelines that I put down.” [said with a laugh and joyful amazement]. *Ruth*

Catching her pleasure, the rest of the group smiled and Esther responded emphatically and quickly, “I’m in **charge** of my life.” At this point the group facilitator said, “*It seems to me that being in charge of your life is really significant to well-being for everybody. Is that right?*” Without exception the participants nodded and murmured agreement, affirming that being in charge of their lives was important for their sense of well-being, while Esther responded enthusiastically, “No, that is right on!” *Esther*

It is of concern that it took extraordinary circumstances and determination for one woman to be able to set limits and boundaries on what she was prepared to do, and it is an indication of the weight of both internalised and external social expectations that many women carry. However, all of the participants made it clear that they would prefer to not be at the mercy of the various ongoing demands for service that they experienced in their lives. These discussions

of participants on the burden of such expectations support Browne's argument that in spite of the great pleasure many women receive from caring for others:

“If we listen to what older women have to say about being a mother, grandmother, or caregiver, we understand more clearly that this is not the only way they wish to define themselves. There is more to aging than providing for others.” (Browne, 1998, p. 206)

The issue of stereotypical social expectations placed on women's generativity is important to the thesis questions because it can negatively affect participants' health and well-being, which in turn may impact on the ability to age successfully. It is likely that being constrained to serve is a particular problem for women in the church. This discussion has focused on dilemmas associated with the transition from second age busyness to a slower paced third age. The next section discusses Theme 3, which relates to participants' fears or concerns about late life and frail ageing, and so the focus turns to the fourth age.

5.3 Theme 3: Successful ageing and fourth age issues

In Theme 3 there is a focus by participants on wanting to live with a level of personal freedom despite the likelihood that their ongoing ageing process (i.e., into the fourth age) would bring increased dependency and functional limitations. One of the clearest ways that the various aspects of this theme come through is in the qualities of the role models that the participants referred to as exemplars of ageing successfully. These role models were predominantly women (and an inspirational father) who had reached the fourth age and were considerably older (mainly aged from the mid 80s up to 100 years) than the SR focus group participants themselves.

There are three sub-themes that make up this third theme of successful ageing in the fourth age. These are: 3A) Successful ageing and fourth age generativity; 3B): Retaining agency and fourth age decision making; and 3C) Maintaining identity in the fourth age. Anderson (2006) has argued that having agency means that someone has full ownership of their actions. It is in this sense that the term agency is used in the present study. Not surprisingly the generative concerns shown by participants in their third age also continued on as part of the SR group's ideals for the way they wanted to live their fourth age and these issues are part of the focus of the Sub-Theme 3A.

5.3.1 Sub-Theme 3A: Successful ageing and fourth age generativity

The capacity to be a contributing member of society emerged as crucial to participants' understanding of successful ageing in late life. The importance of ongoing generativity was demonstrated through participants' choice of fourth age role models who they named as people they felt had aged successfully. A key characteristic applying to most of the older role models mentioned is their reported interest in and concern for others and their involvement in their communities or at least in their immediate sphere of living (even from a nursing home bed). One example of such a fourth age generative role model came from a participant speaking of her mother:

“Her intuitive sense of spirit became extremely strong as her hearing and sight left her.

So that she was very much, she played a mentoring role until the day she died.” *Ruth*

There were several other examples of older role models with generative qualities and sometimes participants referred to each others' ageing relatives as well as their own:

“I’d dearly love to be like my great aunty who was 100 ... and what she had to contribute, she was a lovely woman of faith and very, very helpful.” *Naomi*

“If I could be like your mother-in-law [Esther’s], I would think I had successfully aged. If I could still be interested, gracious, warm ... all those good things, being aware of other people, contributing like your mother [Ruth’s], I think that is successful.” *Martha*

In the latter extract, Martha ascribed successful ageing to Esther’s mother-in-law whom she knew, and also to Ruth’s mother, a woman whom she had never met and knew very little about, except that she was an active mentor for family members up until she died at the age of 94. This is interesting because it is an indication of how strongly generativity, or giving something back to others, was valued by participants as a part of successful ageing even in very old age (from 85 to 100 years). The fact that Ruth’s mother was reported to be bedridden and losing her hearing and sight did not register with Martha or the other participants as a signal of unsuccessful ageing. Instead, they admired the positives they saw such as staying interested and warm and contributing to others. The SR group’s role models all seemed to have resilient spirits to the end, and as Nakashima and Canda (2006) have argued: “It is important to examine resiliency in relation to death and dying. Otherwise, our vision of successful aging is incomplete” (p. 111).

As discussed, in the present study, SR participants placed much more emphasis on psycho-social, spiritual, and existential issues than on physical and other functional impairments when discussing successful ageing. However there are also obvious parallels between Rowe and Kahn’s emphasis on good health and the importance of social engagement and Martha and

Naomi's valuing of staying active, keeping up social ties, and generative behaviours. Bowling and Iliffe (2006) tested five different experts' models and reported that the more multi-dimensional lay-based model was a better predictor of quality of life and successful ageing. These results indicate the potential value of participants' views in the present study to contribute to the stock of knowledge on these issues.

Another important aspect of Sub-Theme 3A is the fact that envisioning themselves as communicating and giving something back to others, even in their frail fourth age, gave participants a deep sense of celebration of identity. Some researchers have reported similar findings for their participants (Keyes & Ryff, 1998). In Extract 13 (below) Ruth and Naomi, as they discussed Ruth's father, also described the human need to feel that one is able to contribute and the transcendent joy that such giving can bring against all the odds and the experts' models:

Extract: 13

1. My father, right before he died was at the point where he really couldn't do much of anything and he used to sing beautifully, he couldn't sing of course in the end. So my mother gave him a harmonica and he started playing that harmonica and that was his best way of communicating with us and it was amazing what that did, you know. It seems like it's a very simple thing and yet it gave you a way to celebrate your spirit. *Ruth*
2. It gives him back some self worth. *Naomi*
3. Yes, and that other people appreciated too. It was a way for him to participate and share his being with others and that's important. *Ruth*

4. Yeah, you might not be able to do other things like get up and move around but it's something I can do and give pleasure to others. *Naomi*

5. Yeah, I think he was definitely blind at that stage as well. So I think this thing of someone being sensitive to what, how, that person, you know, to the avenues [of communication] for that person is really is important. *Ruth*

In response three of this exchange, Ruth highlighted how much being able to contribute and communicate through his music was valued by her father as a way to “participate and share his being with others”. Music allowed Ruth’s father to “celebrate” his spirit in his final days and this points to a type of successful ageing that is beyond the limitations of the body or the power of speech and beyond the strategies of Baltes and Baltes (1990) and the functional definitions of the models of Rowe and Kahn (1987, 1997). Such a scenario supports Holstein and Minkler’s (2003) contention that “biomedicine, as important as it is, does not see the luminous moments that offer promise despite uncertainty and the proximity of death” (p. 795). Perhaps our best chance for successful ageing in the extremities of the fourth age may come from maintaining a sense of meaning and purpose and the valuing of life that can come from sources such as religious, spiritual, or existential well-being. In this case, Ruth’s father was a religious man. A number of researchers have written about this potential for people in the fourth age to remain engaged and agentic and to experience finally a process of positive or successful dying that can be seen as the natural end point of successful ageing (Anderson, 2006; Hurwich, 1993; Nakashima & Canda, 2005; Saddler & Biggs, 2006).

The participants' use of pronouns in responses one and four (Extract 13) above, is indicative of their belief that what they are saying has wider implications than just the case in point. For example in the first paragraph (emphases added) Ruth initially spoke of her father as 'he' and 'him'; then in the final sentence she moved to the more externalised pronouns (you and your) "it gave **you** a way to celebrate **your** spirit". The use of you and your in this way can be viewed as acting to normalise the statement indicating a belief that (given the right 'avenues') ways can be found for anyone to celebrate their spirit near the end of their lives. In response four, the use of inclusive pronouns in this way also demonstrated an understanding that these events might be true for anyone when she said "**you** might not be able to" (in this case be physically mobile) 'but' she said, bringing in the first person pronoun, celebrating the spirit is nevertheless "something **I** can do" (emphases added in these pronoun examples). The use of 'you' and 'I' in this way again indicates that Naomi considers that this process of giving "pleasure to others" (response four) is something that anyone, you or I, could do even in similar physical extremity or nearing death.

Extract 13 is important because it highlights an aspect of ageing that is not often discussed and one that focus group members considered to be an important aspect of ageing successfully, that is, that the potential for ageing successfully can continue right up to the end of life. This extract provides evidence of a positive or strengths-based vision of growing older **as posed** in thesis Question 4B. Participants described the need not just to communicate but to be able to give to others and to be appreciated for that contribution of one's self or 'being'. It seemed that for participants there was a causal link between giving to others and the ability to celebrate one's spirit. Judged by the precepts of Rowe and Kahn's (1987; 1997) tripartite successful ageing model, an old, dying, blind man, who has almost totally lost the power to communicate, could not possibly be considered to be ageing successfully.

However judged by the values of these women, Ruth's father was able to complete his life successfully and generatively through the communication and celebration of his essential spiritual self. As Ruth pointed out (response five) this was only possible through creative thinking by her mother, who understood that music could provide him with the avenue that he needed to express himself. A crucial aspect to achieving successful ageing in this case is the presence of quality care and sensitive, supportive people who were prepared to enable this fourth age person to "be his being", to use Ruth's expression. Anderson (2006) has also written about the importance of caregivers who will steadfastly and compassionately nurture the agency of people who are approaching the end of their lives. It is argued that for a successful conclusion to life, this kind of quality caring is often essential and that it is often only through such care that successful ageing can continue right through until the end of life. As previously noted in the SO group discussion, the issue of high quality of care was also of great concern to Brigid who did not wish or intend to become frail and aged without access to high quality and sensitive care. The next sub-theme (3B) looks at the role that agency in the fourth age plays in the views on successful ageing for SR participants.

5.3.2 Sub-Theme 3B: Retaining agency and fourth age decision making

Although agency is in some ways a separate issue from identity concerns, it seemed that most participants felt that they could not have the latter without the former and so these two are discussed sequentially in Sub-Themes 3B and 3C. The relationship between identity retention and agency can be seen in the picture drawn by Esther when referring to her 95 year old mother-in-law as a role model of successful ageing. This is seen in the next example when her mother-in-law attempted to use autonomous decision making to defend her sense of who she was and how she dressed.

“My mother-in-law has had a few falls lately ... and they are very worried she might break her hips and they told her she needed to wear padding on her hips and she said, ‘I can’t do that! [laughter] It wouldn’t fit under my skirt’” *Esther*

Esther went on to say that “the dear old soul”, was still very aware of how she looked and that it was important to her that she had control over her appearance as shown by this example of a refusal to wear padding under her skirt. Esther said that she also felt the same way as her mother-in-law about continuing to look like the person she felt herself to be and that part of successful ageing for her would be to still be able to, “accept life the way she has and still be in charge”. As already mentioned concern for one’s physical appearance was also one of the constituents of Bowling and Dieppe’s (2005) lay-based list of elements of successful ageing. However, since Esther’s own mother had suffered from Alzheimer’s she expressed some concern that she may not have the same lucidity that her mother-in-law enjoyed:

“But I still want to be in charge of how I look and can, care for it; if I get to the point where I can’t well ... I hope they [her family] have the grace if they’re around to, you know sort of, help me look good.” *Esther*

The previous two excerpts make reference to the probability that old age will increase the likelihood that others (‘they’) will be in a position to have great influence over one’s capacity to age in the way that one chooses. In the first example the 95-year-old woman was able to say to ‘them’ in effect, “No! If I wear padding it will ruin the appearance of my skirt” or perhaps “it will make my hips look fat”. One wonders whether in the end Esther’s mother-in-law was permitted to refuse the padding or constrained to wear it for her own good. This example calls

to mind discussions by Billig and et al. (1988) that outline how people who are ill and very old or frail are subject to social constraints that deprive them of many normally taken-for-granted human freedoms. This 95-year-old woman faced a dilemma akin to what Billig and colleagues have described as steering a course: “between the Scylla of bodily restraints and the Charybdis of unyielding social instructions” (1988, p. 95).

In her last excerpt above, Esther contemplated with concern the fact that she may not be able to ‘be in charge of how I look’ and she may become dependent on the ‘grace’ of others and ‘they’ may not be prepared to help her ‘look good’. This issue is emblematic of the dependence and vulnerability of older people who become frail and ill especially perhaps for those in aged care accommodation. This focus on appearance in very late life, which Ruth said was also shared by her own mother, seems to point to the difference between being kept alive in a nursing home and being treated like a unique individual with rights and preferences. These kinds of issues to do with agency in the fourth age also arose in the previous analysis of the SO focus group. Given the staff shortages in many nursing homes, and the oft reported (via media outlets) abuses and lack of even good basic care at times, such fears are hardly surprising. The focus on personal control or agency over decisions about one’s life and personal appearance that Ruth and Esther raised as they sought for ways to discuss what successful ageing meant to them and/or their older relatives is important. This is because it relates to the serious concern they expressed with maintaining their personal identity as the person they believed themselves to be.

Another interesting aspect of agency in the fourth age was raised by SR participants when speaking about the possibility of having the ability to control the timing of one’s death. Like the SO group they clearly believed that this was possible and at times a desirable thing to do.

However, unlike the SO group the SR group members gave examples of people who had chosen to extend, rather than hasten, the timing of their death.

Extract: 14

1. She didn't die for a long, long time when they thought she was going to, she was in hospice care for a long time. It was kind of like she was waiting for some things to be resolved in people's lives, until my brother finally married his partner of 10 years, finally announced his marriage to her . . . It was kind of like, after that, it was just a few days after that she went. It was kind of like "now I can go". None of us realised that was what she was waiting for but, so there is a lot happening. *Ruth*

2. It is like when someone is seriously ill but there is a new baby to be born and they will live until that actually happens. *Naomi*

3. Yeah, yeah. *Ruth*

4. Yeah, or someone comes from overseas. *Martha*

5. Yeah, there's a lot about the spirit that we just don't understand. *Ruth*

In this exchange, it is clear that the speakers are comfortable with the idea that it is possible to put off dying in order to see that other people are all right or to wait for a new baby or to say goodbye to someone. This use of agency to briefly hold off dying is inversely related to the views of the SO group regarding the use of agency over the timing of death. The main

difference is that the SO group believed they could hasten death and the SR group that they could hold off death through an act of will. In the next section the issue of identity in the fourth age will be examined through an exploration of the factors that were considered by participants to impact on successful ageing.

5.3.3 Sub-Theme 3C: Maintaining identity in the fourth age

This sub-theme looks at the importance that participants placed on retaining their identity or sense of their authentic selves as a key part of ageing successfully. Group members saw several issues as threats to their identity or sense of selfhood and agency in very old age. Some participants named Alzheimer's disease as a concern for them; this was particularly salient for Esther who said:

“I dare say my dread, and I do have a dread, is that I will succumb to Alzheimer's or something.” *Esther*

There were several reasons for her concern, including the fact that her mother had had this condition. Esther feared that she could lose her capacity for self care and personal grooming and these were important to her sense of who she was. Martha shared the same concerns as Esther and she summed them all up in one short sentence, saying that she feared:

“Losing that control, Alzheimer's, dementia, not being myself anymore.” *Martha*

The danger of getting Alzheimer's for Martha was that having a disease, like dementia, could increasingly deprive her of personal agency and the maintenance of her identity as the person she considered herself to be. In a related vein, Ruth said that she feared:

“Having to rely on other people to take care of me.” *Ruth*

Further comments (below) made by Ruth on this topic suggest that for her, as with Martha and Esther, successful ageing was related to maintaining her identity as well her personal agency. This was indicated when Ruth went on to say that she feared she may not be able to put herself in: “an environment where I could still be my own being”. However, in such a case where her choices were limited, Ruth said:

“I would take charge, you know, if I was in a nursing home you know, I would be my being ... I would keep myself alert, keep going, doing things, you know as long as I possibly could ... and that’s what my mother did too.” *Ruth*

The reference here to her mother was one of a number that Ruth made throughout the interview and she clearly respected and considered successful the way her mother had negotiated her ageing process. In response to these comments Martha, who was worried about similar issues, described a role model of her own in the form of a woman she knew who was 96 years old and living in a nursing home. According to Martha this older woman read the newspaper every day and was interested in the world and her children.

“She did the crossword every day of the *Advertiser* ... her mind was very active. And ... they are discovering that crosswords are the very best thing to do to prevent dementia.” *Martha*

This concern may be well-founded since dementia and Alzheimer's are for many people (and a number of participants) greatly dreaded. Baltes and Smith (2003) have argued that conditions associated with the fourth age like Alzheimer's disease can be expected to lead to the end of the essential self. They claim that dementia can lead to the loss of most of the essential qualities that make us human: "intentionality, autonomy, independent forms of living, personal identity, social connectedness ... and the opportunity of individuals to exercise their human rights in an agentic manner" (p. 128-129). Somewhat depressingly they have also reported that "the oldest old are mostly female" and "the majority die alone in an institution" (2003, p. 130). Since most of the participants were anxious to retain their agency and their sense of personal identity, they had good reasons to wish to avoid such conditions. Hence Martha's discovery that dementia might be staved off by exercising one's brain combined with the sight of an intelligent, alert, 96-year-old doing crosswords was inspirational for her. In turn, Martha's comments triggered a response from Ruth who agreed and added:

"Yes, staying interested is the key, yeah. Or becoming cynical, I guess that would be my worst fear is if I became cynical and negative. ... that would be an absolute no!" *Ruth*

The wish to retain one's personal identity and behave congruently according to that sense of selfhood is in keeping with Slater's (2003) definition which says that in a general sense "identity involves the constant attempt to make different aspects of oneself congruent" (p. 53). Three of the SR group members indicated that remaining true to the person they believed themselves to be was an important marker of authenticity and successful ageing for them.

The core participant issues here are to do with maintaining identity and not turning into someone alien to their sense of who they believed themselves to be. For Ruth this meant retaining her essential, spiritual 'being' which would be violated if she became cynical or disinterested in life. Ruth's wish to avoid developing a negative or cynical outlook indicated a deliberate choice to nurture through her whole life spiritual qualities like meaning and purpose and perhaps also personal growth which is indicated by the phrase "staying interested". These concerns can be seen as qualities of spiritual well-being.

In regard to the questions driving this study, these themes show that successful ageing was viewed by these SR participants not in primarily functional terms but in terms of maintaining identity and authenticity in the way they lived their lives. Thus the SR group's views on successful ageing depended heavily on spiritual issues such as keeping one's identity, remaining interested, having purpose and meaning, and valuing life. Other issues included caring for others, agency, spirituality, and keeping a degree of personal control over one's life, which are quite different to the emphasis on high levels of physical, mental, and social functioning and freedom from disease and related impairment as posited by Rowe and Kahn (1987, 1997). However, as discussed, some participants considered good health and staying active to be important to successful ageing, which is very much in line with Rowe and Kahn's thinking.

The SR participants said that they would like to selectively make decisions to continue to engage in generative behaviours in ways in keeping with their decreasing energy for such activities; this is in line with the SOC theory of selective optimisation strategies (Baltes & Baltes, 1990). There is ample evidence in this analysis that SR participants believed, backed up by role models (both living and dead), that in many cases successful ageing may continue right up to the end of life. These views are evidence that participants held positive or

strengths- based beliefs about the fourth age, as postulated by Ryff (1982) and Bearon (1996). In the next and final section of this chapter, themes from both groups will be compared and some of this information will be used to help inform questions for the second (interview) study in this project.

5.4 Summary of findings and conclusions

The present study **posed four research questions**. One of the key objectives was for the concept of ‘successful ageing’ to be explored in depth in order to better understand its meaning for participants. An important goal for the focus group study was to garner participants’ understandings of the key terminology to be used in the follow up surveys and semi-structured interviews for later stages of the present research project. As part of the latter goal, participants were asked what the terms ‘religiosity’, ‘religion’, and ‘spirituality’ meant to them. It was also considered important to know what role participants’ spiritual affiliations played in their lives and ageing process. Spirituality is discussed in the following section.

5.4.1 Review of SO and SR participants’ discussion of key spiritual terms

As might be expected from focus groups of friendly peers, interactions varied ranging from robust debate and humorous teasing to the collective building of shared meaning. There was also a lot of laughter occurring during both group discussions. Where there was not mutual agreement, challenge and discussion freely occurred amongst participants. Although some participants spoke more quickly and others were more thoughtful before speaking there was no sense that any dominant speakers deliberately suppressed any of the other group members’ ideas or contributions. Often participants simply added their views into the discussion

elements that were important for them; sometimes building on others comments, sometimes modifying their responses and sometimes agreeing to disagree.

In general the SO group regarded spirituality as all encompassing, interconnecting, sustaining, linked to nature and far more important than religion, which they viewed as restrictive, hierarchical, and sexist. However, two of the group, particularly Shakti, felt that religion often supplied an important need for community and support for those people who needed it. The SR group embraced the structures, traditions, beliefs, and community aspects of religion as sustaining, purposeful, and important to them. Spirituality was seen by them as much harder to describe and related to feelings of well-being and awe and as also highly valued along with religious affiliations. Moreover, the SR group members saw spirituality and religion as fused together in their lives.

Religiosity on the other hand was not highly regarded by either set of focus group members, since it was seen as a more superficial adherence to the external requirements of religion. It was therefore decided to omit the term religiosity from the questions used in the follow up study. Interestingly Edmondson et al. (2006) reported that health-related quality of life was better predicted by their measure of existential well-being than their measure of religious well-being, which they said is “better conceptualized as a measure of religiosity” (p. 162).

An important aim of this study was to examine participants’ discussions of successful ageing and well-being in later life and to identify themes and associated concerns or challenges. The concepts of successful ageing and well-being gave rise to active and meaningful group discussions. In the following section issues considered relevant to successful ageing and well-being and areas of agreement and divergence between the two sample groups will be summarised and discussed.

5.4.2 Review of successful ageing themes from both focus groups

This section examines commonalities and differences between the two groups and key themes for each group. Although many aspects of the themes from the two groups had different emphases there was also overlap between the three central themes. The differences are chiefly seen in the sub-themes arising from the three over-arching themes.

Theme 1: Personal agency and successful ageing

This theme comprises issues of successful ageing from the perspective of the individual. The SO group members spoke of successful ageing as different combinations of a range of factors. For Freya and Hathor it was a fairly equal balance of spiritual, physical, mental, and emotional functioning, while Brigid stressed financial security and good care, and Shakti believed that the spiritual dimension was the most important and enduring. Other highlighted qualities of successful ageing for Theme 1 included happiness, curiosity, wonder, humour, enjoying one's life, and love of music and dance. Issues that might negatively affect successful ageing and well-being mentioned included loss of: health, agency, autonomy, access to nature, and other avenues for spiritual and self expression. It must be emphasised that different group members placed different priorities on different elements according to those elements perceived as important for successful ageing.

The SR group also identified multiple factors of (Theme 1) that could be said to constitute ageing successfully; these included: a rich and ongoing life of spiritual and religious affiliation, physical and mental capacity, humour, music, and graciousness. Both sets of focus group members placed a high value on their spirituality and spiritual and religious affiliations

respectively. Participants in both groups spoke of these affiliations as a source of personal strength in stressful times. The SO group members found experiencing nature, be it the red desert or gardening, was nurturing to their spirits, and a way to regain balance and ‘recharge their batteries’. They gained no sustenance from religion, although one or two could understand how others might. There was no doubt that their spirituality, which was women-centred and linked to nature (and also to ritual, music, dance, and other forms of self expression), was important to their concept of successful ageing and quality of life, both present and future.

The SR group, although understanding that spirituality and religion could be separate, did not divide them. Rather, they spoke of the two concepts as intertwined. This group made it clear that their SR affiliations were the bedrock of their lives: from birth, a source of community, belief, meaning, joy, and strength in troubled times. SR group members described the satisfaction they found in being part of a religious community, or parish, of like-minded people and in sharing beliefs and traditions. Several said that they also found music and/or nature were ways of affirming their beliefs and nurturing their spirits.

Perhaps the biggest differences between the two groups were the SO group’s more individualistic relationship with the natural world as part of their spiritual practice, compared to the importance the SR group placed on having a community of like-minded others as a part of their religious and spiritual way of being in the world. The SO group also valued being part of a wider group of women who shared their affiliations with women’s spirituality. Despite the differences between the groups, all participants felt that their spiritual and religious and spiritual affiliations respectively were an important part of their ageing successfully both currently and for the rest of their lives.

Theme 2: Aspects of social value and successful ageing

Theme 2 is related to one of Ryff's (1989b) six sub-scales of psychological well-being: that is, Positive Relations with Others, on which both groups scored well into the highest tertile. Ryff and Singer have argued that positive relations or "*quality ties to others*" are a key element of personal well-being (1998a, p. 17) and all participants in the present study placed strong emphasis on the importance of different kinds of relationships and social and community connections with other people.

The SR group discussed the importance of their religious communities, families, friends, and older role models. Generative giving to family and commitments to help others within their communities in practical and mentoring roles were also rated as essential to SR participants' identity or sense of self and way of being in the world. SR participants also spoke of the challenges they experienced in selectively channelling their generative activity in appropriate ways as they grew older. This difficulty may be reflected in the SR group's relatively lower scores on the Autonomy sub-scale, which measures individualism and capacity for nonconforming behaviours.

The SO group members also placed a high value on positive relations with others, with particular emphasis on their social and wider communities and networks and affirmative peers. All four of the SO participants were involved in the helping professions, which have been identified as a form of long-term career-based generativity (McAdams & de St Aubin, 1998). Three of the SO group specifically mentioned generative mentoring and community contributions as an ongoing and long-term aspect of successful ageing. SO participants spoke of experiencing the negative effects of the social forces of sexism and/or ageism in their lives. This meant, amongst other things, that they felt there was a lack of social affirmation for their current generativity and few opportunities in society for women to occupy valued roles as they

grew older. The SO participants also thought that there are no strong traditions or role models for respected women elders in the wider society, although they appeared to exist within individual family structures, as evidenced by their own respect for older family members.

Although all of the group members advocated engaging in generative behaviours, the SR participants were also concerned with setting limits on generativity that had the potential to become exhausting. This can be seen as part of a transition from the busyness of the second age to the slower pace that they felt would suit them better in their third age and it was evident that the SR participants were aiming to engage SOC types of strategies as part of this process. This was not an issue for SO participants but they chafed at the broader systemic social inequities that women experience and the lack of positive social affirmation for many midlife and older women in our society. They did not make particular mention of SOC types of strategies in the way that the SR group did; this may have been because they were still in their second age and did not yet need to use them.

In regard to the Autonomy sub-scale of Ryff's Psychological Well-Being Scale (1989c), participants in the SO group scored well above SR group. On the basis of these scores, and the SO participants' emphasis in their discussions on the importance of autonomy in the fourth age; the SO group members can be assumed to value autonomy more highly than the SR group. This difference may be related to the fact that the SR group were all in their third age, while the SO group were still busily engaged in second age activities.

Theme 3: Successful ageing and fourth age issues

Personal agency in the fourth age was highly valued and considered important to successful ageing by all but one member of the focus groups (i.e., Naomi who said, "It's in God's hands

he will do what is best for me”). The SR participants all spoke of much admired older fourth age role models whom they knew and hoped to emulate in their later years.

The SO group were more deterministic about emulating their role models, who were all older relatives, several expressing such sentiments as: that’s my spirit and I’ve “inherited it”. They expected that they would be able to grow old in the ways that their parents or grandparents had and also expected to choose death in the same ways as their elders who had, one way or another, taken charge of events around their death and dying. Only Brigid seemed dismayed about this prospect. In short, for the SO group members the fourth age heralded the end of successful ageing – or at least the end of their wish to continue living. Less deterministically, the SR group members hoped to stay true to their sense of themselves as an authentic person and for the capacity to remain agentic, alert, contributing, and interested in others, as their own older role models had.

Thus, agency was important to both groups, but, as already outlined, for different reasons. Most of the SR group wanted to use agency to retain their identity or sense of authentic self throughout the fourth age, while the SO group planned to use agency to decide their time of dying. It can be argued that either path might fit with a person’s construction of a successful end of life process, and as part of having lived a successful life.

To conclude, it seems that issues of autonomy and agency demarcated key differences in the way that the two groups defined and approached successful ageing. The SR participants were primarily positive as they contemplated the future and they hoped to maintain a degree of agency in their fourth age. The SO group, however, had strong concerns about maintaining their desired degree of autonomy in frail old age. No one in the SO group seemed willing to consider living in a nursing home as a possible option for the final phase of a successful

ageing process largely because of the loss of agency and independence associated with life in such a setting.

At the end of the three focus group chapters it is possible to see some patterns appearing that help to answer the thesis questions. The surveys of the focus group participants indicated only two areas of difference in the well-being of the two sets of participants, suggesting that they are more similar than they are different. The focus group findings have been summarised in the following list.

Summary of overall focus group findings:

Finding 1

All participants shared a strong regard for their spiritual affiliations as part of living and ageing well.

Finding 2

All of the SR group were seriously committed to their religious affiliations and none of the SO Group were religious.

Finding 3

All participants cited older relatives and other role models of successful ageing whom they admired or had learnt lessons from in the way that they had managed the fourth age. All believed that people can influence the timing of their death through choice or will.

Finding 4

All but one participant highly valued autonomy and agency as lifelong qualities.

Finding 5

All participants were committed to and engaged in generative activity of one kind or another.

Finding 6

Several women in both groups said that successful ageing for them was a balance of good physical and mental health and good relationships and in this regard about half of the participants had views at least partly in accord with Rowe and Kahn's theory (1987, 1997); but normally with added dimensions such as spirituality and love of nature.

Finding 7

The SR women generally seemed to want to employ SOC types of strategies such as selective optimisation (Baltes & Baltes, 1990). The SO group, who were still in their second age of life, did not talk about SOC types of strategies for gradually adapting to age associated changes.

Finding 8

Some women in both groups said that things like music, nature, humour, curiosity, and love of life were important elements of successful ageing. It was considered that these aspects of life were more closely linked to spiritual (Hardwig, 2000) and existential well-being (Brennan, 2006) than to the mainstream definitions of successful ageing. These qualities may be indicative of the possibility of a positive view of ageing that could envision success even in the fourth age/final stages of life, because such qualities are not contingent on health and functioning or psychological adaptations to change.

Finding 9

Most of the SO group were negative about the prospect of the fourth age. They felt that at a certain point of illness or frailty, their own older relatives had decided to die of their own volition and so would they. The SO participants said, in effect, that the fourth age would herald a time when their spiritual equanimity would not be sufficient to sustain quality of life or successful ageing and death would be a preferred option.

Finding 10

All of the SR participants had hopes for ageing well in the ways that they felt that their admired older role models had: that is, graciously, generatively, cheerfully, and retaining their essential identity and a degree of agency to the very end. Since their fears about ageing included dementia, dependence, and loss of identity, it was clear they realised that, as most mainstream theorists have argued, the fourth age can be dreadful. But they hoped for the best and they believed that all would be well.

Finding 11

Participants from both groups showed only average or slightly below average physical and mental health; thus there appeared to be no particular benefit to health that correlated with their personal religious and/or spiritual beliefs and affiliations.

Finding 12

Generally, with one exception (i.e., Relationship with a Higher Power), both focus groups' means were at the borderline or above range of the third Tertile on Ryff's Psychological Well-Being scale (1989b, 1989c), and on van Dierendonck's (2005) Spirituality sub-scale for Inner

Resources. This indicates that, psychologically and spiritually, participants' well-being was high with only two sub-scales showing clear differences between the groups.

Finding 13

In regard to Ryff's (1989b) Purpose in Life (and meaning) and Personal Growth sub-scales, which are both argued to be linked to spiritual and existential well-being (Ryff & Singer, 1998b) all but one participant scored near the borderline, or above, of the third (top) tertile. These results are interesting because Ryff and Singer (1998b) have reported that these qualities (Purpose in Life and Personal Growth) often decline dramatically in later years but, in this study, seven out of eight group members were in the top tertile on these measures. This appears to be quite a positive result, but as this a small qualitative study it is not possible to know if there has been any decline with ageing.

A potential limitation with Study One is that there was an age range difference of up to 22 years between the respective focus groups' members. Therefore, it was not possible to know whether the differences between the two groups may be due to differences in their spiritual affiliations, or due to cohort effects, or simply due to random variation between individuals. It is anticipated that the following interview study will give an indication as to whether these patterns persists with more equally age matched participants from each sample. This research makes no judgement about which is the more ideal set of characteristics. As Browne (1998) has observed: "there are many ways to be empowered and authentic. Examples can include the process by which women define themselves" (p. 160). In the next chapter, the procedures for the interview study are introduced and a closer examination of some of the issues raised in the focus group study will be broached.

CHAPTER SIX: STUDY TWO METHODOLOGY, QUANTITATIVE RESULTS AND THEMATIC OUTLINES

6.1 Introduction

This chapter sets out the mixed models approach used for Study Two. Preliminary findings for Study Two have been published in a peer reviewed journal (McCann Mortimer, Ward, & Winefield, 2008; see Appendix C). The research data are partly derived from health (mental and physical), psychological and spiritual well-being surveys. Findings from these surveys are examined and discussed along with an outline of the themes arising from the qualitative interview data and the views of the SO and SR interviewees on the importance and role of religion and spirituality in their lives. In addition to providing more in-depth information on the original thesis questions, Study Two also considers some of the matters arising from the focus group study. These issues include the differing importance placed on Autonomy by the two groups and the concern that the sub-scale 'Relationship with a Higher Power' appears to be a measure of religiosity rather than of general spiritual well-being. Also important to follow up are the focus group participants' hopes and fears about their fourth age and related issues.

In Chapter Three the Interpretive Phenomenological Analysis (IPA) approach was used to guide the approach to data collection and it also helped to inform the analysis of the qualitative data. However, because IPA is argued to be less suitable for focus group analysis (Smith, 2004), a number of other research texts on focus group methods and analysis were also consulted for Study One. Since Study Two is based primarily on interviews, for which IPA was designed, it was considered appropriate to focus on the use of IPA methods for the collection and analysis of qualitative data in the present study.

The first half of this chapter presents the results collected from the surveys with a view to identifying the trends that emerged from the demographic and quantitative data. It was intended that the questionnaire results presented in this chapter would help to inform and triangulate the content of Chapters Seven and Eight which focus on thematic analysis of the interview data.

6.2 Methodology

Study Two conformed to the provisions of the Declaration of Helsinki and was given ethical approval by the University of Adelaide Ethics Committee.

6.2.1 Participants

The participants were 14 women aged from 59 years up to 89 years of age, all of whom were living more or less independently in the community. These women were identified by peers and by themselves as having religious and/or spiritual affiliations – and identified for the present study as either SR ($n = 7$) or SO ($n = 7$). The SR affiliated participants all attended church and/or actively belonged to broader Christian ecumenical networks. The SO affiliated participants did not have religious affiliations and could be described as pursuing their personal and universal truths, or ways of making meaning, through non-mainstream, non-hierarchical, and non-male dominated avenues. The average ages were 76 and 72 years for the SR and SO groups respectively and an independent two-tailed t test showed that there was no significant age difference between the groups ($p. > 0.05$). All participants in both groups had undertaken post secondary education from TAFE level up to post graduate degrees.

6.2.2 Procedure and materials

The 'snowball' technique was used to recruit a purposive sample and early recruits were asked to recommend others who fit the research criteria. Participants were advised of their right to withdraw at any time from the research project and given contact details of the researcher and her supervisors; advice was also given on how to undertake complaints procedures. The semi-structured, open-ended interviews were held in 2005 and lasted from one to two hours. All participants provided demographic data and completed the same scales on health, spiritual, and psychological well-being as participants in the focus group study (details of these surveys and procedures can be found in Chapter Three). There were two questions on participants' religious and spiritual affiliations and they are presented in Table 6.1 in section 6.3. These questions were sourced from the work of Nasel and Haynes (2005). Interviews were held in participants' homes, the researcher's home, and in the university precinct, depending on the preferences of the individual participants. Four participants, two from each sample, preferred to have the demographic and survey questions read to them due to poor vision or other issues but most participants completed the surveys themselves without researcher assistance.

6.2.3 Interview procedures

As noted in Study One, qualitative research is considered to be an appropriate method for giving voice to marginalised groups and Inui (2003) has argued that these methods are particularly useful for understanding and researching issues such as resilience in later life. The IPA approach collects the views of participants on the research issues and crystallises their opinions in a thematic form. IPA acknowledges the active role of the researcher in interpreting the participants' statements in order to identify themes and in selecting extracts to illustrate those themes.

The schedule of questions was given in a flexible semi-structured fashion to guide the interview process while allowing room to focus on interviewees' issues of importance. Participants were asked for their views on concepts such as successful ageing, religion, spirituality, and associated issues that arose during the discussion, including their hopes and fears about growing older (see Appendix B). However, it was considered more important to allow participants to expand on their opinions, concerns, and areas of interest than to stick rigidly to a list of questions. The taped data were transcribed and thematic analyses were conducted using IPA methods. Analysis was an iterative process with extensive sifting through the transcripts to identify the key themes. Fifteen sub-themes were initially identified in this study and these were finally reduced into three central categories or over-arching themes (McCann Mortimer, Ward, & Winefield, 2008). Theme reduction is a core part of the IPA analytic process. The three central or over-arching themes identified are reflective of the same broad categories found in study one and briefly described as: Personal Agency, Social Value, and Fourth Age issues.

6.3 Results and discussion of spiritual and religious questions and surveys

In order to confirm their religious and/or spiritual affiliations, participants were asked two questions using a five point Likert scale (1 *strongly disagree* to 5 *strongly agree*) to confirm their spiritual and or religious affiliations. These questions are presented below in Table 6.1.

Table 6.1: Religious and spiritual affiliation results by sample interviewee populations

Questions	SO		SR	
	Means	SD	Means	SD
Spirituality is an important part of who I am as a person	4.7	0.4	5.0	0
My spirituality reflects my commitment to Christian religious values	2.4	0.7	5.0	0

The SR participants' results show that they all selected "strongly agree" on the Likert scale for both questions and as a result their standard deviations were zero. The SO participants' results showed much more variation, particularly in regard to Question Two. The fact that the SO participants did not have even lower scores on the second (religious) question may be a reflection of the respect that some still felt for their early positive experiences of religion before they became disenchanted and moved in a different direction. During the interviews, participants were asked to talk about what religion and spirituality meant to them and their responses are presented later in this chapter. These discussions explained the division reflected in Table 6.1. This division was the same for the results of Studies One and Two and helps to confirm that there is a clear difference between the two sample populations in regard to spiritual only affiliations versus combined religious and spiritual affiliations. Van Dierendonck's (2005) Spiritual Well-Being sub-scale also reflected this same sharp division between the two samples. As might be expected, the results indicate that religion was important only to the SR group but that spiritual affiliation was important to both sets of participants and common to both groups. In the next chapter (seven) the SO participants' interview data are discussed. The SR thematic analysis follows in Chapter Eight. These analyses aim to provide a deeper understanding of the interviewees' beliefs and spiritual affiliations, the role these affiliations have played in their lives, and their views of successful ageing.

6.3.1 Psychological and Spiritual Well-Being Survey results

Table 6.2 (below) shows a comparison of the two samples' scores on the short form Psychological Well-Being Scales and two Spiritual Well-Being sub-scales. The scales were scored (respectively) according to the formulae recommended by Ryff (1989b) and van Dierendonck (2005). Higher scores represent greater levels of the quality in question. An

independent samples two-tailed t test showed a significant difference between the two groups' mean scores on the Relationship with a Higher Power subscale: ($t(13) = -4.18, p < .001$). This was the only difference between the two groups.

Table 6.2: SO and SR groups' results for Spiritual and Psychological Well-Being Scales

Source	SO (n=7)		SR (n=7)	
	Mean	SD	Mean	SD
Self Acceptance	28.7	2.8	30.4	2.6
Positive relations with others	30.7	3.6	31.2	1.8
Autonomy	35.1	5.8	35.0	3.0
Environmental Mastery	28.2	5.0	31.4	1.4
Purpose in Life	31.8	3.1	32.8	3.0
Personal Growth	37.7	2.8	36.5	4.0
Inner Resources	32.0	2.9	32.1	1.5
Higher Power	10.7	4.0	20.5	4.2

From the overall results of these PWBS survey scores it can be seen that the two samples' mean scores were in the upper tertile on all but one sub-scale. It can be also seen from Table 6.2 that for all except one sub-scale the participants' average overall scores were no more than 3.5 points apart and in several cases their scores were nearly identical. These results indicate that there are many similarities between the two sample groups and that both appear to have maintained high levels of psychological and spiritual well-being.

SO and SR participants had closely matching results on the Autonomy sub-scale with only a .1 difference in means between the two samples. This was contrary to the findings for Autonomy in the earlier focus group study, see chapter three, where the gap on the Autonomy sub-scale results between the two groups was more marked. Since, unlike the focus group participants, there were no notable age differences between the two groups of interviewees, this difference may have been related to the focus groups' age gap.

Two areas of particular interest with the PWBS were the Personal Growth and Purpose in Life sub-scales, which measure qualities associated with spiritual and existential well-being that have been reported to decline in older people (Ryff et al., 2001; Ryff & Singer, 1998b).

It can be seen from Table 6.2 that both sets of interviewees had very similar scores and all measured in the upper tertile on these sub-scales. The overall trend towards high scores in the top tertile on these sub-scales indicates that it is possible that religion and spirituality may offer some protection to these beneficial, but potentially vulnerable to age-associated decline, aspects of well-being. A larger quantitative study may provide more information on this interesting issue.

The 10-point gap between the two sample populations' scores on van Dierendonck's second spiritual well-being sub-scale 'Relationship with a Higher Power' (2005) supports the division of the two groups into their respective categories (SO and SR). It is worth noting that on the first spirituality sub-scale, which measures 'Inner Resources', the two groups had identical mean scores, indicating that both sets of participants identified equally with the qualities of inner strength and personal resources this scale measures. However, van Dierendonck's second scale, in which two out of the four questions ask about a positive relationship with "God or a Higher Power", did not resonate with the SO interviewees (2005). As with the first study, this may be because the SO participants felt uncomfortable with the

male term ‘God’ or the hierarchical nature of the term ‘higher power’ and the reference to prayer.

The consistent differences between the SO and SR participants across the two studies on the sub-scale Relationship with a Higher Power, suggests that the scale itself may be inappropriate as a measure of spiritual well-being for the SO group. As van Dierendonck noted, further research is likely to be necessary in order to assess the usefulness of this scale (2005). Certainly results for both studies indicate that the second sub-scale has limitations when applied to a spiritual sample whose participants are avowedly not religious. However, further assessment of this spirituality scale is not within the scope of this research project.

6.3.2 SF-12 Physical and Mental Health Survey

Table 6.3 (below) shows the two samples’ scores on the SF-12 version of the mental (MCS) and physical (PCS) health survey. The SF-12 was scored using Andrews’ (2002) brief integer scorer as described for Study One in Chapter Three and, as previously noted, the mean for the Australian community is 50 with a standard deviation of 10 (Andrews, 2002).

Table 6.3: SO and SR interviewee scores on the SF-12 Health Survey by sample

Outcome Measure	SO Mean	SD	SR Mean	SD
Mental (MCS)	55.2	3.3	51.4	8.9
Physical (PCS)	49.1	11.5	48.2	5.3

Note. The higher the score the greater the attribution, SF-12: M = 50, S.D. = 10, Andrews (2002).

Mean scores for both the spirituality only and the religious and spiritual groups can be seen to be clustered towards the Australian community mean (Andrews, 2002) for the SF-12 scale, indicating that participants enjoyed the same average levels of health as the rest of the community. As outlined in the literature review, a number of studies have noted that for people with religious and spiritual beliefs there are positive associations between physical and mental well-being and recovery from illness (Dillon & Wink, 2007; George et al., 2000; Koenig et al., 2004). Given that those studies show a protective effect on health from religion it was considered likely that the participants in this study might score in the above average range on the SF-12 health survey. However, as with Study One, there does not seem to be a particularly strong protective effect of spirituality on physical and mental health for participants in the present study.

6.4 SO participants' views on religion and spirituality

This section contains an examination of SO participants' comments on what the terms religion and spirituality meant to them and the role these concepts played in their lives. All of them had at one time been members of Christian religions and had left to follow other paths to finding meaning and spirituality. Spiritual affiliations appeared to form an important and lifelong part of participants' sense of who they were and what they stood for. For many, these early religious affiliations still continued to have an ongoing influence, either positive or negative, on their opinions and behaviours as they negotiated their ageing process. The conceptualisations presented below were provided in response to questions asking what religion and spirituality meant to participants. The section begins with the SO interviewees' opinions on religion:

Religion

“A set of beliefs that lead to practices and values and so on that direct people’s lives; it also leads to structures of organisations, institutions that then become part of people. Those practices and beliefs of religion can lead to greater awareness and enlightenment but also not necessarily.” *Nike*

“Religion is much more structured, much more rigid and I guess that is from my own experience of religion, confined often static and I guess that is the reason I moved away from it.” *Autumn*

“Religion has given a lot of people a place to come together and agree on an overview of how the world is and what the world is and how we need to live in that world and so religion is an organised place – and it is a growing thing and changing thing, but not everybody in it grows and changes.” *Ishtar*

“It concerns certain sets of beliefs about the nature of existence in some way, although they vary greatly ... but again it is the feeling of connection with an ultimate transcendent, a different sphere as it were.” *Hypatia*

“I tend to think of religion as something organised which has black and white, and right and right and wrong, ... religion to me is a human institution, human created.”
Gaia

These descriptions of religion focus mainly on its structures, rigidity, rules for behaviour, and potential for promoting a connection with transcendent feelings that is not always realised. The human construction of religion was also emphasised. The next set of excerpts show examples of the ways that participants described spirituality.

“Spirituality is, the quality of life, is what gives my life quality ... it is probably what keeps me on an even keel.” *Minerva*

“It is about what gives my life strength, direction, support and practices that go with it. It is a way of being that is related to every aspect of my life. It is not separated from a physical life and my relationships.” *Ceres*

“It has to do with feeling, emotions, and maybe some special kind of knowledge and ... with feelings of transcendence and also feelings of specifically unity. It also has to do with meaning.” *Hypatia*

For these three participants spirituality clearly enhanced the quality of life in numerous pervasive and intangible ways. The next excerpt from Autumn conveys a sense that spirituality is held deeply within the self and is also related to a universal and unifying aspect of existence that is wider than the individual.

“Spirituality to me means the very essence of my being I guess, the very heart of me the very soul of me, the essence of nature, of the world.” *Autumn*

“A dimension to life that is deep and inexplicable, a connectedness with something, I don’t want to say a God or a higher power but the whole of life is interconnected.”

Nike

“For me the spiritual is not separate from the material; there is no division, absolutely no division ... for one thing, it is the only kind of life you can be. Certainly it is the only kind of life that I could live.” *Gaia*

In these descriptions of spirituality, the emphasis is on connection, unity, and universality; a sense that participants felt that their lives were better because of their spiritual awareness. By contrast, the descriptions of religion were more measured and generally pragmatic and lacking in the joy and passion with which spirituality is described. As noted at the beginning of this section it will become apparent during the analyses that interviewees made frequent references to their spiritual affiliations and experiences with organised religion and hence their views on these topics form an ongoing part of the whole analysis.

6.5 SR participants’ views on religion and spirituality

It may be noted that in the previous section the SO participants’ descriptions of religion and spirituality were set out in two separate sections and this was because those participants all saw the two concepts as quite separate. This section on the SR participants’ views presents the two concepts side by side for each woman because, for most of these participants, religion and spirituality were closely intertwined and, for some, they were not in any way separate from each other.

Spirituality

“All I think I know [is] I like going to church unless it is a horrible church and there have been some horrible churches where people don’t always get on very well. They are very friendly to a newcomer like me down here. It is a bit hard to be spiritual on your own I think, it is a thing that you have to share.” *Sarah*

Religion

“It means belief ... in God of course.” *Sarah*

This participant queried the interviewer as to why it was considered necessary to have one question on religion and one on spirituality; when told that some people considered themselves to be spiritual but not religious she replied:

“I have never met anyone who was like that.” *Sarah*

This exchange suggests that Sarah’s understanding of these terms (spirituality and religion) aligned with those of researchers like Musick et al. (2000) and Pargament (1999) who did not distinguish between religion and spirituality. Sophia also thought that religion and spirituality were very closely aligned and she spoke of them as though they were not completely separable.

Spirituality

“A number of things, one’s life in connection with the church but primarily one’s life in connection with God. ... It also means human qualities that emerge from contact with nature or art, and I suppose ordinary living too.” *Sophia*

Religion

“It means the complex of structures and activities which connect life habitually with spirituality.” *Sophia*

Deborah also regarded these two concepts as virtually indivisible:

Spirituality

“It means living in loving relationships with people around you and people generally – that fits my concept of God.” *Deborah*

Religion

“Religion ... to me is a word for spirituality; until religion became a word that was called into question and had several different kinds of meanings. ... I suppose religion is faith, hope, and love. You need time to think on these questions. ... I suppose religion is the name of the kind of spirituality that you choose to follow.” *Deborah*

Hildegard also closely linked these two terms. However, there seemed to be a clearer delineation between them in her descriptions:

Spirituality

“I think it means inner well-being and a sense of having a meaning and purpose and also having a connection with a higher power.” *Hildegard*

Religion

“Religion means the practice of worship related to a higher power and I guess it refers to the body of tradition and belief.” *Hildegard*

Hildegard’s references to a higher power in both of these descriptions indicates how closely linked religion and spirituality were for her; it also indicates that she did not have any difficulties with a hierarchical religion and understanding of God. In contrast, Miriam saw spirituality and religion as related but not inevitably linked:

Spirituality

“Spirituality is all of the interior life of a person. It is what involves our spirit, informs our spirit; religion may be a part of it but it certainly is not all of it. ... Spirituality is informed by religion but you don’t necessarily belong to a religion; and when I say informed by religion our political system is informed by religion and our values, whatever values you have, come from some religion somewhere.” *Miriam*

Religion

“Religion would be much more related to an organised form, so religion would be like Buddhism, Hinduism, or Christianity. ... [It’s] organised and you belong and there are certain things that you all basically believe and that to me is religion. It is the formalness of the organisation and the formalness of beliefs; whereas spirituality is informed by religion but is much larger.” *Miriam*

The next two participants thought differently from the other five and from each other when they came to define spirituality and religion.

Spirituality

“It has to do I think with human authenticity, being authentic, finding a way to live your life authentically and whatever that takes in terms of practices and your meditation, reflection, ways of allowing others to be their authenticity.” *Eve*

Eve’s views on spirituality were concerned with personal authenticity in one’s life and in respecting other people’s authenticity. Her views on religion and Christianity were also dissimilar to those of other participants.

Religion

“Something that has become set, it is kind of like well this is what we mean by the Christian religion and you can see it. It is spelled out with all of its systems and documents etc., there is a setness about it. It is also systematic; so it is thought through, maybe from a particular story and particular perspective, there is cohesion about it. For me there is a big difference between Christianity and religion.” *Eve*

Eve also said that she considered herself to be a Christian but she did not belong to a particular religion. For Eve, Christianity was a dynamic story that is growing and changing unlike religions which she said often become static and resistant to change. The next participant was also different from all the others for she attended church, but did not believe most of the teachings, or enjoy a lot of the hymns, which she found to be racist and/or sexist. She also said that she did not like to say the creed because it is too sexist in its language. She

had attended church all her life but less often in recent years than in her youth and middle age. Lilith was the only SR participant to base her sense of the spiritual on the traditions of another culture where she found her ideal of spirituality.

Spirituality

“It is something outside yourself; it is a great spirit like in the Native Americans, a great spirit that was in the trees and nature.” *Lilith*

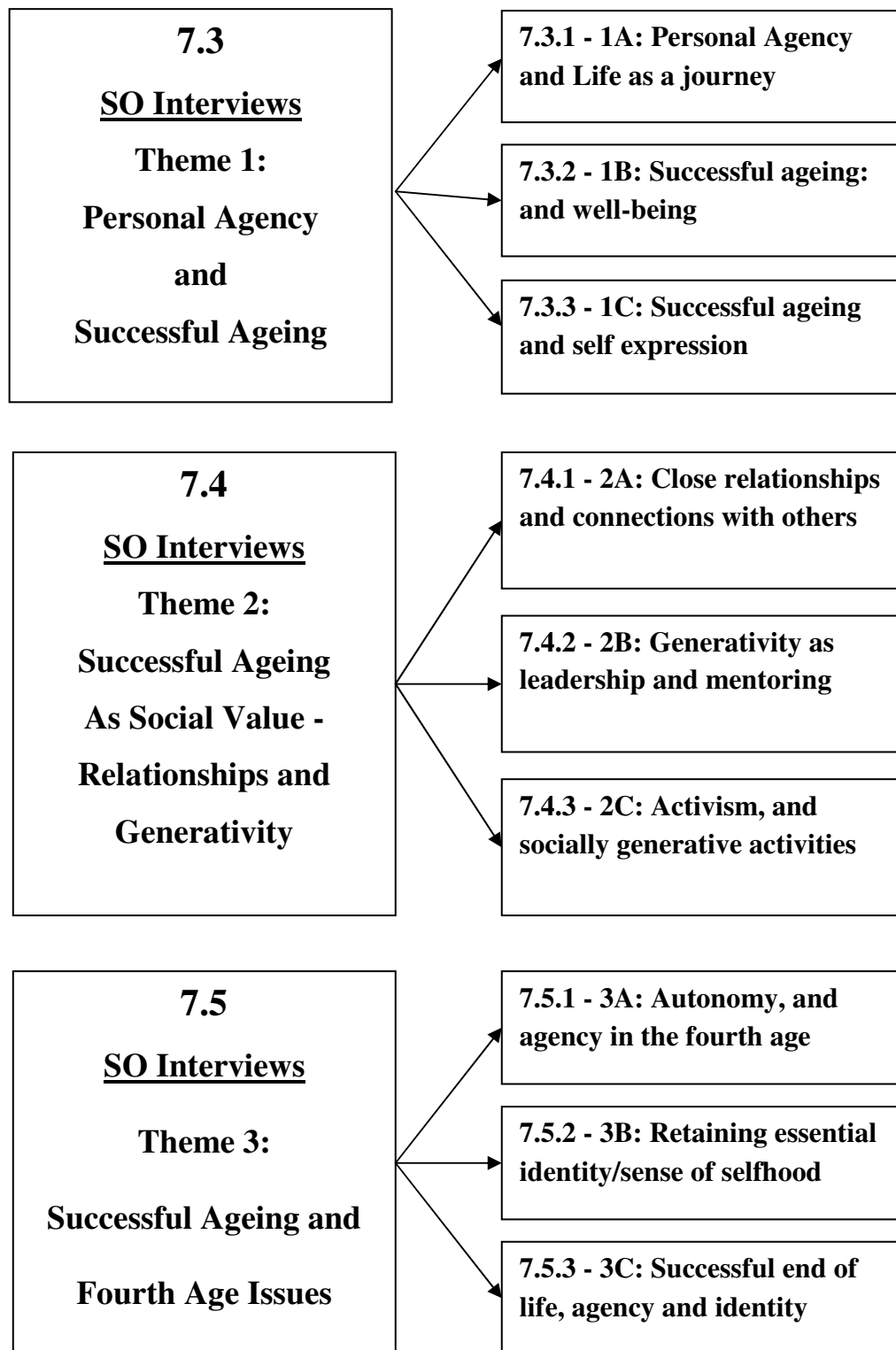
Religion

“Well, religion means what I was brought up with, with a very strict church upbringing and you had to believe and it was true and a lot of people thought that God wrote the Bible himself. And all that: “believe it because I say so” thing. Nothing could be proven and I took it all in and believed what my family taught me.” *Lilith*

She went on to say that she still attended church because she liked the warm-hearted community of people there. Lilith’s somewhat negative position on religion, as opposed to church people, was unlike that of the other participants and so also were Eve’s more neutral views on organised religion. However, in many respects, the variety of findings from this study reflects the wider world of debate and diversity on these issues. As discussed in the literature review, these terms are not universally understood to mean the same thing and in fact their meanings are contested. Pargament (1999) claimed that the term religion is a broader umbrella concept, of which spirituality is a component, but Musick et al. (2000) argued that the terms can be used interchangeably.

6.6 Outline of thematic findings from the interviewees

Early analysis indicated areas of overlap between the themes identified by the SO and SR participants in both studies. Most interviewees did not provide a single definition of successful ageing; rather, they expressed multidimensional views as described in the work of Bowling and Dieppe (2005). Outlines of the thematic findings for the two samples are presented in the following two diagrams labelled here as: Figure 6.1 and Figure 6.2. The themes outlined will be discussed in detail in Chapters Seven and Eight. As with the focus group study, the numbers attached to each theme refer to the respective chapter section in which that theme is discussed.



Figure

6.1:

Successful ageing themes for the spirituality only (SO) interviewees

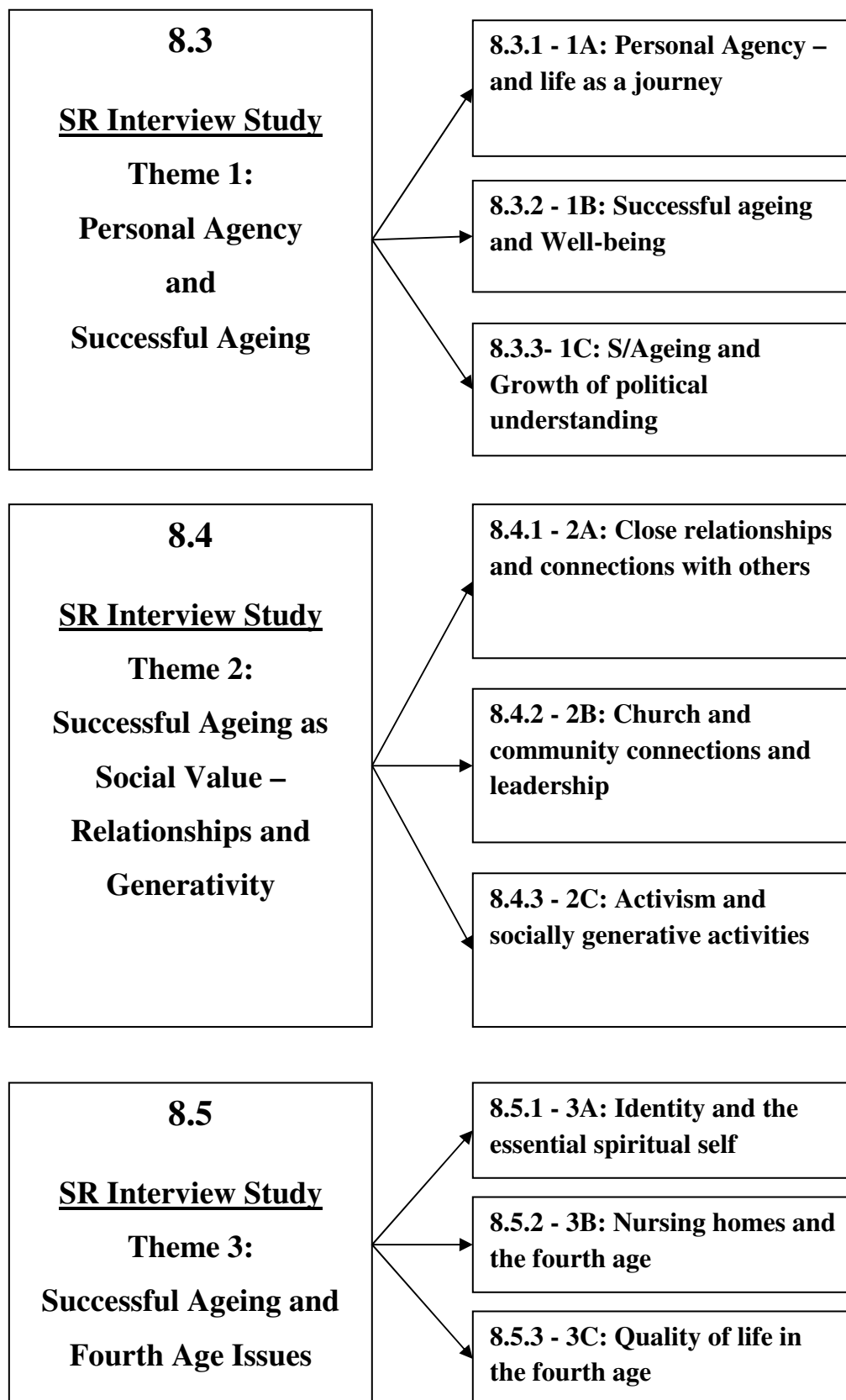


Figure 6.2: Successful ageing themes for the spiritual and religious (SR) interviewees

CHAPTER SEVEN: THEMATIC ANALYSIS OF SPIRITUALLY AFFILIATED (SO) INTERVIEWEES

7.1 Introduction

This chapter sets out the themes identified in the SO interviewees' data; three central themes were briefly outlined in Chapter Six. As noted in earlier chapters, participants' descriptions of how they viewed successful ageing and well-being in late life often equated to sustaining a high quality of life. Quality is often a very subjective term and within the three central themes participants showed diversity as well as commonality. Since Study Two is based on nearly 30 hours of interviewing, it has enabled a more in-depth exploration of some of the issues raised in the focus group study. In particular these include participants' hopes and fears about the fourth age and end-of-life issues, which can be a source of uncertainty and anxiety for ageing people.

7.2 Thematic analysis of the SO Group

The first of the three master themes concerns the individual's journey in life and this theme often includes the events that took each person away from her original religion. The second thematic group, titled 'Social Value', refers to relationships, community, and generativity and the third central theme is focused on issues relating to the fourth age or last stage of the life span. When discussing successful ageing, most participants made references to their lives as a lifelong journey and inevitably this meant something different to each participant. There was also much that was shared, perhaps due to the social conditions and the zeitgeist that was experienced by these women. In the next section the SO thematic analysis begins with Theme

1. The first theme is centred on individual concerns and it incorporates three sub-themes as set out below.

7.3 Theme 1: Personal agency and successful ageing

Theme 1 is made up of three parts as follows: Sub-Theme 1A) Personal agency and life as a journey; Sub-Theme 1B) Successful ageing and well-being; and Sub-Theme 1C) Successful ageing and self expression. It is a self-evident truth that successful ageing must occur within the context of a life span and is not merely an “add on” at the end. The semi-structured interview format allowed participants to focus and dwell on issues that they considered important over their lives and a rich array of valued aspects of successful ageing were identified.

7.3.1 Sub-Theme 1A: Personal agency and life as a journey

The metaphor of life as a journey was a common image that emerged during the interviews, indicating that participants considered their lives to be an ongoing process of growth and discovery. The sense of life as a journey in this sub-theme is concerned with participants’ growth away from religion towards a more personally chosen set of beliefs. It also indicates an unfolding, developmental process and this is evident in the following excerpts, the first of which came from a participant in her 80s:

“How I feel about my life is that it is a journey that I have not reached the end of. It is just a journey; I have no idea what I will be doing next year.” *Minerva*

“Valuing the differences, the valid differences of the world, which are different from mine ... I would call that spiritual development.” *Minerva*

“I think we are all on a journey and however we get there that is our trip.” *Autumn*

Most participants spoke of seeing their journey as a process through which they grew and changed as their experiences fed their understanding of themselves and of the world. This sense of growth is shown in the following extracts:

“Life has been very, I feel, very full and interesting for me and I have learnt lots of things along the way.” *Autumn*

“I have a view of myself as going on and doing new things and working towards improving myself.” *Ceres*

“It was a ladder of learning, as you learn you experience different things and the changes take place.” *Hypatia*

“My whole life has been like this, that whenever there has been a crisis, they have always been in the end a big step forward.” *Gaia*

These comments by participants about their lives as a journey convey a sense of growth and maturation. It was also evident that participants viewed their life journeys as an open-ended process that held unknown potentialities. This probing of the unknown is part of participants’ long time habit of questioning traditional wisdom as they searched for

meaningful answers to their questions and it indicates that their lives may be seen as a type of personal quest for understanding.

“I am a questioner and I don’t believe anyone who comes to me and tells me they have the truth. No one has, they don’t have all the truth.” *Minerva*

“You operate on the basis of what your life’s view is at that point but knowing quite well that other things can open up because you haven’t experienced everything.”

Hypatia

This robust belief of participants that they were still on a path of learning and growth, and that no one could claim possession of all there is to know in life, seemed to contribute to a certain resiliency, as Gaia said:

“You can’t despair because that would mean that you knew what was going to happen in the future and none of us does.” *Gaia*

Within the context of this journey, participants described a process of spiritual evolution and personal growth as they negotiated a dual commitment to inwardly-focused concerns for identity and self expression and an externally-directed drive towards relationships and social issues. It will be shown that participants’ early religious and spiritual affiliations often impacted powerfully on the journeys they took and the women that they became.

The life journey that most participants described related to personal, spiritual, and increasingly political concerns. It seems to have been the case that SO participants’ search for

truth provided the impetus that propelled their growth away from the conventional and often sexist teachings of religion and towards a more personal and ‘adult’ understanding. In the next section it becomes apparent that leaving their religion, or the “church” as most participants termed it, was a key part of their journey towards personal growth. It is therefore useful to understand the ways that participants came to break away from their churches because this process helped to form their current views on successful ageing. Each of the women began their spiritual journey from the security of a church whose fundamental precepts most of them, as children and young women, had little reason to seriously doubt.

It will be shown that participants did not make this profound change lightly but after deep thought and often long consideration and painful experiences. This journey away from the influence of their respective churches was a complex one because in the first instance each participant had enjoyed a positive relationship with her religion.

“I can remember when I joined the church that it was the ultimate place; that everyone would come to see that Christianity was the best thing.” *Hypatia*

“The church had been my family; had given me so much of my inner strength and now I was choosing to move away from the rigidness of the religious structure.” *Autumn*

However, alongside an early strong affiliation with their church most participants spoke of having a growing habit of questioning and challenging its beliefs and precepts that seemed to them to be illogical and/or unjust.

“When I was very young I ... had liberal minded ministers and I used to be very questioning of them and challenged them on things like the virgin birth.” *Hypatia*

As indicated by Hypatia in this excerpt, some ministers were comfortable with such questioning, but other participants found their church leaders much less flexible, as for example, in the following excerpts from Gaia. Gaia had begun to question the church as a teenager and found she couldn't get satisfactory answers to her questions:

“I asked them about what about the Buddhists and Hindus; Are they going to go to hell? And they couldn't answer me. I started asking that sort of question.” *Gaia*

Gaia left the church while in her mid teens, during Laslett's (1989) 'first age' of life, but the other participants remained in the church until their middle years or the 'second age', at which time a range of issues precipitated their leaving. However, up till then, they continued to challenge their religion from within its structures.

“I did question a lot, when we were going to [X church] ... I thought, 'Why do women have to wear hats to church?' so I started not wearing a hat, so I was a renegade to start with.” *Minerva*

Minerva was evidently pleased that she had been able to carry out her own rebellions on matters of personal choice in her younger years. She said that she had also begun to wear slacks instead of skirts at a time when that was considered almost unacceptable within her

church circle. Other participants described becoming increasingly frustrated when they could not find answers to their questions or even the room to discuss them with other church people.

“I would go home from the church service and would want to talk about what had been raised because often it raised more questions than it had answered.” *Nike*

“I would start conversations with the people in the church and they would say, ‘That is too deep for me, I don’t think about things like that’. And when I tried to talk to the minister he would say, ‘That is philosophising’; he didn’t recognise that it was me expressing my inner experience and attempting to put words to it.” *Ishtar*

Bouma (2000) has argued that spirituality can be expressed in the form of discussion and debate about religious texts and dialogue and the failure to obtain this from their churches was clearly frustrating for some participants. The participants reacted in various ways to these kinds of restrictions. Some appeared to have become initially saddened and isolated by such experiences and others reported becoming increasingly impatient of the external authority of the church that seemed to attempt to place a straightjacket over their personal beliefs and sense of self. Greene (2003) urged that we study these kinds of changes in women’s lives over their life span because they demonstrate that despite the constraints of society and culture women are able take actions to become more empowered and to improve their lives. Browne (1998) argued that as women act to challenge different kinds of oppression in their lives they become increasingly empowered and there is evidence to support this view in the following extracts:

“Something I realised when I did women’s studies is that women have been defined by men ... and what feminism brought to me was that women were defining themselves ... the only way I could be defined was to be self-defining.” *Minerva*

“I don’t want to sound arrogant, but I think that most of my decisions about my life I have to make myself, depending on my ability to make decisions, and not on someone else who may or may not exist.” *Hypatia*

“To have people preach to me or hold a view that were other authorities that ... have a greater power than my own self knowledge didn’t sit with me. I believed that I had to trust what I learnt myself.” *Ceres*

“It is partly a reaction to Christianity that I am trying to undo to be free and open and look at, this is what it means, this is how it happens, this is what I can do to make it happen.” *Nike*

“The spirituality was within me; it was not the property of the church. It was not the church saying this is what you are but it is me.” *Autumn*

Browne (1998) postulated that self-definition by women can be a sign that they are refusing to be objectified and stereotyped in the traditional ways, as the subject to sexist stereotyping and repressive social practices. For some participants, as demonstrated by the previous excerpts, feminist insights and criticism of patriarchal religions stimulated the kind of self definition and independent thinking that Browne has described, as has Moane (1999).

Browne (1998) and Moane (1999) argued that for midlife and older women past the ages of youthful attraction and reproductive powers, traditionally very few life or paid work options were seen as socially appropriate. For example, several women in the study reported that they were not permitted to continue with their employment or training after they were married. This ruling, they said, was the norm for work in the public service and for teaching and nursing careers in Australia up to the 1950s and often into the 60s.

For most of the SO participants, their growing intellectual unease with religious teaching and doubts about bowing to an external authority provided fertile ground for the new understandings of the movements for racial equality, women's liberation, and protests against the Vietnam war in the '60s and '70s. Through the media, and other outlets such as their reading and participation in discussion groups, women began to demand change. All but one of the SO participants (Nike) discussed reading a feminist critique of religion called *Beyond God the Father* by Mary Daly (1973) and how they were inspired and empowered by it. This book was widely read and was very influential in causing a number of Christian women to decide that their churches were sexist and exploitative of women. Minerva described Daly's influence on her in the following terms:

“Mary Daly says ... ‘once you have seen feminism you are never the same again and once you have accepted feminism you are never the same’; and it is quite true. It is a whole new lifestyle.” *Minerva*

“I read it by myself and I would have loved to have read it with other people because it was a huge changing process for me.” *Ishtar*

Although she had already left the church well before publication of this book, Gaia also said that Daly had a strong impact on her and she found Daly's thinking had changed her understanding of the way language is used in our society.

“She dissects language and she demonstrates the masculine bias of our entire language.” *Gaia*

Other participants also found that feminist thinking had a profound effect on their lives:

“I have explored feminism and that naturally impacts on my understanding of my religion because Christianity has its patriarchs and once you start looking at that it shakes the foundations of everything.” *Ceres*

“I would say that feminist thinking has been the strongest motivating force in my life; looking back the one that has brought the biggest changes in my life.” *Minerva*

The combination of struggling to deal with what they found to be irrational religious beliefs, and the raising of women's consciousness through feminist ideas (and also the influences of Liberation Theology and the Vietnam War protests) in the wider society, gradually worked to make religion irrelevant for most SO participants. Their questioning and challenges of issues raised were expressed in statements like the following from Hypatia and Minerva:

“1975 was the watershed for women and we started up questioning the role of women in the church, that was the first thing.” *Minerva*

“Then the feminist movement came along and that made me ask even more questions.” *Hypatia*

“I can’t go along with this stuff that somehow or other he rose from the dead and that he is now in heaven somewhere with God and we have to worship him and what is all this stuff about worshipping Gods?” *Hypatia*

Hypatia’s dislike of hierarchical religious precepts (e.g., the idea of a “Higher Power”) is in keeping with the views of most SO focus group participants and with their predilection for independence and autonomy. This is reflected in their scores on the Autonomy sub-scale and on the sub-scale for sub-scale for Relationship with a Higher Power. In addition to a rejection of religious hierarchies, the advent of feminist thinking meant that it became possible for many women to see a darker misogyny behind some of the ideas that might previously have seemed to be just the customary irrationality of religious beliefs. Feminist thinking also led some participants to seriously challenge the anti-woman nature of many church teachings.

“I don’t see why Mary had to be a virgin either. That is ridiculous because women were considered tainted and He couldn’t have a human birth because she was sinful.” *Minerva*

One result of this increase in participants' feminist consciousness was that some were placed on a collision course with the often sexist practices of their church and/or its officials as in the following excerpt:

“I stood up in the church and read all the readings with she/God, and people/she, daughters instead of sons and the minister said I wasn't allowed to read any more ... I decided within a few months of that to leave because I had reached a point where I wanted to speak and I was being prevented.” *Ishtar*

In spite of the fact that Ishtar's church had had some women ministers she, and a number of others, clashed with the male bias of the language and often with male ministers as well. In reaction to these kinds of pressures, Ishtar and a number of others became interested in an alternative Goddess centred spiritual path. As Autumn said:

“It was a mixture of church women and non-church women feminists who were perhaps picking up on the Goddess theme; it was basically women who were looking for something other than the patriarchal spirituality.” *Autumn*

This exodus from the church towards non patriarchal forms of spirituality has been in discussed in the work of Tacey (1995, 2003) and in more personal detail by Gaia (2003). This was a period of social turmoil, and although feminist ideas and Daly's writings (1973, 1978) in particular, were an important catalyst for many women and for most of the participants in precipitating their leaving the church, this was not the case for everyone. Nike for example said:

“I had been much more influenced by what I would call broadly liberation theology so it wasn’t specifically feminist but it had a lot of the components that I see in feminism.” *Nike*

Nike’s point about the similarities between feminism and movements for the rights of socially oppressed or colonised people, such as Indigenous Australians and black Americans, has been powerfully made by Moane (1999). Her book is concerned with the similarities between the oppression that is perpetrated by colonialism and that of system-wide gender inequity against women. In fact for most participants, the move away from the church was influenced by feminism and/or through combinations of the various ideologies of liberation and social justice that informed the thinking of many Australians in the 1960s and ‘70s. In addition to the broad effects of these newer socio-political influences on the way women understood their roles in society, most women also spoke of individual incidents that provided the final impetus that led them to turn their back on their religions.

Several participants said they experienced a moral and/or an intellectual vacuum in their churches and most were uncomfortable with the authoritarianism, sexist language, and beliefs of the church hierarchy. Participants said this was also reflected in the prayers, the language, the stories, the hymns, and the bible, while others spoke of having issues with hypocrisy in their church attendance. For example, Autumn reported that she stood up in church and announced she was leaving because:

“I saw a particular friend of mine, a young minister who was in that [church] absolutely backstabbed, and I was devastated as was he and I was so in agony that I ... left, just like that.” *Autumn*

Here Autumn had evidently had problems with what she saw as the hypocrisy of “un-Christian” injustice perpetrated by religious people; it was this violation of key religious values that precipitated her leaving the church. It was also evident however that this trigger incident that led to leaving the church was preceded by a long period of consideration and thought on Autumn’s part:

“The structure of the church was strangling my spirituality and it took me a very long time to decide. When I finally said, ‘Yes, I am going to leave the structure of the church’, [there] was the sense of my spirituality having the chance then to be free.” *Autumn*

Nike also described encountering hypocrisy in the church when she was going through a personal crisis and said she had felt very alone and unsupported in her church community:

“And they sang a hymn, ‘They will know we are Christians by our love’ and I thought ‘blow you they wouldn’t’; because ... I didn’t feel I was loved by those people saying they were Christians.” *Nike*

In this case, love, a core value of Christianity, was not shown by the community during a time of trauma for Nike and it was this hypocrisy which finally severed the bonds of her

religious affiliation. Minerva also cited hypocrisy as precipitating her departure from the church; but for her it was feeling that, if she continued to take part in church rituals without believing in them, it would be she herself who would be acting inauthentically:

“I thought, ‘Well, here I am. I don’t want to be a hypocrite and I am being one if I sit there and say the Lord’s Prayer and the Creed knowing that I don’t bloody well think it and believe in it.’” *Minerva*

It seems that their life-long habits of questioning and challenging in pursuit of truth meant that participants strongly valued authenticity for themselves and, as self-defined women; they were no longer willing to accept or compromise with the empty, irrational, or sexist practices they found in their churches. This process is very much one of personal, psychological, and spiritual growth and may be likened to a part of a journey of identity-formation and maturation; as Autumn said:

“I don’t need the church. It is like the child moving away from the parents.” *Autumn*

There is a sense that Ishtar also outgrew a religion in which some ministers required an almost childlike compliance with sexist mores and patriarchal authority figures:

“He [the minister] was just used to being a powerful person and I just related to him like an equal and he used to get very angry with me.” *Ishtar*

“The Reverend ‘X’ left. He was dying of lung cancer and they moved him to a country parish and the guy who came in was very high church and very authoritarian.” *Gaia*

Like some of the other participants, Gaia had found herself at odds with a patriarchal church minister and soon after he arrived she had left the church. Each of the participants described the ways they had questioned the church and found it wanting in a different way from each other participant. Although all of the SO participants had left the church, they did not give up their valuing of spirituality and continued to stress the importance of being true to their values and their own understanding of the right path for them. Some of the key common factors in their journeys through life and away from the church were participants’ independent thinking, their search for authenticity and equality, and the wish to be self-defined. This process developed and strengthened a sense of agency and autonomy that continued to be manifested over many years and was integral to their life journeys.

The strongly-felt early religious beliefs of most SO participants intensified their emotions, both positive and negative, when they left their churches. These events were vividly remembered; they made an impact on life and identity and they served as a rite of passage from which most seemed to feel that there was no going back. These formative events influenced both the way that participants aged and how they spoke and thought about successful ageing.

7.3.2 Sub-Theme 1B: Successful ageing and well-being

For a number of participants who highlighted this issue, well-being ideally referred to a holistic balance. This balance was comprised of mental health, embracing life, agency, and adaptability, as well as spiritual well-being, access to nature, meditation, and good physical health – for some, through exercise and activity. All of the SO participants mentioned at least

some of these aspects of positive ageing. However, they did not all value them equally or speak of the different elements in the same way; there was much diversity. In the present section, the emphasis is on successful ageing as a holistic balance that included psychological health, embracing life, and accepting change. Other factors are meditation and good physical health via exercise and activity. One important aspect of these qualities is that nearly all of those interviewed displayed a strong sense of agency or self-directedness in the way that they spoke about their lives.

Sub-Theme 3B is part of the central theme of issues relating to personal agency (Theme 1) and the individual, and is chiefly concerned with ideas of successful ageing as the enactment of personal qualities such as agency and empowerment in order to make the best of one's life. A key focus of this sub-theme of agency and well-being is choosing to embrace life and adapt and flow with age-related changes, as shown in the excerpts that follow below. In these statements, participants also spoke of actively engaging in health-protective behaviours, both physical and mental. Most said that a pragmatic, flexible mental outlook was a key factor in achieving and experiencing a positive ageing experience, described in several different ways:

“A good part of ‘success’ has to do with one’s mental attitude; seeing ageing as a normal part of development as a human being ... but in no way stopping one from living a happy and productive life.” *Nike*

“Successful ageing means coming to terms with, and integrating intelligently, restrictions that the ageing process has on the body.” *Ishtar*

“It has to do with how you internalise and integrate the limitations.” *Ishtar*

“Being willing to adapt to what is happening [and] embrace it. I think ageing usually brings with it increasing limitations and that can lead to frustration; being able to change when you need to.” *Ceres*

“The first thing is to be able to let go of things, let go of regrets if you have any bodies wear out, memories start to fade, and you have to be prepared for the fact that age is a natural part of the cycle.” *Gaia*

These extracts point to a belief in personal agency and proactive behaviours on the part of participants. This takes the form of a belief that individuals can choose how they will react to life's changes as they grow older. There is also emphasis on the normality of ageing. In addition to agency, the importance of adaptability as a coping strategy for dealing with age-related changes was also evident in SO participants' comments throughout the interviews. The kinds of creative and philosophical adaptations to age-associated decline in capacity, as demonstrated in the previous excerpts, echo the processes encompassed in Baltes and Baltes' (1990) three component (SOC) model of successful ageing strategies. Erikson, Erikson, and Kivnick (1986) also reported similar comments from their older interviewees concerning the need to let go of some aspects of life as one reaches old age. In the following excerpts, participants again emphasised the importance of actively embracing a positive and flexible outlook. In this way they also demonstrated a conviction that individuals can make choices about how they will deal with what ageing brings them. In Gaia's words:

“There is a way to accept and tend to business.” *Gaia*

Gaia spoke further about this “way” of accepting in the following excerpt:

“It is your attitude to what you are going through, experiencing ... sometimes it is very much a sense of wonder and sometimes just curiosity because I am feeling shithouse and I wonder what is going to happen next.” *Gaia*

Here Gaia spoke of having the capacity to be feeling physically and even mentally out of sorts but nevertheless retaining a sense of curiosity about life that allowed her to persevere despite the trials she might encounter. This description of remaining curious and interested even though things might be bad conveys the sense that Gaia had existential well-being, resilience, and personal agency. Adaptability is implied in her apparent readiness to deal with “what is going to happen next”.

The adaptive ways of ageing expounded by Baltes and Baltes (1990) are said to be common to many who manage ageing in a positive ways. Baltes and Baltes argued that strategic adaptation to loss of capacity can work to promote optimal ageing in those who make choices to maximise their strengths and pragmatically adjust to age-related deficits that may be experienced from midlife up to the fourth age.

Several participants also mentioned good health as an important element of successful ageing, but it was spoken of much less frequently than was having a flexible mental attitude. The possession of good health seemed to be viewed more as an adjunct to successful ageing; that is, as a desirable other than essential component of positive ageing. The following excerpt illustrates the nuances of one participant’s ideas on what constitutes success in ageing:

“I am sure this [successful ageing] is more easily possible when one has good health, which I strongly believe is fostered by one’s inner attitudes, healthy diet, and appropriate exercise.” *Nike*

Nike’s comments here on staying healthy echoed some of Rowe and Kahn’s (1987; 1997) successful ageing criteria: that is, physical and mental health (without which they claimed that successful ageing cannot be achieved). However, as noted, for Nike, good health was not seen as essential; it simply made success “more easily possible”. Most SO interview participants did not specifically mention good physical health at all and, for Minerva, successful ageing, in the first instance, was as simple and clear cut as just being happy to be alive:

“That life still has the power to delight and surprise, and for me it still has.” *Minerva*

In this example, Minerva’s definition can be equated with quality of life and positive psychological well-being. This view need not be related to physical health at all but rather to spiritual and existential well-being, since her focus is on valuing the life one has.

Another source of spiritual and emotional well-being that most participants spoke about was nature. They related to nature in multiple ways. For most women, nature was part of their spirituality, and a source of healing and restoration, and a number of them also loved to garden. Thus, a concern with nature engaged both the personal and the spiritual interest of participants, providing a source of tranquility and/or spiritual connectedness. Ishtar and Ceres spoke at length about the way they interacted with nature as part of their spiritual lives and, while Minerva was clear that she did not go into the bush and “worship”, she did say of herself:

“You go out there [to nature] and connect, or even if you are in your own garden.” *Minerva*

“I can just be very moved by something beautiful in nature it can be anything from a flower to a scene, sometimes when I go walking I see something, I don’t think it is anything significant about the environment, but it feels being good being there, I like it, what it does; and how it does I don’t really know.” *Nike*

“I take time out in the natural situation and it totally and completely reinvigorates me and reconnects me with myself.” *Ishtar*

“I am becoming over the years increasingly aware of the world that is around me and so I take a great delight in suddenly seeing a beautiful flower or tree or whatever. It is not sappy but an awareness of life going on around me.” *Autumn*

Clearly nature is a source of quality of life and a way of sustaining well-being for participants. Overall, these ways of relating to nature were not equally present in all the women’s lives and they played out differently for each person. However, they all spoke about nature as a source of peace and health. Later, in the section on Theme 2, nature as focus of generativity is also discussed. Other aspects of well-being will be examined in the next section.

7.3.3 Sub-Theme 1C: Successful ageing and self expression

This sub-theme represents many kinds of expression including: the life of the mind, reading, philosophising, journal, poetry, and other writing; and expressing the self through: spirituality, singing, nature, ritual, art, speaking, music; and dance. The sub-theme of individual self expression arose from descriptions of the variety of participants' physical, mental, and emotional behaviours. These included a range of things that were differently emphasised in the lives of the women. Amongst the physical activities named were: gardening, walking, swimming, dancing, cycling, yoga, and different forms of exercise. Often these activities were imbued with a nurturing and or a spiritual resonance beyond the physical action alone:

“I believe that our bodies are an expression of the spirit and so I honour my body; I care for it and I practice yoga. ... I try to focus my attention whatever I am doing.”

Ceres

The importance participants placed on the value of all kinds of self expression to the process of ageing successfully is well summed up in the following excerpt from Ishtar, who gave a multi-layered view of ageing well:

“To be successfully old is ... to be continually self expressive of your spirituality, your thinking, your emotions, and of your physical [being].” *Ishtar*

Some expressive activities combined the physical and creative and/or emotional realms – for example, walking, music or singing – and these were able to be enjoyed alone (and sometimes in the company of others) in a range of different situations:

“When you are with a whole group of people and you sing together about something you passionately believe in – something happens that causes personal growth inside me.” *Ishtar*

“When I was the most troubled I have ever been, by going for a walk I came back feeling somewhat more at ease.” *Nike*

Gaia said her chief source of spiritual renewal and learning had been from nature:

“The natural world more than anything else; being alone with the forces of nature whether it is in a wood or forest, garden, or in the middle of a thunderstorm, or standing by a river.” *Gaia*

“Back in the days when I was continually feeling a bit disturbed then that is where the quieter, calming music was extremely important.” *Nike*

“Singing has always been a most important way in which I really constitute myself.” *Ishtar*

It is apparent that participants had found a range of ways of self expression, passive and active, that also acted as self-nurturing behaviours. Bouma (2000) wrote that these kinds of self expression are all valid ways through which people may choose to express their “spiritualities”. Other such activities involved different combinations of the emotional, mental, and/or spiritual realms; for example, reading and writing texts. Participants mentioned keeping journals and writing poetry, letters, stories, creating meaningful personal rituals, life stories, and family histories. According to Bouma (2000, p. 388), spirituality can also be expressed “through the study of text, discussion, [and] sharing of ideas about the meaning of life” as well as through rituals, music, and chanting. One SO participant preferred form of self expression was through the medium of words as indicated in the following excerpt:

“I had a great love of words even though I can’t use them when I need them. I can write and I love books.” *Nike*

Some participants used their words to teach and lead others and in the process found that they advanced in their own thinking:

“I have had to constantly express stuff in the small groups and places where I am leading in that way. I have to put into words what I believe and think and that causes spiritual growth and personal development.” *Ishtar*

Gaia went on to develop her own values and read widely to increase her understanding and seek answers to her questions.

“I evolved a sort of parallel value system I thought it was Christian but it incorporated, it went far beyond Christianity.” *Gaia*

Just as some of the other participants had done, Gaia spoke about a passionate commitment to authenticity and self expression that was nurtured by a yearning for understanding and driven by the desire to live a meaningful life. For this reason she had set herself an extensive program of personal study:

“If you are going to design or develop a life that fits and enables you to express yourself as fully as possible, then you need to have an overview of all the skills, all the philosophies, all the belief systems.” *Gaia*

Participants spoke of how their writing had helped them make sense of their ongoing journey in life: especially at times when they felt that life was difficult for them. For example, the period when she was deciding to leave the church was a stressful transitional time for Autumn and it was then:

“I really started writing because I found this was a way of getting all those thoughts out on paper and it helped me deal with it.” *Autumn*

Now, many years later, writing has continued to be a helpful habit for her and she is able to turn to her pen whenever she needs to:

“If anything worries me sufficiently I will sit down and try and write where I am and how I am feeling. So the writing becomes a mediation to try and work my way through whatever I need to do.” *Autumn*

“Journal writing helps me to look back to a time when I may have had a similar experience and what helped me then.” *Ceres*

In these examples, using words seems to be both a form of spiritual expression and also a form of self-therapy or spiritual/psychological healing for participants. The fact that they were able to work through their problems in these kinds of ways helped them to maintain purpose, meaning, and resilience in their lives, and may have contributed to their capacity to age successfully. Using language in these ways certainly appears to have promoted existential well-being, in the form of meaning, purpose, and the valuing of life, for participants. Writing was also shared within women’s groups. The following poem for example was written at home by Minerva and shared with a small women’s group that she had been part of for many years. Her poem is used here to conclude this section on individual self expression, because it represents both a passionate personal response to her growing feminist understanding of society and a call to other women to join with her and “damn social control.” Participants reported that writing was able to serve as a vehicle for communicating and creating personal and social liberation as well as a way of resolving problems.

SOCIAL CONTROL (Minerva)

1) To marry and breed
that's all we need.
To make us whole?
Or for social control?

4) And salvation of souls
what are their goals?
To make us whole?
Or for social control?

2) To be wife and mother
and always the other.
So we can be whole?
Or for social control?

5) Then there's the poor
let's give them more.
So they can be whole?
Or for social control?

3) Forbidding the pill
and abortion at will.
So we can be whole?
Or for social control?

6) So, sisters, come in
and spook, spark and spin,
So we can be whole
And damn social control.

7.4 Theme 2: Successful ageing as social value – relationships and generativity

The theme of social value has an emphasis on important relationships and the individual within her social context. Social value is not separate from the Personal Agency theme (Theme 1). Instead there is a considerable degree of overlap between the two areas. Theme 2 has three Sub-Themes: 2A) Close relationships and connections with others; Sub-theme 2B) Generativity as leadership and mentoring; and Sub-theme 2C) Activism and socially generative activities. The discussion of sub-theme 2A begins with participants' personal relationships at the micro level of society: for example, with members of their family and close friends.

7.4.1 Sub-Theme 2A: Close relationships and connections with others

There is a focus in this sub-theme on interpersonal connections and it was apparent that the interviewees valued highly their relationships with their families. Several participants spoke of helping their grown up children who had young families (especially if they were single parents) and others mentioned their pleasure in the fact that they had good relationships with their children. However, an overall understanding of the participants' relationship with their families seemed to be best represented by Autumn's remarks:

“Our children and our grandchildren are very important to us ... but we can also let them go and leave them to work out their own things. We are there for our kids if they need us; but we also have a life of our own.” *Autumn*

Ceres was clearly more involved on an everyday basis with her children and grandchildren because it happened that the need for this was greater. However, she described a process of

monitoring her own feelings and needs in such a way as to “manage” her generativity towards her family, first acknowledging:

“Children, I adore them and I adore being with them.” *Ceres*

However, she also indicated that she was able to step back from this giving of her energies if that process became burdensome or emotionally fraught.

“I try to keep that relationship with her a healthy one; but if I start to feel negative about her, or annoyed, or worried, then I try to find ways to deal with that so I can feel wholehearted in my relationships with her and her children.” *Ceres*

These comments suggest that Ceres was quite practiced at being able to distance herself (at least internally) when needs be and maintain a balance that was in the best interests of both herself and her loved ones. The capacity to readily step back indicated by these remarks may be related to the great importance that the SO participants placed on autonomy in their lives while at the same time nurturing many types of personally rewarding relationships including: friendship, marriage, family, community, and other social ties. Some participants helped to care for older or ailing partners and some to assist their offspring with caring for the grandchildren, and some did both. Overall participants did not speak much about their families other than to indicate that they valued the good relations that they had with them. In the following example Minerva indicated that such ties were an important aspect of her well-being:

“It is the support of friends that is important, family and friends, and I am lucky that I have good relationships with my daughters.” *Minerva*

This excerpt indicates the dual importance of both family and friends and is therefore a useful link to the next section which looks more closely at the role of friendships in participants’ lives. Besides their involvement in many separate groups and inter-connecting networks, six of the participants belonged to the same small group of friends that had come together around the time that they had begun to leave their respective churches. In this way many of the women who found that their churches were unable to live up to their important values (e.g., love, equality, and justice), or to support their needs to explore spiritual questions in depth, formed groups and networks with other disaffected women and developed a spiritual expression that was authentic for them. For some of the participants, such friendship groups seemed to provide the sense of coherence and family that they had once received from their church membership:

“I left my religion behind me but jumped to women and men who were exploring spirituality with a feminist understanding.” *Ceres*

“We used to be and still are, highly supportive of one another, very strong in our sharing, be it trivial or deep; we read lots of things together so there is an immense amount of sharing.” *Autumn*

Ishtar described feeling very isolated and alone as she strove to develop her spirituality within the church structures:

“I was alone with my feminism but also with my hunger to make practical and integrate everything that I thought and experienced and got from the Bible or sermons or whatever. So I found that in the women’s spirit group who also loved to examine and integrate ideas.” *Ishtar*

Participants spoke fondly of their friends and the many groups they belonged to and it was clear that good relationships with others were an important part of their positive ageing process. For many, the church had been their earliest and most valued group, where they had felt as welcome and sometimes more welcome than they had felt in their own homes. For this reason, leaving the church was a great wrench for some participants, as shown in the next excerpt from Autumn:

“I was very sad because I had many friends old and young in the church and none of them came and asked me why.” *Autumn*

Autumn also said that the big difference between her church-based support networks and her long term and closest support group is that, unlike the church which is about power and control over its members, her group is, “involved in giving power.”

Nike also spoke of finding new sources of support after leaving the church and said of her closest women’s support group that it represented:

“The whole thing of acceptance, being cared for, cared about, loving and trusting; they are all spiritual things to me and it is an important part of my life. I suppose in some ways it replaces the church.” *Nike*

Other participants also spoke of belonging to groups where they felt safe and, if they wished, free to explore and express their deepest selves. Browne (1998) believed that connections and friendships of these types can be seen as “sources of power and strength for older women” (pp. 220-221). Speaking of a larger women’s spiritual network with which she was affiliated, Ceres said:

“I am very involved there and find that a safe place in which to explore my spirituality ... and a support group from which to do things that I get passionate about.” *Ceres*

In the next excerpt, Autumn delved further into some of the ways that members of her group were able help each other:

“We give an enormous amount of emotional support to each other and we do a lot of things together ... and the depths that we can share, because we have that relationship, is fantastic.” *Autumn*

For Autumn, her most important and close-knit group was not just a place to feel good and share happy things; she also spoke of the members' capacity to be there for each other in times of deep trouble and pain:

“The [group] has been ... the place where I have gone to do my weeping and wailing and gnashing of teeth. ... And they took it all, kept it, and nurtured me through that time.” *Autumn*

Autumn said that, because of the foundation of support this group provided, the members had been “enabled” to move out and join individually other groups of women in a range of different areas of interest that had further enriched their lives. This view was also supported by comments from Minerva, Ceres, Ishtar, and Hypatia, as evidenced when they spoke of the activities that they had undertaken within the different groups they belonged to.

One of the ways that the participants expressed their changing understanding of society was through their writing. Minerva’s poem on social control, presented at the conclusion of the discussion of Sub-Theme 1C in this chapter, is an example of this. With its call to the ‘sisters’ to join together and be whole, this poem also points to the strength that women were finding by uniting together in friendships, groups, and wider networks. As mentioned in Theme 1, one aspect of their lives that some participants had found frustrating as active members of religious faiths, was the lack of like-minded people with whom to question and debate important issues.

The life of the mind was clearly very important to participants, including the right to challenge and argue, and these activities had been severely truncated in most of the religious environments that they had experienced. As noted earlier in this chapter, Ishtar spoke of her frustration when she tried to explore the depths of her interest in spiritual matters within church settings and said that she often felt lonely whilst there, but had assumed that loneliness was just how things were. As a result of feeling intellectually isolated, Ishtar said that she became a “book feminist”, on her own, thinking and reading within the context of a church that she felt increasingly out of touch with. Eventually she became part of a wider, spiritually

oriented, network of women who were also incorporating feminist ideas into their lives and her need to “philosophise” was finally met. A number of participants spoke of their need to think freely and explore concepts in depth without constraint:

“I found that in the women’s spirit group who also loved to examine and think and integrate ideas.” *Ishtar*

In a similar vein to Ishtar, Minerva also found great intellectual satisfaction and companionship in the close networks and meetings that she attended. She calculated that she attended 24 meetings a year on a regular basis, as well as others of a more ad hoc nature, and, in her words:

“You need to have a group who understands what you are on about so that you can freely discuss your ideas.” *Minerva*

The patterns of their lives that participants described in this section were about moving from personal struggles with the status quo within their religions to form strong friendships with other women (Ceres also mentioned that some men had also made this change) who had become disillusioned with religion. All of these participants had gone on to become part of wider social and/or spiritual networks of women. In the next section, the focus moves from positive personal relationships with others to examining the way that participants expressed generativity towards others.

7.4.2 Sub-Theme 2B: Generativity as leadership and mentoring

Participants' generativity often took the form of leadership and mentoring activities. The following excerpts illustrate some of the ways that participants were empowered to give back in generative ways to younger generations and to address a range of social issues:

“I got up and said something in front of a group of how ever many people, and disagreed with something someone said. And that is the last thing I would normally do.” *Nike*

“When I did the women’s studies course ... I talked very freely about the [‘X’] circle group and was able to share [knowledge] in that I was considerably older than most of the women doing the course; and to some degree became the wise woman of the group. I had so many stories that I could tell ... the same thing happened with the jobs.”
Autumn

“I can lead groups. I am comfortable in that leadership role and that came from my early Christian stuff but also from the women’s spirit stuff as well; I have taken a leading role in lots of places, which is developmental.” *Ishtar*

“I also found the deep need for ritual and for I suppose like-minded people, but I invariably found that when I went into a group I would eventually find myself in a leadership position ... because most of the women were younger.” *Gaia*

A number of researchers have commented on the benefits to well-being that accrue from generative behaviours (Erikson, Erikson, & Kivnik, 1986; Ryff & Singer, 1998a; Warburton & Gooch, 2007; Warburton, McLaughlin, & Pinsker 2006). It seems likely that, since participants conceived of successful ageing in terms of quality of life, and well-being, their own generative behaviours may have helped to create their personal successes in ageing. Several SO interviewees mentioned that their early motivation for, and beginnings of, community service had come from their Christian upbringing and socialisation. In the next section, participants' generative community and political activities are examined and their commitment to social change with the aim of making the world a more sustainable and equitable place for all people and for women in particular.

7.4.3 Sub-Theme 2C: Activism and socially generative activities

In regard to wider social matters, participants spoke passionately of contributing to issues that were to do with making the world a better place: for example, women's rights, social justice for all people, ecological issues, and anti-war and anti-nuclear causes. They described the ways that their sense of commitment to social change had begun early in their lives. Minerva for example, looked back to her early refusal to wear a hat to church and other small acts of protest that had laid the foundation for her strong questioning of social issues.

“So slowly these rebellions took place and then you started asking questions about other things not just about your religious life but about life in general.” *Minerva*

From these small beginnings, she has continued into her 80s to be an actively involved citizen, vigorously participating in the democratic society in which she lives; as she said of herself:

“Politics is very much part of me; I am a protester. ... I write letters to the paper that don’t always get in . . . People say, ‘What is the good you can’t change things?’ But if everyone did that, nothing would ever change.” *Minerva*

In the next excerpt there is an example of her endorsing a global focus of caring. In this case it had arisen from a policy that she said had originally come from a religious body that was seeking for ways to make the world a more sustainable place for all people:

“The decision of the Council of Churches was live simply so that others may simply live. ... This is revolutionary really.” *Minerva*

In a range of ways, and for various causes, participants described their passion to make a difference and their wish to work for the betterment of the world. This more politically oriented approach to social change is shown in the following set of excerpts, where participants made strong personal statements about their views on social justice and ecological issues.

“My views and hope for justice [are] an expression of my spirituality and I have been involved in the anti-nuclear debate.” *Ceres*

Gaia, like Ceres and some of the other participants, directly linked her social activism to her spiritual beliefs and affiliation, particularly in regard to ecology and the natural world:

“A spiritual life leads you to behave in certain ways and live in certain ways and not to live in others. It leads you to make very strong choices.” *Gaia*

The following excerpts show a number of the strong choices that Gaia is referring to that manifest in the way that she lives her life as a spiritual woman:

“If you believe for instance, that it is wrong or cruel to raise animals for domestic meat in the way that they are currently raised – then you don’t eat domestic meat.” *Gaia*

“If you really feel that water is precious, and in Adelaide we rely on a dying river, then what are you doing having 10 minute showers every morning? It is that simple.” *Gaia*

Gaia herself lived frugally, with great awareness of her impact on the environment, and she said she was careful not to waste water or to add to the burden that humans place on the earth, in so far as she can avoid doing so. Her suburban garden was intensively planted and watered from a rainwater tank and she grew much of her own food with surplus to exchange and share with others. When meeting with the researcher for coffee, she refused to go to a café that served customers with throw away containers, preferring a place that used only china cups.

Warburton and Gooch (2007) have also reported a strong impetus towards environmental generativity amongst older people in their recent study on this topic. This issue is also discussed by Kendig (2003). In the present study, participants’ generative activities included volunteering to help with worthwhile causes, including working tirelessly to care for the environment. Thus nature was a focus for politically informed thoughts and actions, such as living in ways that are sustainable for the planet and making efforts to reduce unsustainable

exploitation of natural resources. Minerva, for example, had strong political views on ecological and sustainability issues and she said that, even while still a member of the church, she had objected to Christian teachings which claimed:

“Man was born to rule the earth and all that is in it. ... Now the environmental movement questions all that.” *Minerva*

Minerva went on to cite a pioneer environmentalist, Helen Caldicott, whom she had known in the '70s, who had convinced her that, although feminism mattered, if the environment were destroyed then there would be no life for anyone. Minerva believed that the undeniable truth of these arguments had led many women to take up the cause of the environment as their religion. She herself was still active, in her 80s, in an activist group that worked for sustainable world food production and global equity. Thus, Minerva had a strong commitment to grass roots activism. Ceres said that she loved the bush, and often worked in both her own and community gardens, and that she aimed to garden every day. She said that she had planted many trees during her lifetime. There was also a political aspect to her love of nature:

“I have to say my concern about the environment comes in there ... I value the earth and all that is in it as a great gift and it is something that we must care for and it cares for us.” *Ceres*

Her wish to care for the earth also extended to political activism, as shown in the following excerpt:

“I would add my views and hope for justice as an expression of my spirituality, and I have been involved in the antinuclear debate ... it is [about] a relationship with the earth.” *Ceres*

For Ishtar, the earth is the Goddess personified; an age-old, female divinity that predates the usurping Judeo-Christian religions which now predominate in the western world. In Ishtar’s view, the existence of ancient women-oriented divinities is borne out in the archaeological finds of ancient Goddess figures, and there is certainly archeological evidence to support these views (Stone, 1984, 1976). For Ishtar, there was evidence for this view in the myriad legends and stories that have been passed down the years. These ideas are also expounded by authors such as Budapest (1989, 1991), Starhawk (1979, 1982), and Walker (1985). Ishtar said that she believed that the destructive exploitation of the natural world began when the nature-based Goddess spiritualities were overtaken by the Judeo-Christian religions:

“I just think that the Christian religion had to banish that in order to survive because it [a female divinity] was such an empowering thing for women.” *Ishtar*

In her view, this taking over of the Goddess spiritual beliefs by patriarchal religions had resulted in the:

“Marginalising of something that was primal and original and powerful.” *Ishtar*

For Ishtar the “living fact” was that nature is not a reflection of the Goddess; nature **is** the Goddess. This is how she explained her views:

“If I am beside the sea I just see the constant movement, the energy that is Goddess; when I look at the sky I see the limitless possibilities of Goddess; when I put my feet on the earth and look at structures I see the Goddess as a process of form – creative form and shape and structure and that is going on all the time.” *Ishtar*

Ishtar also argued that there are parallels between the thousands of years of religiously sanctioned oppression of women and the corresponding biblical mandate for humans to carry out the exploitation and destruction of the natural world. In her words, because nature is very much the Goddess, it presents an implicit threat to patriarchal power and therefore, “it has to be suppressed.”

This attitude that Ishtar spoke of can be seen in the common usage of language that speaks of conquering nature. For example, the Tibetans revere Mount Everest; their name for it is Chomolungma, meaning Goddess mother of the world (Dingle & Perry, 1986). However, by contrast, when Hillary initially climbed that mountain, one of the first things he reports having said after descending and rejoining the base team is, “we knocked the bastard off” (Hillary, 1975, p. 191).

This type of mainstream and traditional conquest attitude represents a stark contrast to the appreciative and respectful way that participants from both groups felt towards the natural world. Both Ishtar and Gaia’s form of political activism and generative protest included sharing and teaching their views about honouring the natural world and finding new ways to experience the sacred and to relate the earth in respectful ways. A number of the SO women in

this study had been active over many years in working to reinstate both a respect for the earth and respect for women of all ages. These kinds of activities are fundamentally generative in their potential impact on the earth and on all human beings. As already noted, Keyes and Ryff (1998) found that generative behaviour of all kinds predicts positive well-being; in this way generative participants are likely to be contributing to their own successful ageing process.

The kind of nature-focused activism Gaia engaged in occurred on several different levels; for example, Gaia's daily life was intensely focused on caring for the environment through living sustainably. She also had a long history of teaching others how to live that way. Gaia's nature-based sense of spirituality included a commitment to the environment and respect for the natural world that was all encompassing:

“It can't actually be dissected out; it can't be separated from things and everything is like that, everything, and, for me, the spiritual is not separated from the material; there is no division.” *Gaia*

Gaia argued that it was not defensible to eat meat that has been raised in a manner that is cruel to animals. For nine months of the previous year, she had used no mains water at all but had carried rainwater from her tank in buckets into her home. She had cultivated a permaculture garden that produced an abundance of food and she ran numerous community workshops to teach others these sustainable gardening techniques. In many regards, Gaia lived in very close touch with the natural world and it would be fair to say that she was, and is, one of the pioneer, urban, ecological warriors in all senses of the construct.

“I was doing all kinds of things. I was running ecology workshops ... a series of workshops in community centres around the metro area.” *Gaia*

For most SO participants, the natural world was an integral part of their spirituality, and all of them spoke of nature as a source of healing or a way to re-energise. *Gaia*, *Minerva*, *Ishtar*, and *Ceres* also spoke of having political views that were manifested as generativity in the form of taking up ecological causes and nurturing the health and sustainability of the planet.

The kind of passionate, generative, and thoughtful lives that these participants have led are in themselves a part of the process of ageing successfully and not only show how the participants understand successful ageing, but also reveal how they go about creating that success. Obviously many of these ways of being are not dependent on good health, however most of these women are still in their third age and thus by definition still in quite a functioning and well state. As already noted, participants’ seemed to place more emphasis on the use of Baltes and Baltes’s SOC strategies than on Rowe and Kahn’s criteria for successful ageing (1987, 1997). The next section will examine issues concerning the fourth age.

7.5 Theme 3: Successful ageing and fourth age issues

Theme 3 is made up of three sub-themes that focus on participants’ hopes and fears concerning issues to do with the fourth age; these are listed and broadly described as follows: Sub-Theme 3A) Autonomy and agency in the fourth age; Sub-Theme 3B) Retaining essential identity/sense of selfhood; and Sub-theme 3C) Successful end of life, agency, and identity. The section on Theme 3 begins by looking at the importance participants placed on maintaining a sense of control over their lives in late life and frail old age.

7.5.1 Sub-Theme 3A: Autonomy and agency in the fourth age

When participants were asked about whether they had any fears about ageing, it is not surprising that several of them expressed concerns about retaining control and independence in later life. These are reasonable issues since, as discussed, the fourth age has been the focus of most of the negative stereotypes about ageing. Ishtar and Hypatia, for example, both mentioned a fear that poor health could render them dependent on others:

“I fear the loss of independence, the need to constantly ask for help and having people have to be very intrusive into care of myself. I am trusting that I will be healthy ... right to the very last.” *Ishtar*

“If I get sick then I am an old grump ... I think the thing about that is that I would be crabby because I wanted to deal with the thing myself and not have people do things for me.” *Hypatia*

This concern with maintaining independence when frail or ill may be in part due to a wish not to burden others; as Minerva said, when advancing arguments for euthanasia, diseases such as Alzheimer’s, although apparently painless for the sufferer, place too great a burden on the surviving friends and family:

“I know people with Alzheimer’s don’t know; it is the people who are left to care for them [who suffer].” *Minerva*

Other qualitative, gerontological, studies have also found that not wanting to impose on their families is a strong concern for older people in Australia (Minichiello, Browne, and Kendig, 2000). Syme (2008) has pointed out that the wish not to be a burden on loved ones is one of the major reasons for people to wish to hasten their death when they are becoming dependent through old age and/or illness. He notes that this is particularly true of women who are in the front line of caring for their dying parents and spouses and know exactly what a burden care-giving can be. In addition to this concern to spare trouble for others, it was evident that an important part of participants' wish to remain independent was also to do with them wanting to retain the hard-won autonomy and control that they had fought for through their whole lives. They did not want to relinquish the right of choice or to have to do things against their will in their fourth age; as Hypatia said of her suburban home, "I do fear having to move away from here."

Like the SO focus group participants, most of the SO interviewees wanted to avoid nursing homes if at all possible, as shown in the following excerpts. Nike for example gave several instances of insensitive personal care and lack of control that had occurred to a good friend of hers who had recently died in institutional care. She described these events with remarks like the following:

"Would people do that to me and I have no say? ... She was unable to control that and they were doing things to her that I knew she would hate. That is the sort of thing I am afraid of." *Nike*

Nike said that one particular aspect of this insensitive caring process became evident when the dying woman's daughter had phoned Nike because she was unhappy that the nursing staff continually turned up the music volume in her mother's room. Nike herself was very fond of classical music played softly, as also was her friend, of whom Nike said, "She hated loud music." Nike's tone indicated that she keenly felt both the indignity and the intrusion that loud, unwanted music could present to someone in their final weeks of life. For Gaia this issue was also about personal autonomy:

"I would also fear becoming under the control of someone with a different value system and I can't imagine that I could go into a nursing home and live as I live now." *Gaia*

Life in a nursing home would have been especially worrisome for Gaia because her whole life was premised on living sustainably in an ecologically sound way, saving water and growing her own food – actions that are hardly conceivable in a nursing home environment.

7.5.2 Sub-Theme 3B: Retaining essential identity/sense of selfhood

Several SO interviewees equated the maintenance of their essential self or personal identity with successful ageing. This position has aspects in common with the views of several in the SR focus group, who spoke of retaining their sense of who they were as an important aspect of ageing well. The next participant spoke about these issues in terms of being able to accept what comes with the ageing process and not getting angry about changes that are inevitable but may not be easy or pleasant.

“You are going to get old and get more wrinkles than ever and find it harder to walk and breathe, well just go with it. ... I think that is a big challenge and I hope I can do it. I get pretty grumpy when I feel bad.” *Hypatia*

Hypatia gave an example of this kind of challenge that occurred when she had recently participated in a group exercise class but had felt that the instructions were not compatible with some of her health issues, so sometimes she chose a different exercise or opted instead to jog on the spot:

“I figure I am old, maybe I [can] choose to do these things and not have to join in something that doesn't suit me; but then I had this horrible feeling that I was being an old grouch.” *Hypatia*

For Hypatia, the physical limits that came with ageing brought accompanying worries that these changes would bring with them an alteration of the type of person that she believed herself to be. She described her frustration with feeling slowed down and the knowledge that she would experience increasing feebleness but, she said, “I am trying not to let it make me too nasty.”

Autumn also spoke about the importance of maintaining her identity; this was something she considered possible even despite potentially devastating health issues, as shown in her response to the question “what does successful ageing mean to you?”

“Me being who I am right to the very end.” *Autumn*

So not having Alzheimer's or something like that?" *Interviewer*

"Well, preferably not, no, but the essence of me being there right to the end." *Autumn*

She then went on to discuss a memoir written by a daughter about caring for her mother, a well-known public figure (Hazel Hawke) who has suffered from Alzheimer's disease for several years. Autumn, whose own mother also suffered from Alzheimer's, was struck by this account, especially in relationship to Hazel Hawke being described as having retained her identity:

"Losing some of the essential essence of herself but still a lot of it being there, her feistiness and sense of humour, her ability to care about other people – these are fundamental things about a person that hopefully will never be lost and in me will never be lost. I don't know if they will but I hope they won't because I think once they are lost there is no point in living."

Autumn

Based partly on her own personal family experience, and also on this account by Pieters-Hawke and Flynn (2004) about Hazel Hawke's journey with Alzheimer's, Autumn believed that some of the essential characteristics of a person's identity could survive this devastating disease. In her view, successful ageing required this as a minimum and she was very clear that once her essential identity was lost, she had no wish to continue with life. Greene (2003) has written about the self as being paradoxically something that changes over time and something that endures over time. Using this understanding of the concept of self, Autumn can be seen to

be saying here that if the changes or losses in her enduring sense of who she is became too great, then a point could be reached beyond which life would not be worth living. If Autumn's baseline criterion for successful ageing required only a sense of selfhood, then she evidently considered that this state may continue well into the fourth age. In this respect her idea of successful ageing echoed that of the SR focus group participants and appears to go far beyond what any of the mainstream theorists discussed in this thesis might designate as "successful".

Autumn's views seem to be pointing towards an understanding of successful ageing that is much more positive and hopeful than those theories that write off the fourth age as hardly worth living (Baltes & Baltes, 1990; Baltes & Smith, 2003; Laslett, 1989; Rowe & Kahn, 1997). However, as shown in Sub-Theme 3C (below) Autumn, too, had a cut-off point at which time she felt successful ageing had ceased. In the next section, participants' views on issues related to the final phase of life will be explored further.

7.5.3 Sub-Theme 3C: Successful end-of-life, agency, and identity

Most of the SO participants had strong views on issues relating to the last phase of their lives, and Autumn was one of the most articulate, particularly on the subject of euthanasia:

"I say strongly to my family, life itself is important to me, but if it is a life without quality then it is a life not worth living. So euthanasia is very much on my agenda."

Autumn

In this excerpt Autumn named quality of life as the most fundamental requirement for ageing successfully, or even wanting to continue to be alive, and this she said (see previous section) was dependent upon retaining one's essential identity or selfhood. She was also

concerned that extending life beyond that point would be a waste of the limited resources available to spend on health:

“The money that is spent on keeping vegetables alive could be put to so much better use for people who have a life yet to live.” *Autumn*

These excerpts show that Autumn believed that there were quality of life as well as economic reasons for allowing euthanasia when people have reached a stage where they are in a ‘vegetative condition’. It is interesting to note there is a degree of support for this view in a recent memoir by a former surgeon (Khadra, 2007) who has claimed that the larger Australian public hospitals allocate around 70% of their spending on patients who do not live more than six months and that often these treatments only prolong a poor quality of life at the cost of great suffering. It is hardly surprising, then, that some participants were anxious to avoid going down that particular path. Sometimes these kinds of issues arose from participants’ responses to questions on successful ageing and sometimes, as in the following excerpts, to questions asking whether they had any particular fears about ageing or growing older:

“Yes, we often say to each other, ‘Gosh, I hope we drop dead.’ Both my [close relatives] dropped dead which I thought was wonderful because he died ... and his wife died of a heart attack, almost the same, and I think that would be wonderful but whether that would happen.” *Minerva*

In this excerpt Minerva described a situation where some close older relatives had died while they were out and about doing the things that they loved in life and she yearned to have

a similar kind of end for herself and her husband. For her, the ideal would be to “die in harness” like them, but, since she considered such good fortune to be unlikely, she then went on to say:

“I believe in euthanasia. Someone should have the right to choose when it is time for them to die and do so with dignity and in a humanitarian and loving way.” *Minerva*

Minerva’s concerns are no doubt well founded, as evidenced by several medical doctors who have argued passionately against the inhumanity of the current provisions in Australia for dying patients (Khadra, 2007; Syme, 2008). Furthermore, according to Baltes and Smith (2003), for many, the fourth age is a time when: “a strong expression of human rights and human dignity – as expressed in a sense of psychological control and personal identity – is increasingly infringed” (p. 130). In a similar vein Khadra (2007) argued for a related matter: that is, the issue of “not for resuscitation orders” (NFR), which are often arguably warranted, but not implemented. Instead slowly dying patients are kept alive for months in hospitals sustained by extreme and very expensive medical procedures. At such times, Khadra argued: “Letting nature take its course is sometimes the only natural and humane way for life to be extinguished before dignity is lost” (p. 22).

In addition to the argument that people should have the right to die in a humanitarian way and with dignity, Minerva acknowledged that society was afraid of allowing euthanasia. She also argued that such things occurred anyway:

“People are frightened of misuse. I know that doctors do it now. They hurry it up now to ease suffering.” *Minerva*

In this extract Minerva implies that pain reducing medications are used in a covert manner in current times to hasten death. Nike also said that she was an advocate of the right to have euthanasia and like Autumn she spoke about quality of life as a determinant for her to want to go on living and also of her wish to have some autonomy over her end-of-life decision making.

“It is a control thing. I would not want to be kept alive when quality of life was so poor just for the sake of being kept alive.” *Nike*

Both Nike and Minerva had had long term connections with the medical profession and they spoke from a degree of personal knowledge of end-of-life events. These kinds of concerns for retaining control right up to the end of life may not be uncommon. As Syme (2008) reported: “Of all the reasons for requests for medical assistance in dying, the desire for control is the most common and the most profound” (p. 145). Syme (2008) argued that this issue is a legal minefield and one that is very difficult for compassionate medical staff to deal with. However, like Minerva, Nike also believed that unofficial euthanasia was a common event in our society:

“Anyway they already practice it. They know that by giving a certain dose the chances of a person going are pretty high, but they give it as pain relief and that is okay.” *Nike*

In the next excerpt, Gaia linked the elements of nature, natural death, and peace when she described the way that she would like to end her time on earth:

“What would be the ideal death is sufficient notice to be able to put my garden lounge underneath the fig and avocado trees and to lay there and quietly go to sleep and it wouldn’t matter whether there was anyone there or not. I have no fear of dying alone and I wouldn’t be alone. I would be with the trees, birds and lizards, the butterflies and everything else that is in my garden ... that is very much my ideal, dying outdoors.” *Gaia*

Gaia also said that she wanted the “choice to die with dignity” and that she was a life member of the voluntary euthanasia society. In her view the main opposition to euthanasia came not, as one might expect, from religious people, but from the medical and retirement industries who have vested economic interests. Gaia directed the researcher to the SAVES website which she said also had information about Christians who advocate for the right to euthanasia.

At present these kinds of views represent a legal and moral minefield for families and the medical and allied health professions concerned. Further research on this area will no doubt become increasingly warranted in order to gauge the depth of public feeling on these kinds of issues and put policies in place that support best practice outcomes for the well-being of both private individuals and health professionals. Anecdotally, stories already abound of baby boomers whose parents have said: “just let me go” (or worse) “help me to go”. Many ordinary citizens have to grapple with an intractable medical system whose default policy is to keep patients breathing for as long as possible, regardless of their prognosis and often against their wishes (Khadra, 2007; Syme, 2008).

For most participants, successful ageing included a successful end-of-life process; something that was different for each person. For some participants, successful ageing

included euthanasia or do not resuscitate orders. There can be little doubt that, as Callahan and McHorney (2003) postulated, some people may “age successfully but die unsuccessfully” (p. 389). This vexed issue has been the subject of several recent books and papers on the challenges of achieving a good death in our society (Bone, 2007; Kellehear, 2001; Khadra, 2007; Syme, 2008). This issue was an area of great concern for most participants. However, it should be noted that Hypatia, who was supporting a slowly dying partner to remain at home, did not advocate hastening death in anyway. Nor did Ishtar say that she wanted euthanasia for herself, though she did say that she supported the right of others to make that choice and would be prepared to assist them – she herself simply hoped to avoid having intrusive care in very old age.

7.6 Conclusions

The SO interviewee participants’ constructions of successful ageing and well-being in late life are overwhelmingly to do with a quality of life that is founded on issues such as autonomy and control; retention of identity; access to the natural world; open, positive attitudes (e.g., embracing, or at very least accepting, change, curiosity, and flexibility); and family, friendship, and community networks. These qualities, values, and generative behaviours can be seen to have developed over a lifetime of actions and choices. This discussion has given an indication of how much participants’ views of positive ageing were an integral part of the beliefs and behaviours enacted over their entire life spans. This is in line with the findings of Minichiello, Browne, and Kendig (2000), who reported that participants in their study “argue that being older is a continuum of the self from the past through the present, rather than someone new or different” (p. 274). In the present study, a number of participants said that they hoped for similar trajectories of continuity of identity: that is, to not change from the

essential person that they have been, when or if they reached very old age. Some participants felt that simply retaining their identity and/or dying on their own terms could equate to successful ageing regardless of poor health and functioning.

Only a few specifically spoke of good health as important. However, the overall picture participants painted of positive ageing is far more rich and complex than the primarily biomedical paradigm forwarded by Rowe and Kahn (1987, 1997, 1998), even though a number of participants clearly valued good health. Although SOC types of strategies were advocated by most participants, the viewpoints in this study also represent some very different understandings of successful ageing from those of mainstream theorists. It is relevant to note that in their comparison of the effectiveness of five models of successful ageing, Bowling and Iliffe (2006) found that the multidimensional lay-based model was the most powerful predictor of quality of life amongst older people. Arguably the lay differences from mainstream models have significant implications for issues of policy and planning and the delivery of services to our ageing population. Some of these implications will be considered further in the concluding chapter.

CHAPTER EIGHT: THEMATIC ANALYSIS OF SPIRITUAL AND RELIGIOUS (SR) INTERVIEWEES

8.1 Introduction

Chapter Eight once again presents three broadly similar central themes, which is probably a reflection of the similarities between the two sets of participants. There were also a number of differences between the SR and SO participants' views and beliefs.

8.2. Themes from descriptions of successful ageing and related issues:

As in the SO interview study (Chapter Seven), successful ageing for the SR women meant something different to each participant. For them too successful ageing comprised individual needs for independence and authenticity (Personal Agency); positive relationships with significant others and their communities (Social Value) and issues to do with the fourth age of life. The balance and weight of these elements varied between the individual women. As Bowling and Dieppe (2005) have pointed out, when lay people speak on successful ageing they tend to give several definitions of what is important to them, a pattern that is also evidenced by participants in this study.

8.3 Theme 1: Personal agency and successful ageing

Theme 1 has a focus on the relationship of Personal Agency to ageing successfully; it is made up of a number of Sub-Themes: 1A) Life as a journey; 1B) Successful ageing and well-being; and 1C) Successful ageing and the growth of political understanding. The discussion begins with Sub-Theme 1A. All but one participant spoke of viewing her own ageing as a process of personal growth on her journey through life.

8.3.1 Sub-Theme 1A: Personal agency – life as a journey

When describing successful ageing, most participants talked of both their spiritual and other life experiences through frequent use of growth, development, and journey imagery; as shown in the following extracts:

“I think you are growing all the time, and just as you grow physically, you grow spiritually if you really are seeking that understanding. And I guess I will be a seeker for the rest of my life.” *Deborah*

“God is always having me learn. I am on a constant spirit journey that never ends and every time I think I might have made it, I might have figured things out, something else happens. Where I have a whole new challenge on my hands that is part of daring to live this mystery and not close myself off to it.” *Eve*

Hildegard also said that her religious and spiritual beliefs had:

“Developed over my lifetime ... I was always taught to question, so it has been a wider sense of discovery.”

Expanding on this Hildegard went on to say:

“You see, I don’t think I can actually separate, for instance, between psychological growth and spiritual growth; so I would see spiritual growth as involving more and more awareness with whom I am as a person.” *Hildegard*

“I think it is a necessary part of your life to go through great fatigue and adverse emotions and almost, if not quite, despair before you make an advance.” *Sophia*

“I came to a point where I was thinking for myself instead of thinking what I was told to think.” *Lilith*

In the following extract, Lilith spoke of a combination of forging a personal path along with a commitment to being true to herself or authenticity:

“I was a biddable child and stayed biddable until ... I was in my 40s; and I worked it out that I didn’t believe all this stuff.” *Lilith*

“I had my own agenda and people I could discuss my ideas with and so on. I just had to find my own way. ... We all have to find our own way.” *Deborah*

These comments suggest that there is considerable sympathy or overlap between the views of interviewees from the two groups. However, it is notable that one participant did not see herself as on a journey and she did not use such imagery in speaking of herself – quite the contrary, as indicated in the following excerpt, which was Sarah’s first comment in response to questions about her religious and spiritual views:

“I would assess that if people are like me they don’t assess it [their religious and spiritual affiliations] for themselves properly, or not at all. They just take it for granted that what they have been doing all their life is it. I take it for granted I think.” *Sarah*

Seifert (2002) argued that the search for meaning, religion, and spirituality are not tied to the age of individuals but rather to their life events – tragedy, for example, propels the search for meaning, while a benign life may never trigger such a search. Sarah described having had just such a benign life, telling the researcher that she was the only child of comfortably-off parents and was married someone who was able to support her to the extent that, “I am proud to say I never worked a day in my life.”

Notwithstanding this statement, Sarah had clearly spent much of her life volunteering her time and energy for causes, many of which were related to women’s issues, within her sphere of activities. On the other hand, for most participants, personal growth and journey images formed important unifying metaphors linking different aspects of their lives. It can be seen from the extracts (above) that participants’ personal journeys often overlapped with their inner growth through spirituality and religion. As a metaphor for individuals’ experiences over their life span, the image of a journey often illuminates the importance that participants placed on authenticity in their lives. It has been argued that for women to be authentic they must have the courage to be self-defined and to take what they themselves have to say seriously (Browne, 1998). That is to say the authentic woman believes that she has something valuable to add to the social debate and/or to her personal sphere of action in life. Browne argued that for this to happen, women must stop internalising the responsibility for their social inequity by blaming

themselves. Instead they should become self affirming. The next section looks at how these older women derived well-being in their lives, despite their difficulties and challenges.

8.3.2 Sub-Theme: 1B: Successful ageing and well-being

When asked about successful ageing participants often spoke about issues to do with their sense of psychological and emotional well-being. In the same way that a number of the SO participants mentioned the importance of flexibility and adaptability as part of their definition of, and strategy for, successful ageing, Sarah also provided a pragmatic and concise construction of successful ageing as, “being sensible about it.” *Sarah*

For Sarah being ‘sensible’ as a part of successful ageing meant curtailing some of her preferred activities such as walking to the shops on a regular basis and this was something she really missed being able to do. This limitation had come about because her last venture alone to the shops had lead to her getting lost and now as she said:

“My big problem is that I can’t go for a proper walk. I can’t go to the shops. ... I have done it but I got lost on the way back. ... I ended up in a heap on a floor somewhere; my family was not impressed.” *Sarah*

Thus, Sarah was not being ‘sensible’ for its own sake but for reasons to do with cautiousness. The key issue here for Sarah was maintaining her independence. Fortunately her children called in every day to her home to support this in many practical ways. In addition, her church community provided other supports such as a lift on Sundays to and from religious services, which were very important to her. Sarah’s willingness to adjust her activities, in order to accommodate her age-associated loss of function, accords with the strategies

described by Baltes and Baltes' (1990) SOC model of adaptive ageing. By making choices to modify her activities in this way, Sarah was able to extend her time of independence and her ability to remain in her own home.

In fact all of the SR participants still lived in the community and several spoke of how maintaining independence through living in their own home was one of the key elements of successful ageing for them. The four oldest participants appeared to be aware that they were somewhat precariously holding on to their independence as age-related health concerns threatened to undermine their independence. Thus it may have been the spectre of fourth age-related problems that led to Sophia and Lilith speaking about the importance of maintaining their independence. Regardless of the reason, it was clear from the following comments that they guarded their autonomy in their ongoing daily life:

“I think once you start letting people do a lot more for you than you need doing for you then you're not going to thrive.” *Sophia*

“Keeping all my marbles is number one, being able to cope, look after myself.” *Lilith*

“As long as you are able to stay in your own home, which is something I treasure, I think I will be able to cope reasonably well.” *Lilith*

Some participants mentioned issues that touched on physical limitations and in that regard their concerns are aligned with the central criteria of Rowe and Kahn's (1987; 1997) biomedical model of successful ageing. Overall, for most SR interviewees, health did not seem to be nearly as important as other more spiritual and existential issues. However, some

participants had health issues that were potentially quite serious and could result in the loss of highly valued aspects of successful ageing such as independence, identity, or the maintenance of important relationships. These issues will be further examined during the course of this chapter.

Most of the four participants aged over 78, who were either in, or on the brink of, the fourth age made at least passing references to health issues, some quite serious. However, the three second and third age participants who had all commenced, or were well into their sixtieth decade, all seemed to be very active and in reasonably good health. Two of these women were currently in the workforce. Sophia's philosophical attitude in regard to her physical ailments, slowing down, and generally increasing frailty was quite typical of the way the older SR interviewees spoke about their own various health vulnerabilities – although they barely mentioned such things as important – but more as inconveniences. As Sophia said:

“The deterioration of your body is in the end inevitable ... you have to be prepared to meet that as it comes. I don't walk as well as I did and am not as well balanced. I am more dodderly and my spine sometimes feels it is on the verge of being completely broken but it probably isn't ... but there are ways of dealing with all these things.” *Sophia*

Health matters were often mentioned more as peripheral to, or as aspects of, other concerns rather than being in the forefront of successful ageing issues. Poor health, however, was feared as a destroyer of independence through the loss of capacities such as vision (leading to loss of reading and driving) or mobility (inability go shopping). But, since their independence was able to be sustained, sometimes through family support, or selectively optimising their

capacities as described by Baltes and Baltes (1990), participants tended to view their ageing as successful. This positive view about their ageing can be seen in the answers some of the participants gave when asked questions about whether they felt positive, or optimistic about their lives:

“I think that I have had a wonderful life in the opportunities and different places I have lived and different kinds of [volunteer] work that I have done.” *Deborah*

“My past had good things in it and bad things in it, but I am optimistic that whatever happens it will be okay.” *Miriam*

Most participants had a multi-layered view of successful ageing and different aspects of this emerged during their interviews. Amongst the first things that Sophia and Hildegard said in response to being asked what successful ageing meant to them were sentiments very similar to SO participant Minerva’s succinct and positive first response to that question:

“Continuing to enjoy being alive.” *Sophia*

“Living life to the fullest one is able ... a fulfilling life despite the limitations.” *Hildegard*

“I feel quite successfully ageing, myself thank you.” *Sarah*

Lilith's views which were not based on religion and Eve's very broad understanding of Christianity are also indicative of existential, as well as spiritual, well-being. In the following extract, Eve's beliefs about prayer show how this spiritual practice, together with her beliefs, supported her sense of well-being throughout her life:

“It is about being in touch with authenticity in my life, being in touch with what is happening in my journey and others' journeys and being able to stand present to that. ... It is daring to be present and to say yes to that kind of mystery in my life that makes it very clear that I am not in charge, that I am a creature of this mystery which is beyond time, beyond me and I am not in charge of it but I am in the midst. I am a real creature; an authentic creature; I am in dialogue with this mystery that is life.” *Eve*

Lilith also derived equanimity and purpose from her beliefs about a sense of having lived an authentic life and done it to the best of her ability as indicated in the following extract:

“The North American Indians believe if you live the right life you go to the Great Spirit with your eyes clear that you have lived a decent life and done the best you can.” *Lilith*

Subjective well-being and quality of life had many facets for participants and one of the strongest sources of subjective well-being that they spoke of was their feelings and experiences regarding the natural world and their gardens.

“I also love gardening, it is my form of exercise and I just enjoy the earth and the production that comes from the earth.” *Deborah*

“I love the garden; that’s a joy. It’s not a hard garden. You walk around it and everyday you see something new.” *Lilith*

“Even going out in the garden can do you good.” *Sophia*

“[I’d] probably go out in the garden if I was feeling low.” *Deborah*

“There is a big tree that grows outside of our place, a lemon-scented gum, and at certain times of the day on some days it is pink ... now I don’t always think about it but if I happen to see it I think, ‘Oh yes, the tree’ and that gives me great pleasure.” *Lilith*

For most participants, especially those who spoke most strongly about wanting to stay in their own home, gardens and the natural world were sources of ongoing positive experiences for them. Besides their gardens, participants also spoke about wider aspects of nature that were a source of joy for them.

“There was a full moon and watching the full moon fade out as the daylight came that I thought ‘surely that has some special significance’ and it made me feel all anticipatory and hopeful [laughing].” *Sophia*

“Looking at a rose or seeing so many beautiful diverse things around; I feel uplifted.”

Deborah

“I overlook a valley, and nothing gets in my way except the trees and the birds. So I have that long distance view where I can see several kilometers ... [it brings] calmness, peace; it is sort of a creeping in kind of peace.” *Miriam*

“If I can be out on the land, by the sea or whatever, I experience a lot of healing. It is like I am getting in sync with the rhythms of the universe. ... I love going down to the sea. Every time it is different. It reminds you of your own life; it is all different, everything is different.” *Eve*

In these excerpts participants described nature as a source of sustenance, nurture, healing, and joy. The following excerpts look at the ways that most of the participants received an affirmation of their faith through their association of nature with God and/or spiritual feelings. Hildegard spoke about her belief, which came from the Bible that everything in the world came from God; she related this to special experiences of nature that came to her and this knowledge intensified her feelings on such occasions.

“There is a biblical thing that says that grains in the sand and the small birds in the air, and everything comes from God. ... to me that means that every part of me was created by God and I am part of the greater creation so that experience [of nature] was one of deep peace and harmony. Part of me, while I felt part of this oneness, felt like I was nothing, but I didn't feel unimportant, I just felt part of it.” *Hildegard*

“[I] may be looking at the most awe inspiring sunset and I link that to God’s creation
... I think that the practice of my Christianity makes me more aware of those moments
in my life.” *Hildegard*

In a similar way Deborah spoke about the natural world as providing her with a reminder
of, “the way God made the world his existence.”

Both Deborah and Lilith also mentioned the pleasure they had gained from being outdoors
and painting the natural world and their walls were hung with attractive pictures that they had
painted. Sophia spoke of having a conviction that there was a kind of ordained “continuity”
between God and nature and she believed that this was something that could be found in
religious writings:

“I think it says in scripture at one point that certain things are written for our learning
and I sometimes think that sometimes applies to the whole of nature as far as religion
is concerned.” *Sophia*

Hildegard perhaps expressed the multi-layered benefits that nature conferred most
comprehensively in the following excerpt:

“One of my biggest spiritual experiences was standing on ... a narrow beach and huge
tall cliffs behind you and there was this raging surf coming towards you. And [long
pause] for me that was a humbling experience but also a harmonious experience of

seeing myself as just part of this great creation and realising the truth and power in creation, the power that I think comes from God.” *Hildegard*

In these ways the natural world can be seen to have strengthened participants in their religious beliefs and their appreciation of God as well as providing a sense of being healed, uplifted, and enriched in their daily lives. Only one participant said that she did not regard nature as linked to her sense of God or spirituality and that was Sarah; however even she seemed to gain some satisfaction and proof in believing that beautiful natural things came from God:

“When I see a rose or a baby, I think there must be a God.” *Sarah*

In addition, several participants also seemed to experience a sense of spiritual transcendence from being in nature without necessarily attributing it to their religious beliefs. Lilith, for example, did not speak of God or religion at all but described her experience of a spiritual, perhaps mystical, connection with the land.

“Just lying on the top of that hill hearing those birds and to me it was a marvelous place, red and gold, it was beautiful – feeling at one, like I belonged at that particular place in Central Australia.” *Lilith*

“A certain tree, I hope it is still there ... is my place. I used to sit under the tree and think this is me, this is where I belong; that is a nice feeling of belonging and being accepted and being part of it, and always will be.” *Lilith*

The benefits of nature mentioned by participants ranged from the pleasure that comes from a garden, to nature as a source of healing and positive feelings, nature as evidence of God, and nature as a source of a kind of mystical sense of oneness with all creation. Although all of the SR participants spoke appreciatively of nature and its beneficial effects on well-being, only Eve mentioned having concerns for the sustainability and ecological health of the earth and the need for people to be:

“Realising the ecological crisis that we are in as a globe and realising that after all we live on the earth. The earth is our water, food, and survival, and trying to get yourself in a different relationship with that land; other than using it.” *Eve*

On a personal level Eve made many small sacrifices in her life to ensure that she trod the earth with a low carbon footprint. This concern for the welfare of the planet can be seen as an example of Erikson’s (1950/1963) theory of ‘generativity’ or giving back in one’s mature years. In this case generativity is manifested through the wish to help preserve the planet for the benefit of future generations and plants and animals. Eve’s concern for the future sustainability of the earth both for its own sake and for the survival of future generations echoes the findings of Warburton and Gooch (2007) who found similar generative feelings about ecology amongst their older participants. Out of all the SR interviewees, only Eve spoke in a politically aware way of the problems confronting the natural world. However, other participants did speak of their growing political awareness of the position of women in society and the way they had worked to redress this and other social concerns.

8.3.3 Sub-Theme 1C: Successful ageing and the growth of political understanding

The final aspect of personal agency to be considered concerns the growth of an awareness in most participants that women were not getting a fair deal either in their churches or in the wider society. One of the effects of this growth in awareness was that participants were mobilised to work in numerous volunteer ways to improve opportunities partly for themselves but usually also for all women and often for all people. It has been found that these kinds of generative behaviours can work to improve the well-being of midlife and older people (Keyes & Ryff, 1998; McAdams, de St. Aubin, & Logan, 1993; Warburton & McLaughlin, 2006). It is therefore likely that their long term generative behaviours may have contributed to psychological well-being and quality of life for participants. In addition, Moane (1999) argued that social liberation and positive change begin the micro or personal level with a growth of individual awareness of social injustices, and several participants spoke about how this had happened in their lives. Sophia and Deborah spoke particularly of feeling disadvantaged in their younger days because of social inequities that discriminated against women:

“I wasn’t really aware that there was any need for feminism until quite late in my school life. I realised that boys had schools that had some opportunities that I wanted and didn’t have because I was a girl.” *Sophia*

“I never really noticed how patriarchal the [her] church’s ideas were until I got to the end of my university training and was looking around for a path in life ... I was really more interested in the church than anything else and it couldn’t have crossed your mind that you would study to be a priest then.” *Sophia*

As a high school student, Sophia had been frustrated because she was unable to study Greek, which was not offered at girls' schools, and later as a young woman she had yearned for a vocation in the priesthood, which was not possible within her particular religious denomination. In the section on Theme 2 it will be shown that years later Sophia invested much volunteer time and energy into working in leadership positions for a future where this option would become available to women in her church. As a young woman, Deborah had done two and a half years of vocational training and been obliged to give up when she married; it was clear that she still regretted that married women in the 1950s were not allowed to continue to work in their employment on equal terms to those that men were given – if at all:

“In those years women weren't acceptable in the workforce – married women. Single women had to be teachers or nurses or secretaries. Back then ... if you got engaged or married ... they would give you a little present and say goodbye.” *Deborah*

Lilith also experienced gender based discrimination in her employment:

“I will tell you a thing that really got stuck in my gullet. For some time a woman could not borrow money from a bank unless a man co-signed her application ... [and] when they paid me less to do two jobs than the men. So it gradually builds up in your mind; the inconsistency, the fact that it is not fair, and women have had that. They have had such a dose of that.” *Lilith*

Most women of those times experienced social inequity and, as mentioned previously, Moane (1999) and Browne (1998) have shown how working for social change is normally preceded by personal recognition of such inequity. The majority of participants in present study fit this profile of growing awareness and committing themselves to working for women's rights and some talked about the impact this had had on their marriages.

“He didn't mind my being in the women's liberation movement, going on protest marches and all sorts of things, but he didn't like the idea that I had an equal right to share in the church's practices and structures.” *Sophia*

“I remember my husband saying to me with great reproach: ‘You have changed’ and I didn't know what he meant by it; but I thought afterwards I should have said: ‘You haven't changed’ with equal reproach.” *Sophia*

“Sometimes I think, ‘He thinks we went overboard’; and I think I went overboard too, sometimes, looking back. Maybe that was necessary before women were accepted everywhere; and women now don't, some of them don't realise what went on before. They just automatically accept that women work.” *Deborah*

A number of these women may have been able to keep their activism separate from their domestic life because they did not mention how their views impacted on their husbands and their marriages. However, over the whole project, several participants from both the SO and the SR groups mentioned that their husbands had been unable to deal with their new awareness, or strongly held political views, and this had contributed to a breakdown in their

marriages. It is interesting to note that even though the SR interviewees stayed attached to Christianity they did not simply accept the inequity that had driven the SO participants away. The choice to stay and fight for their beliefs was something that influenced these women to become feisty and authentic and meant that their lives were full of purpose and meaning. These are some of the important ingredients of successful ageing from the perspective of the participants themselves and that is why it has been thought worthwhile to record their growth in political understanding. Theme 2 examines the role of relationships, community, and wider networking groups in their views on successful ageing for these women.

8.4 Theme 2: Successful ageing as social value – relationships and generativity

To date, the focus in this chapter has been on issues concerning the individual and her views on religion, spirituality, successful ageing, and well-being issues from a personal orientation. With Theme 2, I now turn to the equally important focus on the women within their interpersonal and community context. Participants' positive relationships with others, and their activities as members of personal and wider communities were also paramount for them. Theme 2 has been divided into three sub-themes that explore participants' views on successful ageing; these are: 2A) Close relationships and connections with others; 2B) Church and community connections; and 2C) Activism and socially generative activities.

8.4.1 Sub-Theme 2A: Close relationships and connections with others

Close relationships with family and/or friends were absolutely crucial to participants' well-being: this is evident in the next set of extracts, where they described some of the relationships that they considered important to their achieving successful ageing. The first two excerpts show Sarah and Deborah's responses to the question of what successful ageing meant to them:

“I’m very happy, thank you. The family don’t neglect me. They pop in every day; not like some poor souls who don’t see much of them.” *Sarah*

Without this support Sarah believed that she would not have been able to remain in her own home and it is clear that she valued her family’s support as the cornerstone of her successful ageing. Deborah’s response focused on deriving meaning from her life, relationships, and spiritual beliefs:

“It is trying to understand yourself and God and the situation in which you live and relationships with people; they are the main things in life really.” *Deborah*

In her late 80s, Deborah was the oldest participant and seemed to be in somewhat impaired health, although still living independently. It is clear from this statement that the question of good health and functioning, as in Rowe and Kahn’s model (1987, 1997) was not a part of her idea of successful ageing or of Sarah’s in the previous excerpt. This is also true of other participants’ views on the topic:

“I think my life so far has been fortunate in many ways. I have had love all my life and that is the most important thing. I had loving parents, my husband ... the children love me ... and friends as well. That is the main thing; someone to love you.” *Lilith*

“Some people with it [in her life] as intellectual stimulation if I was capable of that.”

Hildegard

“I have a loving family, I have good friends, financially I am not quite as well ... but I am optimistic that whatever happens it will be okay.” *Miriam*

Again, Miriam put her primary focus on relationships as the key to successful ageing, and she also said that she derived great comfort from her religious convictions. It is important to note that although Hildegard was aware that at some point she might not be able to be stimulated by the company of others, implying perhaps dementia, she did not seem to consider this to be a reason for wanting to hasten her death as had some of the SO participants. In general the SR participants, except for Lilith, appeared to have a ready acceptance that they would be okay whatever eventuated in their late fourth age. It was evident that the presence of good relationships with family and friends was a very positive resource in the lives of participants, linked to a current personal sense of well-being, but held some sadness:

“The greatest pleasure now are my friends and they die and I have lots of friends who have been very, very, dear to me and lonely old age ... wouldn’t be too good. ... I know that losing friends is sad and it is never the same afterwards. It is like shedding skin really, another onion skin, you get to the raw centre where you are on your own.”

Lilith

“An active social life and family life ... a mentoring role ... I want to have something that I am passionate about to work on and where I can say things and help make a difference in people’s lives in appropriate ways.” *Eve*

In this excerpt Eve blended together her active relationships and concern for family and friends with her wish to help other people in generative ways. All of the SR sample group also spoke fondly of other kinds of relationships, for example, the groups of women they had met with regularly (every month) over many years. This will be examined further in the next section.

8.4.2 Sub-Theme 2B: Church, community connections and leadership

Participants valued their community connections and group memberships very much and described how they often met with others to discuss social, religious, and feminist issues and causes that were normally generative in nature. In some cases, participants mentioned that they would like to have even more group involvement than they were currently able to:

“I really do have a yearning for a group of people that would experiment with worship forms; it would be an ecumenical group.” *Eve*

“[Eventually] I will retire ... I will have more time in my life ... and I would like to join another women’s group.” *Hildegard*

One of the primary groups for the SR women came from their church networks and groups of women who belonged to different religions but still gathered together over many years. Even some of those who had left the church still attended these because they retained ongoing friendships and networks from earlier times. These relationships that came from their religious communities, and other group memberships, were not just social events but also provided strong sources of emotional and other support to their members. Even Lilith, who expressed

some reservations about her church's beliefs said, "I have let go of religion but I still go to church." The reason for this was:

"I feel I want to be in the church because of the love there; because I have friends there that I have had for donkey's years." *Lilith*

"We are scattered, but we are all over the place so when we [travel] ... it is not like we are totally on our own because we know lots of people that have been on this journey with us." *Eve*

"My spirituality is actually through community ... in order to be faithful to this God I believe in I need the support of a community." *Hildegard*

"I like parish life. I like the community." *Sarah*

"A lot of people do get into groups so you can talk about any problems and support each other." *Sarah*

"I was at the Mothers' Union in the Parish, people who know each other well over a long time, so they know who's sick and who to ask after." *Sarah*

Clearly a lot of mutual support occurred through these friendships and connections. In addition, these long term friendships and ongoing community groups and networks created opportunities for mutually rewarding generative activities:

Participants were asked: “*In what ways do you nurture and express your spirituality?*”

“Well, we are going to have a series of weekly meetings [for Lent] and I am going to lead them ... there is a big book that I have prepared and I have given to everybody who is coming.” *Sarah*

“My [mentoring] is volunteering it is not part of my job, but I do it because I enjoy it and it is good for me.” *Miriam*

“I am glad I can play ... more of a mentoring role in terms of some of the training work that is planned, and I love that and it is great and I can do a lot of it through the internet and occasional meetings.” *Eve*

These extracts are illustrative of the ways that leadership and generativity merged in the lives of the Christian women participants. Generativity was also evident in the way that older women reached out and supported their friends who had to go into nursing homes as in the next excerpt from Lilith:

“I have a friend, every month we get her out of there and give [her] an afternoon tea with cakes and nice things.” *Lilith*

The theme of social value is central to the domains of successful ageing and to spirituality and religion. This Sub-Theme (2B) can be best viewed as a continuum that spans the private sphere of family relationships and personal friendships across to groups of friends to the more

strictly church-based and subsidiary church groups. These groups include traditional networks like the 'Mothers' Union' and others that were more recently established by feminist thinking church women for the advancement of women within the churches. Another issue that was important to a number of participants was membership of groups on ecumenical concerns seeking interfaith rapprochement. Most of the SR participants indicated that they had volunteered for worthwhile causes all their lives. Some of them had spent long periods working with disadvantaged communities in teaching or other kinds of overseas church aid roles during their younger and middle years and most continued to make what contributions they could to causes they believed in.

Sophia, for example, spoke of her long term involvement in working to create opportunities for women to have leadership roles within her church and also of her commitment to positive interfaith communications:

“I am more deeply involved ... in the structure of the church and other spiritual organisations.” *Sophia*

“Ecumenism, getting religions to relate to one another is ... important.” *Sophia*

Church-related groups and congregations provided participants with many things including a worldwide shared community, fellowship, mutual support, and for some, an avenue to work for valued causes and changes that participants considered important and necessary. Deborah, Sophia, Hildegard, and Sarah in particular had poured a great deal of energy into making their religions more woman-friendly places and more open to women holding religious office, but this task was still unfinished. As Sophia said:

“I am always rather surprised that there is not a stronger drive to feminise our thinking about God within the [church] community. Things like a new version of the Australian prayer book for example don’t go very far in exploring alternative images of God other than the male ones.” *Sophia*

This concern for women’s roles and their right to equality within the church and within our society was an ongoing issue for participants that will be discussed further along with other group-related issues in the next section which is focused on Sub-Theme 2C.

8.4.3 Sub-Theme 2C: Activism, and socially generative activities

Participants belonged to a range of other kinds of community groups that were generatively oriented in areas outside of the church (e.g., friends of the ABC, Women’s Information Switchboard, Women’s Electoral Lobby, YWCA, Movement for the Ordination of Women, and numerous others), and these were greatly valued by participants as a key aspect of ageing successfully. One woman counted up to six groups that she still actively belonged to, but for most others it was probably fewer than that. All of the participants were members of more than one group from which they derived a great source of emotional support, intellectual stimulation, and personal satisfaction.

Browne argued that both personal and political strategies are needed for women, especially older women, to achieve a just society. She acknowledged that such change will be slow and that personal, community, and society-wide action is required to reduce, for example, “the feminization of poverty in this nation and around the world” (p. 259). That older women experience the most entrenched/economic disadvantage is acknowledged by many researchers

including Greene (2003), Moane (1999), and Smith and Baltes (1998). In this section the role of groups, community, and networking in participants' lives will be examined at greater length.

It has been pointed out that many older women have experienced a lifetime of social inequity and also that such equity issues are compounded for people of both sexes who come from culturally and linguistically diverse backgrounds (CALD), or Indigenous heritage (Browne, 1998; Greene, 2003; Moane, 1999). The present study included a particular consideration of issues of ageism and sexism. The oldest participant in this study was born before 1920 and the youngest was born in 1945; during their lifetimes they had all seen enormous gains made in the legal and social status of women. Browne (1998) has argued that by examining the numerous paths, sites, and strategies of older women's "resistance to a society that is generally not supportive of them" (p. 206), it is possible to see these women as survivors and agitators for change. They were acting bravely and generatively as opposed to passively accepting the gender-based social inequities placed on them.

Browne (1998) has described three different levels from which women have enacted such social "resistance" against repressive norms: firstly, the personal or private level; secondly, the group or community level; and thirdly, the wider systemic social level. These levels are similar to Moane's (1999) micro, meso, and macro levels of activism. According to Browne's description, such resistance can be understood as generative because the women undertaking it are acting to increase equity for all women, and by extension, all people, since activism for social justice improves the conditions and the mores of the society that we all share. Deborah said that she had become involved in working to extend the role and participation of women in the church even before the revival of the women's liberation movement began in the 1960s:

“I sort of stepped right into the women’s issues and women’s theology and all that sort of stuff right back in the 50s.” *Deborah*

However, most participants did not become involved in women’s issues until later in their lives. The next excerpt is from Lilith who around the age of 60 had made a strong commitment to women’s issues and who still contributed her time and energy to women’s causes on an ad hoc basis insofar as she was able.

“Later in my life I realised just how much women were discriminated against and then of course when the women’s movement started I worked very hard with them. I worked in the women’s electoral lobby and we worked checking out what candidates’ . . . attitudes were towards women and children’s issues. And we did this before the elections and then let everybody know what the candidates really believed about the issues and this is how they will vote. And of course we were keen to get more women into parliament; that has not been an easy job.” *Lilith*

In this excerpt it is possible to see how Lilith first made some personal realisations about how she and other women were treated inequitably in our society and then she joined an organisation that worked to get women’s issues on the political agenda and to facilitate the election of politicians who were friendly to those issues. This process can be seen as fitting into Browne’s (1998) category of women who enact their social resistance on the level of the wider social and political system.

Moane (1999) has referred to this as the macro level of influence which is usually achieved by women joining together in groups at what she calls the 'meso' or "community level of action" (p. 6). This kind of behaviour is both generative and feminist in nature. Lilith's tale demonstrates how she became empowered to lobby and work in ways that would make society a better place for women and children to live.

Other women spoke about the different ways that they had assumed leadership roles within their churches. Several described how they had taken leadership initiative to work towards expanded roles for women within their churches. Several of the women had been part of organised pressure groups that had worked tirelessly for the rights of women to be ordained as ministers of their church. Most participants still had, or formerly had, formal committee leadership positions in these and other groups, even though their activities had become more limited to some degree due to the various frailties that accompany ageing.

One of the participants spoke with awareness of some outdated or inequitable aspects of her church and gave some examples of activities she had undertaken to raise the profile of women there. She had stayed in church while others left, and she spoke about her reasons for not leaving the church:

"I thought it is my duty to stay in the church and try, and if I might dare say, try and change some of the traditional views by saying what I thought and it was hard at first but now it has become so popular that you don't have to worry about things like that."

Deborah

In the following excerpt Sophia seemed to be suggesting that her God was a feminist when she said:

“Well, I sometimes think that the Women’s Movement might be something that is one of God’s chief interests in having human beings in our time involved in.” *Sophia*

“We had a small group that met originally in this room and there weren’t very many in it but we discussed the ordination of women well before the establishment of a movement for the ordination of women.” *Sophia*

The first of these comments (above) indicates that Deborah chose to stay in the church and had enacted resistance on the level that Browne (1998) has described as the “community” plane and Greene called the meso level of action. In the same way Sophia’s religious faith was not shaken but she had fiercely challenged sexism within the church. This ‘meso’ or community level of resistance (Moane, 1999) occurs when people choose to join together and courageously make stands against traditions that, as Browne says, are based on limiting or oppressive beliefs based on gender, race, class, or ethnicity. It is evident from Deborah’s comment [“it was hard at first”] that this decision to stay in the church and try to make a difference was a brave one and no doubt as challenging in its own way as it was for the women who decided to leave the churches. Interestingly, some participants said that their God was not gendered (i.e., not a male or a female), but added that out of habit they used male pronouns when speaking of ‘him’.

It was clear from the interviews that all of the participants had done a great deal of volunteering for the church, and/or Christianity, and also for other things, for example

women's issues both within and outside of the church and various kinds of, lobbying, mentoring, and leading of groups during their long lives. Where capacity and mobility allowed, they still continued to volunteer for their churches or for other the causes they wished to support. It is interesting to see that whereas in the past key roles for women in the churches were of a mundane or menial kind (e.g., doing the flowers, cleaning the church, raising funds, and teaching Sunday school to mention a few), most of these women preferred generative activities of a kind that helped to benefit the status of women within and without the church. Only one of the interviewees (Lilith) said that as a young woman she had taught Sunday school and several seemed to take pride in saying that they had not:

“I never thought of taking that role on and knew I wouldn't because I was ... totally immersed in a number of voluntary works.” *Sarah*

“I resisted Sunday school.” *Sophia*

The important issue here is to emphasise that participants were quite particular about what projects and causes they gave their time and labour to. Moane (1998) has cautioned that women can very easily fall into performing unrewarding and unpaid tasks that serve to prop up organisations that are neither fair nor friendly towards women. Because participants were careful to choose generative activities that served causes which they were genuinely passionate about, their well-being was not diminished by that work. This is indicated in the earlier extracts where Eve spoke of how much she enjoyed mentoring and Miriam spoke similarly about her volunteer work. This is in contrast, for example, to those SR focus group

participants who eventually came to experience some of their volunteer activities as burdensome and emotionally draining.

Participants' commitment to volunteering their time and energy to worthwhile community endeavours and helping others is in line with Erikson's concept of generativity (1963) as a psychologically healthy activity for people in their middle to late maturity. Despite centuries of social tradition (Browne, 1998; Moane, 1999), allocating unpaid caring activities as the natural vocation of women, a number of researchers have found that generativity in midlife and older people may be primarily, but not solely, confined to women (McAdams, de St. Aubin, & Logan, 1993; Warburton & Gooch, 2007; Warburton, McLaughlin, & Pinsker, 2006). Instead it seems to be a desired and rewarding behaviour that is undertaken by both women and men and often well into old age. As discussed by the SR focus group, a key issue for generative activities on the part of older people is the freedom to choose what those activities will be.

Researchers on the interactions between spirituality, religion, and well-being amongst older church members have also found that people who engage in generative behaviours report higher well-being (Wallace & Bergeman, 2002). Wallace and Bergeman reported that actively doing 'good works' within the context of the church community appeared to have a beneficial effect on levels of purpose and meaning as well as on physical well-being. In some cases the feminist nature of a good deal of the SR women's volunteer activities can also be recognised as being associated with the empowerment of women. Often this is something that occurred as part of the opportunities that arose with the zeitgeist of the times: that is, the spread of new information and consciousness raising that flowed from the second wave of feminism that erupted in the 1960s and 1970s.

Although all of the SR participants were involved in generative community oriented activities there were indications that the intensity of this commitment might be waning as they grew older. While some participants were in their mid to late 80s, and the was youngest in her sixtieth year, they all spoke of how their life was now, or might be, when they had reached very old age. For some this would be a time when they might be ready to become less involved in the community and perhaps more contemplative. As Deborah said:

“I like people and so on but I suppose I like independence too; time to read, think, and do things that I want to.” *Deborah*

At the stage of life described here, approaching what Laslett (1989) called the fourth age, some participants considered that retaining their identity would be a key issue in order to age successfully. Retaining one’s identity in later life and other fourth age concerns are discussed in the following section.

8.5 Theme 3: Successful ageing and fourth age issues

Theme 3 looks at issues relating to the fourth age and these are delineated in three Sub-Themes: 3A) Identity and the essential spiritual self; 3B) Nursing homes and the fourth age; and 3C) Quality of life in the fourth age.

8.5.1 Sub-Theme 3A: Identity and the essential spiritual self

With Sub-Theme 3A, it was found that participants put a high value on retaining their essential identity, which they often described in terms related to their spiritual being, having a relationship with God, and/or not losing their spiritual values. This concern for retaining one’s true self is quite different from Rowe and Kahn’s (1987, 1997) bio-medical model of

successful ageing, which takes no account of such an intangible and difficult to measure, but crucial, aspects of successful ageing. As Miriam said, it was important that she would be recognised by others as a unique individual, who was close to God, even if she had lost much of the functioning that would qualify her as successfully ageing by mainstream models and standards. She said that all she required was:

“just an acknowledgement that I am a spiritual being. No matter that I am too old to do this or that; I am not too old to be in a relationship with God.” *Miriam*

Sophia used the example of someone she knew in order to illustrate the value and enduring potential of retaining one’s essential identity, which she believed, was a mark of successful ageing:

“Things do fade out there is no doubt about that [X] for example is 90, and she had a stroke, and her ability to respond is limited. She hasn’t enough strength or energy but she isn’t anyone who is less herself really.” *Sophia*

In another example, Miriam spoke more personally in reference to the fact that she had undergone some traumatic events during her lifetime and had been worried about the psychological scars that such experiences might leave on her.

“I was afraid ... I could become a bitter old woman and I don’t want to ... I wasn’t a bitter young woman and I don’t want to be a bitter older woman.” *Miriam*

Such views are very similar to those of SR focus group members, Martha and Ruth, when for example, Martha said she was afraid of becoming an old grouch and Ruth spoke of how much she would hate to become cynical. For Ruth to have become cynical would have meant becoming the antithesis to her authentic self: that is, to become someone she was not. In order to clarify the meaning given to retaining one's 'essential self', where appropriate to the particular interview thread, some participants were asked probing questions such as: "*Would you consider that you could still remain your essential self if, for example, you suffered physical incapacity or had dementia or Alzheimer's disease?*" These kinds of health conditions have been argued by Baltes and Smith (2003) to signal "forms of psychological mortality", a state that can include "the loss of identity" and/or of "psychological control" (p. 123). In answering this question, Miriam referred to her knowledge of other people who had experienced these conditions and her answer was similar to that of the SO interviewee Autumn, who also spoke about the possibility of one's essential identity surviving the ravages of Alzheimer's disease (see Chapter Eight).

"Some dementia patients maintain their basic being, even though they don't have memories and ... other things. They are still the kind of person they were." *Miriam*

When discussing the SR focus group findings, one of the powerful themes identified came from several participants speaking of wanting to maintain an enduring sense of their selfhood. Miriam expanded on this topic in the following excerpt from the SR interview process:

"Successful ageing, I think, is continuing to be who I am. It is just not changing into somebody I haven't been. ... I watch people grow old and not able to physically do the

things that they could do before, but they still were who they were ... and their psychological and spiritual self may be changing and growing; but it doesn't change who they are." *Miriam*

The issues covered in Sub-Theme 3A were mainly expounded by Sophia, Eve, and Miriam. However, the same theme concerning the key importance of retaining one's essential identity also arose in the discussions with the SO interviewee women, especially from Autumn and Hypatia. The SR participants seemed most concerned that their identity as spiritual people in relationship with God be maintained, while the SO participants on the other hand were more focused on remaining the type of person or identity that they had always been and made less reference to the spiritual aspects of that identity or self. A concern with identity was also spoken of in Study One by Martha and Ruth in the SR focus group and thus it is clearly a meaningful issue to a number of the qualitative participants from both sample populations. Identity has been largely overlooked in the mainstream models of successful ageing and is emblematic of some participants' views that an individual, no matter how infirm in body or mind, may nevertheless be ageing successfully according to their own lights.

Sub-Theme 3A represents evidence of an optimistic approach to the fourth age, because, as Miriam argued, simply retaining her identity is all that is required for her to feel she is ageing successfully. The fact that SR participants like Miriam and Autumn (SO interviewees), could claim that even dementia or Alzheimer's disease need not necessarily spell the end of identity or successful ageing, is strong evidence they held a positive outlook on the fourth age. In the next section, Sub-Theme 3B explores some SR participants' views on nursing homes in later life.

8.5.2 Sub-Theme 3B: Nursing homes and the fourth age

Participants' concerns about nursing homes were often founded on their observations of friends and family in nursing homes whom they observed undergoing experiences that they did not wish for themselves.

"I visit people in nursing homes and it is the anonymity; you are just a body to be bathed [and] fed." *Lilith*

Lilith based her opinion of institutionalised care on her personal experience of the way her friends in nursing homes underwent the dehumanising experience of being treated as just "bodies". This is very similar to the way Nike (in the SO interview study) experienced visiting her friend in palliative care and it was also akin to the fears that Brigid expressed in the SO focus group. These images paint a much more negative picture than that desired by Miriam and other participants who hoped to retain their identity and to be treated as spiritual beings in their frail age. Another participant spoke of a friend in an institutional care:

"Who was revived against her will, poor dear ... she was quite determined to avoid all that and I think she had made the arrangements. But the documentation hadn't arrived or something so she was revived against her will after being dead. I wouldn't like that to happen." *Sophia*

Deborah began by saying that she valued her own independence and then went on to describe her mother's experience:

“My mother was in a nursing home and she didn’t like it at all. I think she missed being able to do things that she normally did. It was hard for her. She wasn’t a very outgoing person and I think you need to be outgoing in those places.” *Deborah*

Deborah, who was one of the oldest participants in the study, and who looked distinctly frail, added:

“I don’t want to be a burden to my family, but as long as I can look after myself I certainly am going to stay where I am and not think about that [a nursing home] until I have to.” *Deborah.*

Isolation from one’s church community was also another concern:

“I hope I will never get to a nursing home where I get to the point where the people from the church forget to come and see me.” *Hildegard*

While Hildegard worried about the loss of her church community, Lilith spoke with horror about the loss of autonomy that she has seen occurring in nursing home situations:

“I don’t think I could cope being there. Even the well-run ones; you are so much at the [mercy of] their good will and however they are feeling at the time, who are looking after you. And if they are having an off day or they are a cross lot, it appalls me ... you have no say in anything. They do what they want and what they need to do and you do it when they say.” *Lilith*

This participant exemplified the dilemma between the desire to remain independent and a horror of nursing homes, versus the fear that in the end she might not have any choice about what happens to her:

“I would never go in a nursing home. I think it might be a possibility at one stage and I dread it.” *Lilith*

“I have my name down at a place for emergency.” *Lilith*

This apparent paradox was due to the fact that balanced against her wish for independence was a determination not to be a burden to her children, and this generative concern overrode her determination not to leave her own. She believed:

“It is not fair to put the caring of you onto your children; it mucks up your life and theirs.” *Lilith*

Lilith herself had cared for both older parents until they died and she and her husband had found it to be an enormous challenge and a big cost to themselves and their children:

“It was a burden, we did it with love ... and we were happy to have them. Only it did restrict us so much. My husband and I both decided we would not do that to our children.” *Lilith*

Lilith was very clear that she did not wish to ever go into a nursing home and also that she was not prepared to contemplate becoming a burden to her family and this meant that she was facing a very difficult dilemma in her last years of life. Deborah showed an awareness of the same dilemma between independence and the possibility of burdening others. Thus, among a number of factors, she directly linked successful ageing with being able:

“To be independent, not to be a burden to other people, I just can’t put it in one word. I suppose I am talking about maturity in all avenues of life and being able to live successfully on your own is one.” *Deborah*

Participants’ fears about nursing homes included: loss of independence, dignity, and identity; not being recognised as a spiritual being; and loss of familiar routines, as well as isolation from community contact, and insensitive staff. Poor quality nursing homes and poor medical care were particularly feared and singled out by some, though not all, participants as a focus of considerable dislike. These concerns about care and accommodation in old age are supported by the views of Morell (2003, p. 83) who argued that: “The frontier of late life empowerment is the de-stigmatisation of disability and death and their transformation into acceptable and respectable human experiences.”

From an objective point of view the concerns of participants’ may not be considered to accurately reflect the reality of the accommodation and care options that are available in current times in Australia. The majority of (but not all) participants were primarily concerned to avoid high dependence nursing home care and to live independently in their own homes for as long as possible. However, residential care in Australia actually comes in the form of low level care in residential hostels style accommodation as well as high level care through nursing

home accommodation. Furthermore, there are many programs that offer a wide range of services and support to people who wish to remain in their homes for as long as possible. In fact it has been reported by the Australian Institute of Health and Welfare (AIHW, 2008) that 94% of Australians over 65 years live in private dwellings. The present researcher is very familiar with these options because during the course of the thesis research she supported her elderly mother through a wide range of accommodation choices available to ageing people (from independent unit to nursing home).

In the present study none of the participants had any expectation that they would receive full time care at home from family or friends while still living in the community in their late old age. The possibility of community care support services was not raised by participants. However, as discussed, one participant received daily visits from her adult children and another had cared for both her elderly parents in her home until they died. Two participants were caring fulltime for their husbands at home at the time of the study and both were widowed before this project was completed.

The Fujitsu Report (2007), which surveyed nearly 1300 Australian Baby Boomers (aged between 58 and 61), also found that the majority (80%) wished to avoid dependent living arrangements or having to move from their own home in later life. These findings are in line with the views of the bulk of the participants in the present study. On an optimistic note the Fujitsu Report concludes with the predictions that “Baby Boomers will force a fundamental shift in the way aged care providers do business” (p.18) and that this will result in widespread improvements to the provision of services within aged care.

The next section examines issues to do with the end of life. Syme, an Australian physician (2008), wrote that he has never met anyone who looked forward to going into a nursing home and the findings in this study support the need for fourth age accommodation in this country to

become far more user-friendly. In the present study, participants' comments indicate that the core of this will be caring, quality, empathic staff in all areas of aged care. As Kendig has said, there is a great need to improve the training of those who work with older people, especially in residential care, in order "to promote best professional practice" (1996, p. 360).

8.5.3 Sub-Theme 3C: Quality of life in the fourth age

Sub-Theme 3C looks at participants' views on negotiating the final stages of life and, as might be expected, these views are diverse. Of all SR interviewees in this study, Lilith was the one who felt most strongly about the issue of maintaining control over the end of the life. She expressed the following opinions several times during the interview:

"I belonged to the Euthanasia Society for many years and I do believe that is another thing where you have the right to choose." *Lilith*

"I also believe in the right to choose when you want to die." *Lilith*

Lilith also gave a matter-of-fact description of the way that she hoped to bring about her own death when, or if, the time seemed right. Deborah spoke positively about the idea of euthanasia, but she did not personalise her views or say that she would choose it for herself.

"I am not against euthanasia. I think that in certain circumstances, I think euthanasia is a good idea except if it is misused. ... but if it were used conscientiously and cautiously I think it is permissible." *Deborah*

However, other SR women in this study found the idea of euthanasia a troubling one:

“I have also seen people that no matter what they were given were in agony and they had nothing to look for to except more agony. That is what medicine could do; it was only prolonging agony and in that case I can see why people might very well want to say breathing is not living. ... I do believe in allowing natural death. I suppose that is the closest I can get to that.” *Miriam*

“I feel very strongly that you live your life till the end of it ... all of your life; you are on a journey, every bit of it, no matter how painful it is. ... I have heard of situations where ... I say to myself, ‘Well, if I got to a certain point I could just starve myself.’ I think ... finally, everybody has to make that decision based on where they are and what their situation is.” *Eve*

Eve’s comment about just starving herself if things got too bad in her fourth age is reminiscent of Brigid and the other SO focus group members’ comments on the subject, except that they were more determined and forceful. Apart from the concerns already outlined, most were very positive about the trajectories and experiences of their lives to date. The mood of the following quote could apply to all but one of the SR participants.

“I heard a friend who was 90 years old on Sunday say she loved being 90, so why should I expect anything worse?” *Sophia*

The exception was a participant whose health problems were threatening her ability to continue to live independently, a loss that she dreaded. Most of the events that could destroy

participants' optimism are things that could be remedied through listening to the concerns of ageing people and implementing appropriate policy, planning, training of staff, and care plans. Such an approach might mean that successful ageing could more easily continue until life ended with a 'good death'. The next and final section of the interview study will look at similarities and diversity among SO and SR participants and their views on successful ageing.

8.6 Summary, conclusions, and associated findings for both sets of interviewees

Overall, more, but not all, of the SO interviewees advocated euthanasia than did SR participants but, several SR participants were also, to varying degrees, in favour of hastening death under particular circumstances. As with the SO focus group, it was found that most of the SO interviewees tended to strongly favour remaining independent in their living and decision making and it was found that these concerns were also important to a number of the SR interviewees as well.

The two sets of interviewees continued the trend of the previous study to score very differently on van Dierendonck's (2005) Relationship with a Higher Power (RHP) sub-scale, with the SO participants having a mean around the lower end of the middle tertile and the SR participants' mean being in the middle of the top tertile. These results suggest that this sub-scale primarily measures religious and not spiritual well-being. On the other hand, the Inner Resources sub-scale seems to effectively identify spiritually affiliated people both with and without religious affiliations. It would be interesting to see whether this pattern is repeated for a sample who says they are not spiritual but who nevertheless have existential well-being (possessing qualities such as having purpose and valuing life) as defined by Ellison (1983) and Edmondson et al. (2008). That is to say: do van Dierendonck's (2005) two spiritual well-being sub-scales show the same pattern of division between religious and nonreligious people who

have high existential well-being? Further research may be able to ascertain whether existential well-being could also be sustained by other faiths and practices such as yoga, Buddhism, or even passionately followed, life-enhancing, leisure activities and artistic pursuits.

It is likely that van Dierendonck's (2005) Inner Resources sub-scale does not encapsulate all that is involved in having spiritual well-being, and to be fair he does not rely on this measure alone. However the Relationship with a Higher Power sub-scale seems to be a consistent way of dividing those whose spirituality is affiliated with religion and those whose spirituality is not connected with religion. As already noted, the Inner Resources sub-scale indicates few differences between the two groups. The noticeable gap between the two groups of participants on the Autonomy sub-scale was not evident in the results for the interviewees groups. The Study Two survey results suggest that Autonomy is important to both SO and SR participants. This may be related to the fact that the two sets of interviewee participants had no significant age differences. It appears that a concern for autonomy may be more intensely felt by second age SO (focus group) women than by the other older participants in both studies.

The models of successful ageing that focus primarily on issues such as functional capacity, good health, and social engagement, or the ability to mobilise compensatory strategies, have a tendency to overlook the human potential for a triumph of the spirit over the deprivations of age and disability. The present research has found, as foreshadowed by the findings of Strawbridge and colleagues (2002), and the overview of successful ageing research by Bowling and Dieppe (2005), that the functional issues which are central to Rowe and Kahn's (1987, 1997) model of successful ageing were often not so important to the older people in this study.

A number of the things that these women held to be important aspects of successful ageing (e.g., spiritual and religious concerns), are not related to good health and functional capacity.

However, several participants (SO and SR) mentioned cognitive capacity as very important and a few spoke worriedly of fears of potential physical incapacity in their later years. One of the three key concerns of Rowe and Kahn's (1997, 1997) model is 'social engagement' and this is an important part of successful ageing for both sets of participants as noted in Social Value thematic discussions, where it takes the form of positive (and generative) roles and relationships, with family, friends, the church, and the wider community.

In addition to good relationships and health, and the use of SOC strategies as needed, some of the important aspects of successful ageing to arise had little to do with these mainstream theories. Such concerns included: the importance of retaining one's essential identity, connection with the natural world, autonomy, financial security, a concern for personal appearance, remaining in one's home, spirituality, and a connection with God (for most SR participants). Some of the more intangible or existential qualities were seen by some participants as a vehicle for maintaining successful ageing to the end. In other words, some qualities represent a positive view of the last phase of life that is not encompassed by the mainstream successful ageing theories. It seems likely that the maintenance of a subjective sense of successful ageing to the very end of life is most likely to occur through the maintenance of spiritual and/or existential well-being. This kind of well-being is something that may confer meaning, purpose, and positive feelings of an enduring nature (Eckersley, 2007; Hardwig, 2000).

As with the focus groups, it was found that some views were common to participants in both samples, while other concerns were emphasised more by one group than the other. However, there were few qualities or concerns (apart from religious affiliations) that did not occur at least once in both sets of interviewees. Thus the boundaries between the two samples

were often permeable and in a number of ways the two sets of participants were more alike than they were different.

Finding 1:

All participants had a strong sense of their spiritual affiliations which they were prepared to discuss in a thoughtful way.

Finding 2:

All participants were engaged in generative activities of one kind or another depending on their capacity, mobility, and interests. For the SR participants, these activities were often connected to their religious and church affiliations as well as some of the wider social concerns (e.g., women's rights) that also occupied the SO participants. A number of SO participants were also particularly concerned with issues to do with conserving the natural world and ecology, as well as a number of women's issues.

Finding 3:

Both sets of participants mentioned various self expressive interests as important to successful ageing – music, singing, painting, writing, philosophical debate and poetry; and qualities such as humour, curiosity, spirituality, interest in life, and personal agency. Experiencing nature was important to nearly everyone. These things are indicative of the possibility of a positive view of ageing through which one might find a personal sense of success in the fourth age and even in the final stages of life. This is because a number of these activities and psycho-social qualities are not necessarily contingent on good health and functioning or on psychological adaptations to change and therefore they may conceivably endure to the end of life.

Finding 4:

Social value, community and good relationships were very important to all participants and in this regard they were in accord with that part of Rowe and Kahn's theory (1987).

Finding 5:

For most women in both samples successful ageing for them was not so much about good physical and mental health, but rather about accepting what cannot be changed, modifying attitudes and behaviour as needs be, and getting on with life. Acceptance of change and going with the flow was also advocated as a way of coping with age-associated change and loss. Acceptance was seen a state of mind or an attitude, and it also sometimes meant modifying one's behaviours (e.g., not going shopping alone after falling over and getting lost). These values were related to those of the SOC model of Baltes and Baltes (1990).

Finding 6:

As expected, all of the SR group were affiliated with Christianity while none of the SO group were adherents of a religion.

Finding 7:

Some participants, mainly from the SO sample, said that they dreaded the loss of autonomy and the uncertain mercies of a nursing home were not an option for them. Others from both groups were more sanguine and hoped that they would stay healthy and that they would find good care if they did not.

Finding 8:

Nearly all of the SR and several SO interviewees had good hopes for ageing well: that is, by remaining socially valued and generative, and retaining their essential identity and a degree of agency to the very end. Like the focus group participants the interviewees' fears about ageing included dementia, poor quality care, dependence, and loss of identity, as well as not being treated as a spiritual being, isolation from community, and loss of social relevance. Like Brigid in the SO group, Autumn (an SO interviewee) felt that dementia might be acceptable if

one retained sufficient quality of life, which was defined both as excellent care and staying one's essential self.

Finding 9:

The interview participants' mean scores were a little above the average for mental health, and slightly below average for physical health on the SF-12 self report health status measures. Thus, as Table 6.3 (Chapter Six) indicates, there were no strong differences between the well-being afforded to either set of interviewees on these health measures that may have been correlated with their different respective spiritual and religious affiliations.

Finding 10:

In Table 6.2 (Chapter Six) it was shown that most interviewees scored at the borderline or above of the upper tertile on Ryff's Psychological Well-Being Scales (1989b), and on van Dierendonck's (2005) Inner Resources (Spirituality) sub-scale. This indicates that, psychologically and spiritually, participants' well-being was high. The exception was the lower mean scores for the SO group on the sub-scale for Relationship with a Higher Power as already discussed. According to van Dierendonck (2005), high scores on this measure is an indication of high spiritual well-being.

Finding 11:

In regard to Ryff's (1989b) Psychological Well-Being sub-scales, which measure Purpose in Life (and Meaning) and Personal Growth, and which are both linked to spiritual and existential well-being, all interviewees scored in the upper tertile (Ryff & Singer, 1998b). These results are interesting because as already noted Ryff and Singer (1998b) have reported that these constructs often decline in later years. However, in the present study, all 14 interviewees' results were in the top third of possible scores. This seems to point to a possible

protective effect that is associated with spiritual well-being and this is something that is worthy of further research.

CHAPTER NINE: CONCLUSIONS: THE END OF THIS JOURNEY

9.1 Introduction

The over-arching aim for the thesis was to contribute to the stock of knowledge of how midlife and older women understand successful ageing, quality of life, and well-being in later years. Two sample sets of religious and/or spiritually affiliated midlife and older women, in two separate studies, were asked for their views on successful ageing and on spirituality and religion. A mixed model approach as defined by Burke Johnson and Onwuegbuzie (2004) was used in both studies. Before a final consideration of the findings it is pertinent to consider the steps that have been taken to ensure the validity of the research project.

In planning to address issues of credibility a number of strategies were considered. Important amongst these were Member Checking of the data, whereby participants were asked to comment on the researcher's interpretation of their data. Although valid for methods, like Action Research, Member Checking is not considered valid for IPA and some other interpretive approaches. The difficulty is, as Meyrick (2006) observed, this approach "places the participant's view of themselves at the heart of the research rather than the researchers' interpretation of the data" (p. 806). A related problem arises when the researchers' peers are recruited in order to see whether they would make the same coding decisions as the primary researcher. In the present thesis the strategy of using Second Coders was considered, but not used, because an interpretive phenomenological analysis does not set out to argue for a single correct interpretation of the data – there may be multiple valid ways of data interpretation. Therefore the strategy of finding multiple agreement for an interpretation does not equate to veracity for IPA analysis and interpretation.

One means of establishing veracity that was adopted in the present research was to provide numerous extracts from the data to support the thematic interpretation of the findings and to allow the reader to judge for themselves. From this perspective Smith, Flowers, and Larkin (2009) have asserted that in a small IPA study verbatim extracts should be provided “from each participant to illustrate each theme” (p. 182).

Johnstone argued (2004) that mixed methods can contribute in a number of ways to the richness of the data and to the rigour and credibility of research. In the present project the decision to use the quantitative strategy of gathering survey data on participants’ health and well-being was made with a view to adding breadth and context to the study. It also provided another facet to understanding the role of well-being and successful ageing in participants’ lives. It was also considered possible that using three data sources meant that the three sets of findings could be triangulated, which for some readers, could serve to provide added validity to the study. However, in most qualitative research convergent validity is of less importance because it is considered that even though perspectives may differ “each may have validity” (Yardley, 2008, p. 240). Yardley argued that it is the enrichment of the data that is considered the chief benefit of triangulation in IPA research. Additionally Yardley claimed that predominantly qualitative research may elect to include a quantitative component with useful and informative results (2008) even though it is not then a purist form of qualitative research.

In the present thesis a process akin to an audit or paper trail (Smith, et al., 2009; Yardley, 2008) was established through regular two to three weekly meetings with the thesis supervisors during which the progress of the analytic process and thematic interpretations were robustly examined and debated. This was a means of both clarifying the interpretations and of testing their veracity. On regular occasions the researcher produced for discussion large diagrams initially with columns grouping the emergent themes. Over many months various

'mind maps' were presented suggesting how the many smaller themes might be linked to each other and be grouped as sub-themes to form part of larger super-ordinate themes. Versions of these materials were kept in hard copy and/or electronic formats. Throughout this process supervisors were able to conduct what Smith and colleagues (2009, p. 184) have named ongoing 'mini audits' of the interpretive, analytic, process of the thesis and to ask the researcher to defend the interpretations. It is not usual to publish these processes with the thesis as Meadows and Morse (2001, p. 197) commented, "while an audit trail is usually a de facto part of the study, it is not explicitly put forward for examination as the project is disseminated."

In Chapter One three specific gaps and a number of issues in the literature on successful ageing and the literature on spiritual and religious affiliations and ageing were identified for further attention. These gave rise to four thesis questions which were presented at the end of Chapter Two and again here as follows:

Question 1: What do mid-life and older women participants understand by the term successful ageing?

Question 2A: Do religious affiliations contribute to successful ageing?

Question 2B: Do spiritual affiliations contribute to successful ageing?

Question 3: If religious affiliation and spiritual affiliation are related to successful ageing are their impacts the same or different?

Question 4A: To what extent will participants express views of successful ageing congruent with the leading outcome (Rowe & Kahn, 1989) and process (Baltes & Baltes, 1990) theories?

Question 4B: To what extent will participants express views of successful ageing congruent with positive or strengths based (Bearon, 1996) approaches to successful ageing?

Before considering the results and implications of the research conducted to answer these questions it is relevant to consider the limitations of the study that impact on the findings that will be presented.

9.1.1 Limitations and strengths

This research project may have benefited from having a larger number of women who were in their fourth age although it was of interest to find that several issues of concern and most themes could be traced across all the age ranges of participants. It is likely that other community groups of participants may have different responses and concerns. The lack of diversity of participants in this study can also be seen as a limitation. The participants in this study were recruited with the intention of obtaining two different samples each of which would contain individuals who were broadly similar to the others in their respective groups. The IPA methodology employed is designed to capture “the lived experience of the participant” (Smith, 2008, p. 3) and to thereby appreciate the different ways that participants interpret the world that they live in. IPA is an in-depth approach that by definition uses very small samples and specifically does not aim to provide results that have straightforward or statistical generalisability to the wider community. Therefore, it is not expected that the findings from an IPA study will be replicable in other studies and settings in the way that a

quantitative study may be. As Johnson and Onwuegbuzie (2004) pointed out it is a strength of qualitative approaches is that they “are responsive to local situations, conditions, and stakeholders’ needs”. On the other hand they have also noted that the “knowledge produced may not generalize to other people or other settings (i.e., findings may be unique to the relatively few people included in the research study)” (p. 20).

Nevertheless, as Yardley (2008) argued, the insights produced from an IPA study may well “prove useful in other contexts that have similarities” and because even very different study contexts will have at least some common elements “generalisability in qualitative research is potentially wide ranging and flexible” (p. 238). For example, the present study may very well produce findings and insights generated that can usefully inform other research projects that seek to understand the views of ageing people on issues pertaining to the third and fourth ages.

The process of using focus groups followed by in-depth interviews has allowed for an opportunity to review the benefits and disadvantages of using these two different qualitative methods of data collection. In the present study it was found that the interview process naturally allowed for a more in-depth exploration of the opinions of participants as a consequence of them each being given a minimum of one hour instead of sharing that hour between four participants.

Two other disadvantages of the focus groups in the present study, when compared to the interviews, relate to issues concerning the quality of disclosure that took place in focus groups. The first issue relates to self censorship. One of the participants in the SR focus group, who was quite a radical Christian thinker, later disclosed to the researcher that she felt constrained to speak less freely than she might have because she did not wish to confront or alarm the more conservative Christian women in her focus group.

The second issue occurred in the SO focus group where the researcher felt it was necessary to specifically invite one of the members to speak on several occasions because she appeared to find it difficult to find a window of opportunity as several of the more voluble group members tended to dominate in their enthusiasm to contribute.

There were also some advantages pertaining to the amount of disclosure that occurred in the focus groups. This point relates to the way that members built on each others' contributions to develop the discussion in very interesting directions. One example of this 'building on process' in the SR focus group occurred in the discussions concerning the Christian women's sense of the unfairness of the gender based division of labour within their churches and communities. In general, none of the four Christian women seemed inclined to be very critical of aspects of their religious communities. However, when one woman voiced irritation at the long term assumptions that they would always and forever be willing to be rostered on to menial, tiring, but necessary tasks, they all spoke out. Although the women in the SR group appeared to be compassionate and generous with their time it emerged, through the focus group interactions, that they all shared a growing sense of burden at the assumption that their labour could always be called upon. It is the case that this degree of sharing of mutual dissatisfaction would not, and could not, by its very nature have occurred in single interview situations.

An example of the enriched disclosure that occurred amongst the SO focus group members can be seen in the ways that those women built upon each others' ideas of what the concept of successful ageing might mean to them. Thus through the focus group discussions the SO women debated and constructed a rich and multi-layered description that led to a shared understanding and a sense of ownership of their concept of successful ageing. This rich process of group construction of meaning cannot occur in a one to one interview.

Nevertheless, the numerous problems attendant on using mixed methods and mixed models in research have been the subject of lengthy debates – Bazeley (2004) and Johnson and Onwuegbuzie (2004) offered useful overviews. These areas of debate have been summarised as definitional, paradigmatic, and methodological in nature (Bazeley, 2004). The weaknesses of mixed methods research include the challenge of not violating the integrity of the different methods (e.g., the problem of whether to use the personal, the impersonal, or both voices when writing up the research). Other practical issues include: challenges in design, sampling, analysis, and thesis structure, as well as the much greater demands that accrue on the researchers' finances, time, abilities and expertise (Bazeley, 2004; Johnson and Onwuegbuzie, 2004; Johnstone, 2004).

In the present study the question of whether to use the third person or the subjective first person voice, which is more usual for qualitative methodology, created some difficulties. There is a range of precedents besides the traditional choices. Johnstone for example, has described how she used both the third and first person voices strategically throughout her dissertation (2004). IPA researchers have used the third person (Dean, Smith, Payne & Weinman, 2005) in their published research findings. For the present project an early decision was made to use the third person as being more consistent than changing the voice throughout the thesis. This choice worked well during the writing up process but it had the unintended consequence of limiting the amount of reflexive commentary to a short statement in the final thesis chapter. Consequently it has been necessary to create an additional, retrospective, reflexive, first person account in the final chapter to outline the decision making process at crucial points during the thesis and thereby provide additional transparency for the reader.

Johnson and Onwuegbuzie (2004) reported that purists have argued that quantitative and qualitative methodologies are incompatible and should never be used together. However, these

researchers point out that there has always been overlap between the two approaches and they can usefully be seen as two ends of a continuum. Various researchers have argued that the differences between the two approaches are not sacrosanct and that an ecumenical (mixed methods) approach can provide richer and more useful data through corroboration, complementarity and expansion (Greene, Caracelli, & Graham, 1989; Johnson & Onwuegbuzie, 2004). The strengths of a mixed methods approach have also been posited in similar terms by Johnstone (2004) as including the gains made through enabling triangulation, complementarity (revealing extra facets of the participants or data), and the expansion (of the breadth and depth) of the research findings.

Johnstone outlined how in these ways the employment of mixed methods can lead to an increase in the “rigor and credibility” of a research project and she offers support for the argument that “the strength of the triangulation process lies in its capacity to neutralize any bias inherent in a particular data source, investigator, or method” (Johnstone, 2004, p. 264). Johnson and Onwuegbuzie (2004) argued that when findings are corroborated by mixed methods greater confidence can be attached to them and when the methods produce contradictory findings researchers benefit from the increase in knowledge that informs their conclusions and interpretations.

There were several reasons for deciding to use three separate data collection methods (including surveys) in the present, primarily qualitative, research project. One purpose was to achieve an increase in rigour, credibility, and richness of findings. A particular reason for choosing to include surveys was, as Johnson and Onwuegbuzie (2004) have outlined, to supplement the qualitative findings with “a close-ended instrument to systematically measure certain factors considered important in the relevant research literature” (2004, p. 19). In this research relevant important factors from the literature were the commonly held assumptions

(Baltes & Baltes, 1990; Laslett, 1989; Rowe & Kahn, 1989, 1999; Ryff, 1989a), that good health and positive well-being are important, and some argued essential, components of successful ageing.

This project has used sequential, mixed, qualitative, methods in the form of focus groups followed by interviews with the intention of first gauging areas of potential participant interest in the research issues, and then of exploring them in further depth, through interviews. The mental and physical health survey and the psychological and spiritual well-being surveys were used concurrently with the focus group and the interview studies.

The use of three different data collection methods (i.e., focus groups, surveys, and interviews) also provided an opportunity for genuine triangulation (using three data sources) and the majority of findings from the three sources of data did not contradict, but rather, complemented and supported each other. This is evident in the way the same broadly similar themes were identified across both studies. Differences between the two groups of participants in regard to their spiritual affiliations, acknowledgement of a higher being, and concern with autonomy were reflected in the survey data as well as in the group and interview discussions. In these ways each of the different sources of data supported the respective findings from the others.

During the initial focus group stage of the research it was considered that a non-spiritual and non-religious sample group may have been useful to illuminate differences related to participants with religious/spiritual and those with spiritual (not religious) affiliations and also to provide more context for the research. Although a third group of this type would not have been an essential criterion for IPA research it was decided to include a third group, made up of participants with no religious or spiritual affiliations, to enrich and add breadth to the findings. Therefore efforts were made by the researcher to recruit women who declared they had no

religious or spiritual affiliations. This was done using the snowball recruitment technique as used for the other focus groups whereby the researcher's networks provided the first one or two participants and they suggested others who fit the research criteria.

There were a number of problems in recruitment for the third group which led to only three people being recruited for this group. One major problem was that very few acquaintances of the researcher professed to be neither spiritual and nor religious and the few who did were not able to recommend others as the snowball technique requires. This set of participants did not seem to belong to close networks of similar non-SO/non-SR affiliates. Therefore, each one had to be separately recruited and, unlike the other two focus groups, these participants were not known to each other beforehand, only to the researcher. Due to these problems it was quite difficult to locate suitable participants which led to the third group being comprised of three women who were of similar age to the SO group members. An atheist friend in other state who fitted the criteria agreed to complete the surveys to keep the numbers even but she was not available to attend the actual focus group session.

When the supposedly unaffiliated focus group took place, at the researcher's house, it emerged that two of the three participants did not actually fit the criteria. One was strongly anti-Christian after bad childhood experiences with catholicism but was a strong believer in the spiritual teachings of the Dalai Lama and the other had been a steady church-goer for some years up till a few weeks preceding the focus group. The latter had ceased going to church because of changes in a personal relationship rather than a change in her beliefs. Only one participant was firmly a non-believer advocating a kind of humanistic approach to life. Since the majority of these participants did not actually fit the criteria (i.e., of having no spiritual and no religious affiliations) it was decided not to use the data from the third group.

Although it initially seemed to be a possible problem for the research project that there was an approximately 12-year-age gap between the members of the SO and SR focus groups and it was thought that this may have made it more difficult to compare the two sets of focus group findings, whereas, in fact, the difficulties were minimal. The 12-year-age gap could have meant that it was more difficult to know whether differences in the findings were due to their age, their cohort effects (different enculturation etc.), or to their different beliefs and affiliations.

Amongst the interesting differences noted was the issue that most of the participants in all three older cohorts, from both samples, discussed their lives as a journey and reflected back to their beginnings and look forward to their futures. However, the younger SO (mid fifties) second age focus group cohort were more involved in present time activities and, while holding concerns for the future, they did not contemplate the sweep of their lives as a journey in the way the older participants did. In a similar fashion the younger second agers, who were all employed in generative occupations, did not explicitly discuss or debate generativity in the way that the three other sets of older participants did. Instead the SO focus group members mentioned generativity as mentoring, or passing on wisdom, and as something they hoped to do one day in the future. Generativity was not a current issue for them.

The largest differences that might call for explanation were those between the findings from the younger (second age) SO focus group and the older (third age) SO interviewees. Because these differences applied between both sets of SO participants (focus group and interviewees), as well as between the SO focus group and the SR participants, it appears that they were related more to cohort enculturation and second versus third age interests and activities than to have stemmed from focus group versus interview data collection methods. That is to say it seems more likely to have been developmental/maturational preoccupations

that influenced the emergence of different themes for the younger, second age focus group. This can be seen as a research strength because it opens a window to the differences that may exist between the baby boomer generation and older cohorts of women and allows for greater understanding of a wider spectrum of a range of views of mid-life and ageing women. New areas of research interest were also created, for example, it may be of interest to investigate whether the differences between the younger second agers and the older participants are due to maturational, or cohort influences, or to other issues such as beliefs and affiliations and whether they extend to other groups.

An important strength of qualitative, phenomenologically oriented studies is that they provide the opportunity to hear in-depth first-hand accounts of midlife and older women talking about their views on successful ageing and their concerns for the future as they grow older. Qualitative data, such as that generated in this project, have the advantage of providing a rounded and personalised understanding of the felt human experiences behind social statistics. Studies like this one, that help to show the feelings, the beliefs, and the hopes and fears people hold for ageing well and “dying a good death”, may sow the seeds for larger quantitative and qualitative studies aimed at highlighting existing patterns of need and of successful ageing in the wider community.

A final potential problem for a study of this kind is that there is a possibility that ethical concerns may arise from discussing/raising issues about old age, frailty, death and bereavement. There seemed to be two competing values at stake in this matter. The ethical issues in favour of inviting older people be part of research projects include, as researchers (Cartwright, 2008; Quine & Browning, 2007) have noted, an older person’s right to participate in, and contribute to research studies if they wish. This issue concerns respect for older people’s human rights; it is a matter of justice and equality. Quine and Browning have

suggested that sometimes researchers and ethics committees have adopted stereotypical assumptions about the capacity of older persons to participate in research and on that basis made marginalising decisions to exclude older people. Such exclusion can be seen as acting to undermine their autonomy and is often unjustified. Some older people want to continue to contribute to society in tangible ways and participating in research can be a vehicle that allows them to do so. Society can benefit from the potential contributions made to medicine, research, social planning and policy when older and ageing people are enabled to participate in research projects.

It is the responsibility of the researcher to adhere to ethical practices in regard to participants. The present researcher strove to follow ethical principles summarised by Cartwright (2008) as, Nonmaleficence – Do no harm, and Beneficence – Do good. In the present study one of the ways that the researcher followed the principle of beneficence was through consistent respect for participants' views and well-being. Another strategy of beneficence was enacted through, in accordance with participants' wishes, seeking to publish and promulgate the findings so that the voices of participants could reach a wider audience and hopefully contribute in meaningful ways to community and government awareness. This has been achieved in various ways including presenting papers and posters on the findings at conferences, publishing the findings in a peer reviewed journal, and sharing early findings with a researcher from a peak lobby group for people over 50. Feedback has also been provided to participants.

The dissemination and publication of research findings can be seen a matter of justice as is the obligation upon the researcher to protect vulnerable research participants (Cartwright, 2008). The more vulnerable the group of participants, such as the frail or very elderly, the greater is the responsibility of the researcher to be aware of the needs of the sample group.

Quine and Browning (2007) claimed that the key message to the researcher is: “to be sensitive to the variability in the capabilities and wishes of the older people with whom you will conduct your research and tailor your methods and research questions accordingly” (p. 142). In a similar vein, in advice to IPA researchers, Smith and Osborn (2003) recommended that researchers be watchful for discomfort in participants and to “back off” if a line of questioning appears to have created discomfort.

In the present study the imperative to be sensitive to the possibility of discomfort or distress for participants has been achieved in several ways. To begin with the use of a semi-structured IPA designed interview process has allowed room for participants to choose what areas they wanted to talk about and if they wished to decline to discuss some things. A part of the ethos of IPA interviewing is that the participant is not pushed to answer questions because the aim is to: “encourage the person to speak about the topic with as little prompting from the interviewer as possible” (Smith & Osborn, 2003, p. 61).

Since it is up to participants to choose what they want to share they are less likely to become distressed by the issues raised. For example, during the interviews several participants raised interesting issues and then said that they did not want to discuss them any further. Such wishes were taken seriously and the interview would quickly move on to another question. The ethics of discussing potentially sensitive end-of-life concerns, such as old age, frailty, death, and bereavement, centre on the need to avoid causing distress to participants (maleficence). In the present study, because participants were empowered to choose the issues they wanted discuss, it was possible to minimise the danger of their experiencing discomfort or distress from the questions.

9.1.2 Reflexive statement

There were many journeys in this thesis. Each woman who took part in the research shared some of her own life journey with the researcher who has now shared important aspects of those stories with the reader. Since the research began, two participants have died and two who cared for their ailing partners at home have become widows. One participant told me that another participant has succumbed to dementia and no longer recognises her old friends. The thesis has also been a personal journey for the researcher. Some way into the second year of this thesis, post data collection, my own mother became ill and after several hospital stays over a few months she was sent by the hospital to live in a nursing home. Three and a half weeks later, on the first day of spring, she died. The nursing home was very new and said by the hospital social worker to be a 'five star' facility. Unfortunately, in a number of important respects, that nursing home lived up to the worst expectations of participants in the present study. My mother's experience in a nursing home during her last weeks of life meant that participants' experiences and fears about such places became particularly salient to me. One consequence of this was that I took particular care to present an even-handed representation of participants' positive as well as their negative nursing home experiences and views.

In keeping with the researcher's intention to disseminate the results, verbal feedback on the findings has been given to the interview and focus group participants in the form of face-to-face meetings and phone calls. Copies of the paper published on the study have been provided to them through the post and via emails. In addition, emails and phone calls between the researcher and *COTA Over 50s* (a peak lobby group people aged 50 and over in Australia) were followed up with the provision, via email attachments, to that organisation of a series of major excerpts from draft chapters of this thesis on issues of interest to them.

In the early part of my life I would have considered myself to be a member of the SR group of participants and at the present time I feel more aligned with the SO participants. In my role as a researcher I positioned myself as one who had absolute respect for all participants and the stories that they shared with me. I was always conscious that it is a generous act on the part of a participant to allow a researcher to ask questions and gather information about their life. My aim was never to judge those stories or to align myself with one group or the other. I consciously sought to treat all participants from a stance of neutral but positive regard. One safeguard to affirming researcher neutrality was through regular ongoing discussions of, research processes, findings and thematic interpretations with the thesis supervisors. A researcher stance of positive regard towards all participants allowed the researcher to achieve a position of equanimity that facilitates open handed and unbiased interactions, interpretation, and analysis. My priority was to do justice to all of my participants' opinions – anything else would have been a betrayal.

9.2 Thesis questions: Summary of findings and conclusions

Question 1: What do midlife and older women participants understand by the term successful ageing?

Participants' responses to this investigation were sufficiently similar to produce three central themes that spanned both of the qualitative studies. In addition there were notable differences in emphasis and in some of the issues raised by the two sets of participants (SO and SR). These are shown in the sub-themes, which sometimes have quite different names reflecting their different content and focus. Most of the SO and the SR participants broadly shared a focus that perceived successful ageing as being made up of one's personal journey, together with relationships and various connections and communal aspects of their lives, and

some of the key issues relating to negotiating the transitions of the third and fourth ages of life. From the SR participants' perspective their personal journeys were completely intertwined with their religious and spiritual beliefs and the church had been their lodestone and security from their earliest years. The SO participants also described spirituality as very important to their lives but religion was not. The following section summarises the three themes that encapsulate the findings for the first thesis question.

Theme 1 Personal Agency: Life as a Journey describes participants' views on successful ageing and most indicated that they saw life as a journey encompassing growth in personal and spiritual (or existential), understanding, self expression, and awareness of the wonder and beauty of life and the natural world.

Theme 2 is Social Value: Relationships and Generativity. It refers to the individual in social context, which embraces relationships, community, and the wider society and therefore encompasses the micro, meso, and macro levels of social activity. Most of the participants expressed generative views towards their peers, family, community, the wider society, and/or ecological imperatives. However, as discussed, the SO focus group, although engaged in generative professions, said that they would be more actively generative in the future. In general, the SO participants combined strong inclinations towards personal autonomy, agency, relationships and authenticity with a deep commitment towards others and/or the environment. The SR participants followed a similar pattern with the addition of a strong focus on religion and an emphasis on the importance of belonging to a community of fellow believers.

McAdams and Logan (2003) have argued that generativity calls on adults to be strong in their personal agency in the world and at the same time to be community-oriented. Themes 1 and 2 demonstrate the ways that most participants combined these qualities. Eckersley (2007) has also pointed out that the successful negotiation of the balance between the individual and

society is a key factor in achieving well-being. Most participants in this research project had worked across the whole of their lives to achieve such a balance and in doing so to live according to their own conceptualisations of successful ageing.

The third central theme, Successful Ageing and Fourth Age Issues, is related to the fourth age and the final phase of life and it particularly concerns quality of life and quality of death, personal authenticity, and retaining one's essential identity. The wish for a good or 'successful' death was often an important part of participants' views on successful ageing. Included in these concerns was a dilemma that arose between some highly autonomous individuals' wish to have agency right up to the end of life and the constraints that society places on the rights of the individual. This is an important area that calls for gerontological research. Nearly all participants expressed at least some concerns about issues around frailty, old age, and dying. Participants' issues regarding this period of ageing centred upon 'quality of life', which for some was chiefly contingent upon their fears concerning the loss of autonomy, choice and control, identity and personal authenticity. Many also feared the prospect of poor quality of care and accommodation in later life. In part, these issues relate to the maintenance of personal dignity which has been identified (Kendig, 2004) as a key factor to be negotiated if very old people are to achieve successful ageing and end-of-life processes.

Participants canvassed a range of strategies and solutions to the problems they anticipated might arise for them during the fourth age. Some participants hoped to stay in good health and die from natural causes and while others seemed quite comfortable with the idea of one day going into a medical institution or aged care facility in their final years. Several participants spoke of deciding not to eat if they felt their time had come; some participants contemplated suicide, or a self willed death; nearly a third wished for euthanasia rather than face an

anticipated loss of identity, life in a nursing home, long term hospitalisation, and/or extreme medical treatments.

However, as discussed by Billig and colleagues (1988), at times the demands of society can present almost intolerable constraints upon the individual and for some participants the issue of self-determination towards the end of life created just such a classic dilemma. This can also be seen as a conflict between the wish of the individual for death with dignity and the mindset of the medical professionals to preserve life at all costs. Some participants thought that this dilemma or conflict might be triggered when medical professionals fight for life at all costs and the individual calls for death with dignity. The concerns of these participants would seem to answer in the affirmative the following question raised by Callahan and McHorney: “can one age successfully but die unsuccessfully?” (2003, p. 389)

Question 2A: Do religious affiliations contribute to successful ageing?

The answer to this question is yes this most certainly appeared to be true for the religious and spiritually affiliated participants. It is not true for the spiritual only affiliated participants. The ways in which this took place are described in the answers to Questions One and Three and throughout the whole thesis.

Question 2B: Do spiritual affiliations contribute to successful ageing?

Again, the answer to this question is yes it appeared to be the case that spiritual affiliations contributed to both sets of participants’ well-being and sense of self and identity. The ways in which this occurred are described in the answers to Questions One and Three and throughout the entire thesis.

Question 3: If religious affiliation and spiritual affiliation are related to successful ageing are their impacts the same or different?

A key issue for this question is to look at the differences and the similarities between the two groups of participants. As discussed in Chapter Two this question is of particular interest because some have suggested that SR affiliations are more beneficial to ageing with well-being than SO affiliations and vice versa. The current study has provided an opportunity to examine these issues with Australian participants. Question Three has been informed by all three data sources – the focus group findings, the interviewee data, and a range of health and well-being survey measures.

The SR and the SO participants across both studies displayed a commitment to their personal journey as well as to relationships and generative social activities. In general, women in both groups believed they could and should make a difference in the world and they gave their time and energy and worked hard to bring about positive social changes at the personal, community, or at wider societal levels so in this regard the groups were similar.

Perhaps a primary difference between the ways that religion and spirituality impacted on successful ageing is in the different approaches they provided to connectedness, spirituality, and community. The SR group spoke of a more structured access to community and support than did the SO group. The structure of the church also provided an avenue for experiencing uplifting spiritual feelings and for some SR women their religious beliefs were also linked to a sense of the spiritual in the natural world.

On the other hand most of the SO women primarily experienced spiritual feelings through having a connection with the natural world. The SO participants often experienced community through regular, and ad hoc meetings, with other women who held similar spiritual affiliations. However, an impression was created for the researcher that the more structured and concrete spiritual supports provided by religious affiliations led to a sense of security and acceptance (or faith?), in regard to the future. Whereas, on the other hand, the SO women did not

experience that sense of security, or stoicism, about the fourth age for example, and therefore most of them were much more concerned to retain personal autonomy and control.

There were also some differences between the ways the two groups approached and experienced ageing were evident. For example, there was a tendency for the spiritual only, or SO, participants to express rebellious sentiments and to be very autonomous in their choice of generative activities and for the religious and spiritual, SR group, to work for change within the existing traditional social structures. These differences also appear to be reflected in their different results on the sub-scales for Autonomy and Relationship with a Higher Power.

When the two groups of SO and SR participants (in both studies) spoke about their views on successful ageing and about the fourth age of life it was found that more, but not all, of the SO group were insistent on retaining autonomy and their right to choose euthanasia. On the other hand nearly all members of the SR group were more accepting and more optimistic about how they would deal with the challenges of the fourth age. Most of the SR participants seemed more resolved to see life through to end, no matter how that unfolded. However, several of the SR group said they could understand the need for euthanasia for others, and a few said that if things got too bad they may choose to refuse treatment nutrition to hasten their end. In general it seemed that the beliefs and role models of the SR group oriented them towards stoicism, while the more strongly individualistic beliefs and role models of the SO group inclined them to want personal control till the end.

In considering differences between the effects of religion and spirituality on the ways that participants experienced ageing it is relevant to look at a measure of health (the SF-12). It was found that the two sets of participants had very similar results on the health survey with both being clustered towards the mean. This result indicates that no notable

physical or mental protection was afforded to participants that might be associated with their religious and/or spiritual affiliations.

It is also of interest to look at the scores of the two groups on the abridged version of Ryff's (1989b) six psychological well-being sub-scales. Again it was found that results were largely similar although the SO focus group participants' Autonomy scores were higher than those of any other group. That difference may be linked to their phase of life, or an effect of the small numbers in the study, since it disappeared in the age-matched interviewee participants. However, on one of van Dierendonck's (2005) two sub-scales measuring spiritual well-being (i.e., Relationship with a Higher Power (RHP)), the SR and SO participants obtained quite different scores. This difference may be due to this sub-scale's emphasis on religion-related constructs, such as God or a higher power, and practices (prayer). It appears to measure religious well-being rather than spiritual well-being. With the exception of the RHP sub-scale, the means of both groups across both studies were either high in the second tertile or well into the top tertile on all of the psychological and spiritual well-being sub-scales. The indications are that the majority of participants enjoyed high levels of well-being in these areas. Further studies may show a protective link between participants' religious or spiritual affiliations and positive psycho-spiritual well-being.

When gauging differences between the impact of religious/spiritual affiliations versus spiritual only affiliations it is also of interest to consider whether there were negative correlations between ageing and the results on Ryff's (1989b) psychological well-being sub-scales' for measuring Purpose in Life (and meaning) and Personal Growth for the SO and SR women. It was not possible to look directly at these effects since the research was cross-sectional. However, in both studies, most participants scored well into the top tertile on these measures and a few were at the upper end of the middle tertile on these sub-scales. These

findings indicate that most participants enjoyed high levels of these qualities of psychological well-being that are potentially vulnerable with increasing age. The results indicate that religious and/or spiritual well-being may both have had positive impacts for participants in maintaining their purpose, meaning, and personal growth and hence for their psychological well-being in later life. Qualities like personal growth and meaning and purpose in life are aspects of both existential and spiritual well-being and may be important resources for achieving a successful ageing and end of life process. However, there were not large differences between the two groups in these two areas.

Question 4A: To what extent will participants express views of successful ageing congruent with the leading outcome (Rowe & Kahn, 1989) and process (Baltes & Baltes, 1990) theories?

Question 4B: To what extent will participants express views of successful ageing congruent with positive or strengths based (Bearon, 1996) approaches to successful ageing?

Because participants did not separate off the three different views of successful ageing, but rather mingled them together in their conversations, these two final questions will be answered together since that is a more true reflection of how they were viewed. It was found that almost half of all the focus group and interview participants were expressly and explicitly concerned with maintaining good health as an essential part of the route to successful ageing. In addition, all participants said relationships were important and most wanted to continue to be contributing, and, ideally, valued, members of society. In these ways most participants agreed with at least one or more of Rowe and Kahn's three essential successful ageing criteria (freedom from symptoms and risk of disease, good health, and productive social engagement).

Similarly, elements aligned to selective optimisation, from Baltes and Baltes' (1990) adaptive SOC strategies model, were mentioned by more than half of the participants as important aspects of ageing successfully. Thus, aspects of both biomedical and psychological mainstream theories of successful ageing were named by a number of participants as important to, but not the whole story of, successful ageing.

There was also evidence of a positive vision of ageing that potentially spanned the entire fourth age up to the end of life, and this is something that does not appear in the mainstream theories. However, both Rowe and Kahn (1987, 1997, 1998) and Baltes and Baltes (1990) (see also Baltes and Smith, 2003) have said that their models and strategies for successful ageing were neither applicable to nor very helpful for those in the fourth age or in a very frail state. The specific issues that pointed to the possibility of a positive and (subjectively) successful end of life process included: participants' love of nature, commitment to religious and/or spiritual well-being, generativity, emphasis on the value of maintaining a sense of identity, a loving family and good friends, authenticity, and agency. Most of these qualities are not as contingent on the maintenance of high levels of good health or adaptive functioning as the leading process and outcome models are.

One hand, participants gave several positive accounts of experiences of older relatives and friends in aged care. On the other hand, they also gave firsthand examples of poor or insensitive care in frail old age. Perhaps this is because very old people often need to be enabled and supported to have positive fourth age and end-of-life experiences, and such enablement crucially depends on sensitive, empathic caring. At present these concerns are often not addressed well by the current health and aged care industry, at least in regard to the practical and empathic processes and procedures that are required to produce excellent quality care. This may be related to the fact that positive, empowering fourth age experiences and

quality of life are not acknowledged in the mainstream successful ageing theories (Baltes & Baltes, 1990; Baltes & Smith, 2003; Rowe & Kahn, 1987, 1997, 1998) that inform gerontological theory, planning, and practice.

It may be that because such positive outcomes are not expected, looked for or supported, the dehumanising aged care practices that participants spoke of and feared are part of an unfortunate round of self fulfilling prophecies. Kellehear (2001), who has researched death and dying in this country, believes that “the stories we tell ourselves about death will inevitably cast a shadow of apprehension – at the prospect of custodial care – across the face of every Australian who asks the question, “How will it be possible to die in the manner I have lived?” (p. 510).

Although approximately half of all participants in the study indicated that successful ageing might continue into the fourth age and perhaps up till their death, for some it was important that their death be self chosen. It could be argued that at the point when a person decides they no longer want to go on living, successful ageing has ceased and the goal may then become “successful dying”. For some people, having a good death may represent a final success, and the best possible way to conclude their successful ageing.

It is apparent that elements of the mainstream successful ageing theories under consideration have, to varying degrees, relevance to a number of different aspects of the majority of participants’ views of successful ageing. However, overall these theories seem to be too concerned with the necessity for a base level of good health and functioning to be able to provide a positive vision of the fourth age. Many of participants’ valued elements of successful ageing are not covered by Rowe and Kahn’s (1987, 1997), and Baltes and Baltes’ (1990) models of successful ageing. Furthermore, some of those elements may be retained by

the individual at least to some degree, even in the absence of good health and adaptive strategies, into the fourth age and final phase of life.

No theory of successful ageing can afford to overlook the importance of spiritual and existential well-being to people who have such affiliations or inclinations. Furthermore, it seems likely that spiritual, religious, and existential well-being may offer some of the most viable pathways to an enduring sense of ageing successfully when other personal and physical resources have succumbed to age-associated decline. In this project the defining characteristic of a positive approach to successful ageing has been that it allows for the possibility of such success continuing to the fourth age and even up to the end of life.

9.3 Implications: Theoretical and practical

Clearly there are some important implications to be drawn, which potentially impact on community and academic knowledge about how midlife and ageing women view the concept of successful ageing. It may be that other positive research approaches to the fourth age could help to dismantle ageist stereotypes which reduce the quality of life of ageing and frail older people and act to perpetuate poor quality options for late life. At the very least there is a need for as much attention to be given to the positives of ageing as is currently given to the negatives and deficits of ageing.

9.3.1 Theoretical implications

The precepts and observations of the dominant mainstream theories of successful ageing were variously supported by at least half of the participants. However, those theories overlook the importance of non-tangible and non-health based aspects of ageing such as: access to nature, meaning, purpose, personal growth, and spiritual or existential well-being. This oversight may be less important in the first three ages of life when good health and functioning

and adaptive capacities help to create resilience and well-being. However, Rowe and Kahn's (1987) model and Baltes and Baltes (1989) SOC theory are not considered by their creators to apply to the fourth age, about which they are resoundingly negative. As a result, there is a need for a positive theory of ageing that can apply to the fourth age and which is not based on good health and adaptive functioning. The need for a more far reaching, 'whole of life' model of successful ageing is the key theoretical implication, indeed imperative, to emerge from this study. This neglected area is vital because it addresses challenges that every person who lives long enough to become old will face. In the present study, participants' viewpoints on successful ageing and on the fourth age highlighted the importance of this issue and point to potential directions for developing a more comprehensive theory of successful ageing.

9.3.2 Practical implications

Probably the biggest practical participant concern to come out of the study was the spectre of poor treatment from medical staff and caregivers in one's fourth age. Clearly there is a need for vastly improved training of people who work in all capacities with ageing people. There is a particular need to reduce ageist attitudes and ways of treating vulnerable older people.

Another practical implication to emerge from this research project is the need for improved home and other types of accommodation and care options that will provide a much better fit with the needs and wishes of older people.

A key part of these implications is that all levels of government should work to improve factors that impact on the lives and opportunities for frail ageing people to be able to die well and in accordance with their wishes and beliefs – including dying at home and euthanasia if they so choose. It is possible that most people would not make the latter choice if they could trust the alternatives available to them. There are indications that at present many ageing people do not have that trust in the system.

9.4 Future research directions

A number of the interviewee participants aged over 75 years mentioned health issues that were slowing them down. These included: reduced physical mobility that limited walking; vision problems such as macular degeneration, which made reading very difficult; and poor memory; and poor hearing, which made participation in learning situations like lectures, workshops, seminars and small groups difficult. It is possible that these kinds of health limitations operate to limit opportunities for personal growth in later life; if so, there may be ways of supporting older people to make use of avenues for personal growth if they so desire. This is an issue that warrants further research.

Religious and/or spiritual affiliations respectively were spoken of as a source of support and well-being by the women in both studies and it seems from their reports that these beliefs and affiliations have the potential to continue to be beneficial until the end of life. This issue merits further research with other groups of participants, for example men, people from different ethnicities, and Indigenous people.

The results suggested that the Relationship with a Higher Power sub-scale primarily measures religious and not spiritual well-being. On the other hand the Inner Resources sub-scale seems to effectively identify spiritually affiliated people both with and without religious affiliations. It would be interesting to see whether this pattern is repeated for a sample who says they are not spiritual but who nevertheless have existential well-being (possessing qualities such as having purpose and valuing life) as defined by Ellison (1983) and Edmondson et al., (2008). That is to say, do van Dierendonck's two spiritual well-being sub-scales show the same pattern of division between religious and nonreligious, non-spiritual people who nevertheless have high existential well-being? This would indicate that spiritual and existential well-being may indeed be very closely related. Further such research might be

able to ascertain whether existential well-being could also be sustained by other faiths and practices such as yoga, Buddhism, or even passionately followed, life enhancing, leisure activities such as artistic pursuits for example.

There are indications that the psychological constructs of Purpose in Life and meaning and Personal Growth, which have been found to be at risk from age-associated factors, may be protected from decline in later years through religious, spiritual, and perhaps existential well-being. The findings of the present research pointed to a possible protective effect of religious and/or spiritual well-being on participants' psychological well-being in regard to their retention of personal growth and levels of purpose and meaning in life. Further research, perhaps a larger quantitative project, would provide more information on whether this is the case, and how these aspects of psycho-spiritual well-being may be supported and maintained in older people.

The majority of participants from both groups spoke of wanting to maintain some degree of control and autonomy in their fourth age and almost a third said that they were in favour of euthanasia. The wish for a good or 'successful' death was often an important part of participants' views on successful ageing. For some, this meant retaining their "essential" identity; for others, it meant choosing to die when they could no longer live independently or experience a good quality of life. Research and policy development is needed to investigate these kinds of end of life issues as, with the increasingly ageing population, there are likely to be ever greater demands for improvement in the options available for people in their fourth age and at the end of life.

For some participants a good death potentially represents a final success and an ideal way to conclude successful ageing. Whatever our opinion on these issues we have, as Kendig (2004) reminded us, "ethical responsibilities to support people whose vulnerabilities call for a

primary focus on aging and death with dignity” (p. 10). Changes must and will be made in these areas in the coming years and it is best that they come from solid, evidence-based research, founded on consultations with older people themselves.

To conclude, participants’ views on successful ageing were far more diverse and complex than mainstream models and theories of successful ageing allow for. This finding points to a need to expand our understanding of the way late midlife and older people view successful ageing. There is much evidence, from participants’ personal experiences, media reports, mainstream models of successful ageing, and other published sources, to suggest that their fears about the fourth age are well justified.

However, there is also another, less well publicised, stream of thought and evidence that provides a counter point of view, which suggests that the fourth age need not be an irredeemably negative experience. The lack of a positive model of the fourth age renders an already challenging time of life more fearful and difficult than it needs to be. The task for researchers is to return some hope and balance to our vision of the fourth age and the end of life.

APPENDICES

Appendix A: Scales of Psychological Well-Being and Spiritual Well-Being

Scales of Psychological Well-Being: Ryff's (1989) modified van Dierendonck (2005). Below are a series of statements that are aimed at gauging psychological well-being. Please read them and respond as honestly as possible using the six point scale to rate the extent to which you agree with each statement as it applies to you; then place your numbered response in the space provided at the beginning of each question.

1	2	3	4	5	6
strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree

Self-acceptance:

When I look at the story of my life, I am pleased with how things have turned out.

In general, I feel confident and positive about myself.

Given the opportunity, there are many things about myself that I would change.

I like most aspects of my personality.

In many ways, I feel disappointed about my achievements in life.

For the most part, I am proud of who I am and the life I lead.

Positive Relations with Others:

I often feel lonely because I have few close friends with whom to share my concerns.

I don't have many people who want to listen when I need to talk.

I feel like I get a lot out of my friendships.

It seems to me that most other people have more friends than I do.

I have not experienced many warm and trusting relationships with others.

I know that I can trust my friends, and they know they can trust me.

Autonomy:

I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.

I tend to worry about what other people think of me.

I tend to be influenced by people with strong opinions.

I have confidence in my opinions, even if they are contrary to the general consensus.

It's difficult for me to voice my own opinions on controversial matters.

I often change my mind about decisions if my friends or family disagree.

I am concerned about how other people evaluate the choices I have made in my life.

I judge myself by what I think is important, not by the values of what others think important.

Environmental Mastery:

In general, I feel I am in charge of the situation in which I live.

The demands of everyday life often get me down.

I am quite good at managing the many responsibilities of my daily life.

If I were unhappy with my living situation, I would take effective steps to change it.

I have difficulty arranging my life in a way that is satisfying to me.

I have been able to build a home and a lifestyle for myself that is much to my liking.

Purpose in Life:

I feel good when I think of what I've done in the past and what I hope to do in the future.

I have a sense of direction and purpose in life.

I don't have a good sense of what it is I'm trying to accomplish in life.

I enjoy making plans for the future and working to make them a reality.

I am an active person in carrying out the plans I set for myself.

My aims in life have been more a source of satisfaction than frustration to me.

Personal Growth:

In general, I feel that I continue to learn more about myself as time goes by.

I don't want to try new ways of doing things – my life is fine the way it is.

I think it is important to have new experiences that challenge how you think about yourself and the world.

When I think about, it I haven't really improved much as a person over the years.

I have the sense that I have developed a lot as a person over time.

For me, life has been a continuous process of learning, changing, and growth.

I gave up trying to make big improvements or changes in my life a long time ago.

Spiritual Well-Being Scales (van Dierendonck, 2005) Inner Resources:

I can turn to a spiritual dimension within myself for guidance.

I have an inner strength.

I have experienced my own strength in times of struggle.

I have a sense of harmony or inner peace.

My innerness or an inner resource helps me deal with uncertainty in life.

I rely on an inner strength in hard times.

Relationship with a Higher Power:

I experience a spiritual dimension that gives me strength and love.

Frequently meditating or praying gives a sense of inner peace.

I get personal strength and support from my God or a higher power,

I have a personally meaningful relationship with God or a higher power.

Appendix B: Schedule of questions

1. What does spirituality mean to you?
2. What does religion mean to you?
3. What does religiosity mean to you?
4. How have religion and spirituality impacted on your life?
5. Is your current religious and/or spiritual path the same as it was in earlier years? If not, what has occurred to change it?
6. What does successful aging mean to you?
7. What does quality of life and well-being in later years mean to you?
8. What activities or practices nurture well-being and quality of life for you?
9. Do you have any particular hopes or goals for your later years or the last phase of your life?
10. Are there any things that you especially fear about the process of growing older?

* The interview participants were also asked a further question:

11. What are your views on euthanasia?

Occasional prompt questions were employed to encourage discussion on issues of particular interest:

“Would you tell me some more about that?”

“How did you deal with that?”

“Was your life different because of that decision?”

“Would you change anything about that part of your life?”

**Appendix C: Copy of a paper based on the preliminary findings of Study.
Two from this thesis published in 2008.**

McCann Mortimer, P., Ward, L. and Winefield, H. (2008) Successful ageing by whose definition? Views of older, spiritually affiliated women.
Australasian Journal of Ageing, v.27 (4), pp. 200-204, December 2008

NOTE: This publication is included on pages 341-345 in the print copy of the thesis held in the University of Adelaide Library.

It is also available online to authorised users at:

<http://dx.doi.org/10.1111/j.1741-6612.2008.00305.x>

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