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ABSTRACT

THE ROLE OF SPIRITUALITY IN THE RECONSTRUCTION OF IDENTITY IN OLDER WOMEN

Elin Hardenberg
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2017

This study examines whether spirituality plays a role in how older women integrate changes in their identity as they age. The research questions guiding this study are: 1) how do women navigate changes in identity in older adulthood; and 2) what role does spirituality play in the reconstruction of a woman's identity in older adulthood? Erikson's stages of development are used as a framework for understanding where participants are in their developmental process. The study was conducted by interviewing six women between the ages of seventy and ninety who self-identified as having an opinion about their relationship to spirituality. It is the hope of this researcher that this study can contribute to a growing body of knowledge about the experience of aging in America. This study aims to highlight the experience of women who no longer fit our culture's stereotypes of femininity by examining how older women view themselves.

**THE ROLE OF SPIRITUALITY IN THE RECONSTRUCTION OF IDENTITY IN
OLDER WOMEN**

A project based upon independent research,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2017

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Chapter I

Introduction

This study examines whether spirituality plays a role in how older women integrate changes in their identity as they age. The research questions guiding this study are: 1) how do women navigate changes in identity in older adulthood; and 2) what role does spirituality play in the reconstruction of a woman's identity in older adulthood? Erikson's stages of development are used as a framework for understanding where participants are in their developmental process, and if spirituality is a factor in that process. In this study, spirituality is broadly defined as a sense of purpose; living in part for the goals and well-being of others; openness to oneself and the possibilities of something greater than oneself; the capacity for self-other reflection; and the opportunity for assuredness and resilience (Baldwin & Estey, 2015; Damianakis & Marziali, 2012; Manning, 2012; Dingley & Roux, 2003). The concept of identity will be guided by Erikson's seventh and eighth stages of development, generativity versus stagnation and integrity versus despair, outlined in his 1950 work, *Eight Ages of Man*. Erikson's eighth stage of development describes the development of integrity as a resolution of conflict where an older adult must both continue to foster "vital involvement" in life while surrendering to "necessary disinvolvements" of aging (Dalby, 2006). Generativity can be a time for reflection and assessment, when a person can make meaning of the entirety of their life experience. According to the theory, if someone is unable to fully develop, an individual can acquire feelings of depression and unresolved grief, which can be characterized as despair (Goodcase & Love, 2016).

The United States is on the verge of having the largest older adult population in its history. In 2013, close to 45 million older adults were living in the United States; however, by 2030 that number is projected to rise to approximately 72 million (Data & Evaluations, 2015). As the baby boomer generation moves from middle age into older adulthood, ages 65 and over, there will be an increased need for clinical mental health providers who understand the unique challenges and opportunities that aging presents (Goodcase & Love, 2016). Changes in health status, retirement from work, volunteer positions, deaths of family members and spouses, and changes in cognitive functioning can all lead to a loss of identity (Baldwin & Estey, 2015; Damianakis & Marziali, 2012; Mitchell & Helson, 2016). It is important for clinical social workers and healthcare systems to understand what inhibits and fosters positive aging, such as a sense of community and purpose, the ability to contribute wisdom and skills, and a sense of belonging to something greater than oneself. Positive aging where older adults are able to engage in self-reflection and be self-accepting (Goodcase & Love, 2016; Manning, 2012) is possible and should be considered the standard for quality of life in older adults. If clinical social workers and health systems can understand what fosters positive aging and what threatens it, it will be possible to guide a greater number of older adults toward viewing aging as a time of opportunity and growth instead of despair, stagnation, and loss (Dalby, 2006).

There is a paucity of existing research regarding spirituality in older adults, and the research does not specifically relate to the continued development of identity in late older adulthood. Additionally, there is an absence of qualitative research on the emotional and psychological experiences of aging and older adulthood, despite the increasing need for mental health services for older adults (Goodcase & Love, 2016). This dearth of research is especially apparent when considering the experiences of older women, which often compares the

experiences of older women to those of older men (Ross-Sheriff, 2008). There are also very few social work students who express an interest in gerontology; fewer than six percent of 1000 students surveyed expressed any interest in gerontological social work (Wendt & Moulding, 2016). This lack of research on older women and lack of interest from social workers, combined with American culture's stereotyped portrayals, have contributed to the essentializing of the experience of older women as post-feminine "crones" (Mantecon, 1993) who have little value and lack the ability to contribute to society (d'Araújo, Alpuim, Rivero, & Marujo, 2016). This type of ageism deeply affects the lives of older women. It creates a culture that pathologizes the experience of a woman's brain and body aging, leading to internalized ageism and negative self-concept, and feelings of inadequacy (Wendt & Moulding, 2016).

The study was conducted by interviewing six women between the ages of seventy and ninety who self-identified as having an opinion about their relationship to spirituality. Participants were recruited through snowball sampling; the researcher visited a local senior center where there were a number of older women who satisfied the exclusion criteria. Two interviews were conducted with each participant at the senior center in a private room where it was possible to ensure confidentiality and effectively record the interviews. Interview questions were designed by the researcher and were derived both from the literature review and the researcher's own experience working with older adults. Interviews were then transcribed and analyzed for common and divergent themes, as well as markers for resolution of Erikson's final stage of development: integrity or despair.

It is the hope of this researcher that this study can contribute to a growing body of knowledge about the experience of aging in America. Additionally, this study aims to highlight the experience of women who no longer fit our culture's stereotypes of femininity by examining

how older women view themselves and their lives. Aging continues to be a stigmatized part of human development that is ignored and stereotyped by popular culture. Finally, this researcher aspires to contribute to a greater appreciation of the experience and wisdom that older adults possess and to change American culture's understanding of aging.

Chapter II

Literature Review

As women move from middle age into older adulthood, their identities begin to shift. Aspects of a person's life that make up their social identities can start to change along with their sense of self. In 1950, Erik Erikson published *Childhood and Society* in which he outlined eight distinct stages of human life-cycle development, each leading to the resolution of a creative crisis. These creative crises included: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; identity versus identity diffusion; intimacy versus isolation; generativity versus stagnation; and integrity versus despair. Of these crises, the final three—intimacy versus isolation, generativity versus stagnation, and integrity versus despair, pertain to the development stages of adulthood. The last two stages relate to older adults and people at the end of their lives (Slater, 2003).

Erikson, born in Germany in 1898, was never formally college educated but went through psychoanalysis with Anna Freud. He later developed his theory of human development within a psychoanalytic framework. Erikson credited much of the development of life-cycle theory to his varied life experience as an artist and a Montessori teacher in an experimental school. *Childhood and Society* reflects his overall optimistic view of the human condition and the variety of disciplines his research drew upon such as history, sociology, and anthropology (Slater, 2003).

Erikson's seventh stage of development—generativity versus stagnation—offers the possibility of continuing a meaningful, coherent life narrative (Bradley, 1997). Generativity can be a time for reflection and assessment, when a person can make meaning of the entirety of their life experiences. Older adults can also see what they have contributed to the world instead of being paralyzed by the losses associated with aging and the impending end of life (Dalby, 2006).

The seventh stage of development is also the time when an adult builds their capacity for compassion and caring for others, allowing for a natural shift toward creative activities and nurturing or guiding others (Bradley, 1997). Successful negotiation of the generativity-stagnation conflict—or creative tension—can lead to increased ego strength that is crucial for facing the final stage of life, integrity versus despair. When a person is unable to navigate this conflict successfully, it can lead to feelings of depression and unresolved grief, which can be characterized as despair (Goodcase & Love, 2016) and lead to regression to earlier developmental stages. This type of regression will often include a sense of stagnation and a poverty of intimate relationships that can lead to increased self-involvement and indulgence (Erikson, 1950). Self-involvement associated with unsuccessful navigation of this crisis can lead to an inability to embrace the exocentricity and “post-narcissistic love,” both critical for navigating the eighth stage of development (Erikson, 1950)

Integrity versus despair—Erikson’s eighth stage of development—describes the creative crisis faced by the oldest old in our society. Erikson viewed older adulthood as a time when a person’s energy and focus shift toward generativity, creativity, and guiding future generations (Bradley, 1997). Dalby (2006) describes the development of integrity as a resolution of conflict where an older adult must both continue to foster “vital involvement” in life while surrendering to “necessary dis-involvements” of aging. Erikson believed strongly that proximity of old age to the disintegration of impending death made the questions of a person’s integrity a pressing concern, either consciously or unconsciously. Regardless of how the resolution of integrity-despair takes place, it does eventually run its course. One type of resolution could lead to the embodiment of reconciliation and acceptance, allowing for a coherence of the lifespan to become apparent. Coherence of the lifespan is shaped by factors such as consistency, participation, and a

balance between emotional over load and under load (Wiesmann & Hannich, 2011). Additional protective factors for coherence include comprehensibility—where an individual feels their life is not unpredictable and chaotic; manageability—where life tasks are seen as manageable within the internal and external resources of the person; and meaningfulness—where a person's life feels worthy of investing energy and makes emotional sense (Wiesmann & Hannich, 2011).

Individuals who can resolve the creative crisis of integrity-despair tend to be more tolerant of uncertainty and ambiguity, and feel they have achieved a coherent identity that allows them to reflect on the totality of their life experience. They can continue their narrative through imagination with less fear and more willingness to rely on others for comfort and support (Hearn, Saulnier, Strayer, Glenham, Koopman, & Marcia, 2012). Conversely, an alternative resolution of the internal conflict could lead to feelings of despondency, disappointment, or regression to an earlier stage of development. Their sense of identity can become threatened, leading to rigidity and feelings of hopelessness or demoralization.

In these crises of generativity versus stagnation and integrity versus despair, fostering a sense of purpose can become increasingly important. A sense of purpose in life has been linked with better mental and physical health (Mitchell & Helson, 2016). Dalby (2006) asserts that people who are more religious tend to have better overall well being than those who do not consider themselves religious. Religion can be defined as a set of formalized beliefs that aim to answer the ultimate questions in life (Glicksman, 2009). It is focused on an outward expression of ritual and quantifiable behaviors, such as church attendance and prayer, whereas spirituality could be considered a personal process of discovery and seeking of what is sacred to each person (Dalby, 2006; Damianakis & Marziali, 2012; Manning, 2012). Though religiousness and spirituality have become increasingly separated in modern culture, it can be argued this is not

necessarily a helpful split, as many spiritual experiences take place within the context of a religious experience or religious community (Dalby, 2006; Manning, 2012). Spirituality—having a sense of meaning in life—may help older women adapt to their changing life circumstances while fostering a stronger sense of purpose, which could improve physical and mental health (Dalby, 2006; Manning, 2012). For this study, spirituality will be broadly defined as a sense of purpose; living in part for the goals and well-being of others; openness to oneself and the possibilities of something greater than oneself; the capacity for self-other reflection; and the opportunity for assuredness and resilience (Baldwin & Estey, 2015; Damianakis & Marziali, 2012; Manning, 2012; Dingley & Roux, 2003).

Baldwin and Estey (2015) consider spirituality to be a narrative practice that can help a person make meaning of their life and foster a sense of openness. This exocentricity can alleviate the fear of the unknown, which can be present at the end of life. Further, exocentricity can be compared to the successful resolution of Erikson's eighth stage of development. When an individual can openly contemplate their life, feel they know themselves and their place in the world and culture, ego strength can be fostered that can help alleviate fear and feelings of disconnection and despair (Hearn, Saulnier, Strayer, Glenham, Koopman, & Marcia, 2012). MacKinlay (2014) argues that searching for and finding hope, purpose, meaning, and a sense of transcendence is inherently a spiritual act. Spirituality can offer a sense of community and transcendence—defined by MacKinlay (2014) as an ability to look outside of the self and look to others for connection—that may help a person maintain a feeling of connection to the world at a time of life that is characterized by withdrawing, introspection, and contemplation (Dalby, 2006; MacKinlay 2014). Though transcendence can be viewed as socially constructed, it can also be a

way to connect with our most basic human nature and what it means to be human in our environment.

Spirituality can also play a beneficial role in the creation and maintenance of the narrative self (Baldwin & Estey, 2015; Damianakis & Marziali, 2012; Manning, 2012). Further, spirituality can help to maintain cohesion in a person's narrative, offering a grounding principle and internal sense of self, contributing to a successful transition into Erikson's eighth stage of development (Goodcase & Love, 2016). Imagining a narrative of integrity that continues to develop as a person ages can play a significant role in mental and emotional well being in older women (Goodcase & Love, 2016). A narrative approach to self-definition and constructing identity can help older women make meaning of painful experiences and losses, and challenge the dominant cultural narrative of age as disease and decline (West & Glynos, 2016). Acknowledging the power of loss and death within a framework of continuing personal evolution could facilitate a process of psychological transformation that would allow women to engage in reconstructing their identities (West & Glynos, 2016). Baldwin and Estey (2015) state that without the construction and reconstruction of one's narrative, a person is vulnerable to a "premature foreclosure" of their life story that can lead to stagnation and a feeling of self-devaluation. A lack of coherent narrative can leave a person feeling that their life is splintered, fragmented, and without meaning (Randall & Kenyon 2004).

Erikson also believed in the importance of a coherent narrative, including a person's culture and personal history within the narrative (Slater, 2003). Wiesmann and Hannich (2011) suggest that a person's social and socio-cultural context provides a wide array of opportunities and challenges that shape development, especially in childhood. All study participants were born before 1938, making them alive during World War II. Four of the six participants were born in

the United States during the Great Depression or were raised by parents who had lived through the Great Depression and two participants immigrated to the United States following World War II. Stull (2014) posits that networks of support, such as family, strong work ethic, thrift, faith or church life, and stoicism were formative values of children and families who lived through the Great Depression. Family units were strongly valued and all members of the family were expected to work in some capacity to contribute to the household without expecting remuneration. Children were encouraged to earn money outside of the home for their own enjoyment, as well as work alongside adults in the home, completing household tasks independently before adolescence. All members of the family attended church regularly and children were expected to comply with the rules and expectations set forth by adults without question. Education was considered an opportunity for character building though many children did not complete high school (Stull, 2014). These formative values are then carried through adulthood, contributing to the interpretation of events throughout the life span, as well as a sense of coherence (Stull, 2014; Wiesmann & Hannich, 2011), and how older adults born in this time view themselves and their aging process.

Though aging is universally experienced by all genders, it is important to consider different ways in which our social concepts of aging are gendered (Calasanti, 2010). In the literature, older adults are often divided into categories by age, correlating with Erikson's stages of development. This study will focus primarily on the group referred to in the literature as the oldest old or very old, those who are aged 80 years and older (Luhmann, & Hawkey, 2016; Sinyor, Tan, Schaffer, Gallagher, & Shulman, 2016). Recent reviews of gerontological research show a significant deficit in aging research on women (Calasanti, 2010; Dingley & Roux, 2003; Gergen, 2009; Nikander, 2009) and the variety of experiences, abilities, and viewpoints that

compose older adulthood (Nikander, 2009). Specifically, the phenomenological experience of women who are over 80 years old (Luhmann, & Hawkey, 2016; Sinyor, Tan, Schaffer, Gallagher, & Shulman, 2016) continues to be ignored by researchers and literature (Mitchell & Bruns, 2011). Gergen & Gergen (in d'Araújo et al., 2016) also note that stereotypes associated with older women are the most negative of any age group; and much of the current literature and knowledge are based on psychological theories hypothesized on the basis of the White male experience (Dingley & Roux, 2003). American social norms—which the researcher defines as values and expectations held within individuals—and societal norms—which the researcher defines as values and expectations held within the greater organization of society, passed down through generations — contain implicit bias toward the White male experience and inform how we view social phenomena such as aging. Failing to account for the various constraints and pressures put upon women by misogynist social, societal, and cultural norms leaves us without a full picture of how a woman's identity develops and changes throughout the lifespan (Radtke, Young, & van Mens-Verhulst, 2016; Mantecon, 1993).

It is also important to understanding how women have performed and viewed their gender roles throughout their lifetimes (Calasanti, 2010). The United States is a patriarchal society that affects women's abilities to work, access education, and acquire wealth (Wendt & Moulding, 2016). Failure to account for these social institutions and constructions of gender can inhibit the ability to provide effective clinical social work interventions when needed. Calasanti (2010) argues that how a woman views her gender also informs how she transitions into older age, including what roles are expected of her (i.e., a caregiver and nurturer). Many women have retired from full-time employment or have children who are no longer in the family home. They may also begin to experience the death of friends, spouses, and other loved ones (Mitchell &

Helson, 2016; Wendt & Moulding, 2016). All of these changes can shift a woman's identity away from that of the maternal, primary caregiver. Conversely, some aging women move into the role of caregiver for an ailing partner or spouse, re-affirming the role of primary caregiver and the traditional cultural division of labor that is present in many heterosexual couples and family units (Calasanti, 2010).

Older women may also experience losses and disruptions in their sense of community, and may require residential care for physical or mental illness (Baldwin & Estey, 2015). For some older women, their identity and sense of self can become defined by compounding losses. Changes in health status, retirement from work or volunteer positions, death of family members and spouses, and changes in cognitive functioning can all lead to a loss of identity (Baldwin & Estey, 2015; Damianakis & Marziali, 2012; Mitchell & Helson, 2016). In the United States, where ageism is an accepted part of the dominant culture (Mitchell & Bruns, 2011; Gergen, 2009; Wendt & Moulding, 2016), these disruptions can be viewed as a person "giving in" to old age, leading to stigmatization at a time when increased connection to community is of great importance (Calasanti, 2010). Instead of honoring the transgenerational wisdom older adults offer, our culture has been socialized to consider older adults a burden to be feared and shunned (d'Araújo, Alpuim, Rivero, & Marujo, 2016). The possibility of frailty also introduces a new type of anxiety, reinforced by our culture's values of autonomy, independence, and maintaining outward appearances (MacKinlay, 2014). A person's identity—a sense of self or personal efficacy—faces the challenges of adjusting to a new perception of abilities and context, especially when navigating activities of daily living (Dingley & Roux, 2003). Identity is a co-authored narrative, transactional between the person, their culture, and their environment (Baldwin & Estey, 2015; Nikander, 2009). Losses are not only disruptive but have the potential

to threaten the foundation of one's sense of self and emotional well being (Baldwin & Estey, 2015).

The compounding nature of loss that women experience in older adulthood can contribute to a loss of the cohesion of one's life story, and how one makes meaning (Randall & Kenyon, 2004). Radtke, Young, and van Mens-Verhulst, (2016), West and Glynos, (2016), and Mantecon (1993) describe this shift in meaning making and identity as the construction of the third- and fourth-age. Women in the third-age have reached the threshold of older adulthood, completed menopause, and are not yet experiencing the physical declines of old age that could be labeled disability (Radtke, Young, & van Mens-Verhulst, 2016; Mantecon, 2013). The fourth-age is the time of physical or mental disability and disease that precedes death (West & Glynos, 2016; MacKinlay, 2014). West and Glynos (2016) argue that the fourth-age is inherently structured by the third-age and represents the reality that cannot be explained by a person's existing psychological organization and "signifying systems." When one is unable to organize an experience into one's current signifying systems, the culturally dominant narrative is relied on to explain and assuage anxiety (West & Glynos, 2016). This causes the cultural narrative to be reinforced within society and, in this example, causes repeated damage to the ability to support and engage with older women in a meaningful way that speaks to their life experience (West & Glynos, 2016).

Nikander (2009) argues that the importance of age as a personal narrative of meaning making has been overlooked in current research. Research tends to have pre-constructed notions of chronological age that are then enacted by participants as "social fact" (Nikander, 2009). Much of the fear and distress that can be experienced by women who are the oldest old stems not from a fear of death, but a fear of loneliness, disease, and a "bad death" (West & Glynos, 2016).

West and Glynos (2016) propose that appealing to fantasy through a psychodynamic lens can assist older women in creating a fulfilling narrative of their aging experience. They also discuss the idea of a third- and fourth-age for females in Lacanian terms. The fourth-age is the final time in life when the third-age, an age of able-bodied older adulthood, has passed and “the Real”—the prospect of disease and death—becomes imminent. It is now when framing a narrative of fulfillment, through the lens of the world we experienced before becoming inundated by language and symbols, can be beneficial and healing (West & Glynos, 2016).

Aging is a time of changing roles and identity that can cause older women to feel depressed or despairing. Erikson’s seventh- and eighth-stages of development (generativity versus stagnation, and integrity versus despair) outline the crises of identity and meaning that can lead to depression and meaninglessness or, alternatively, transcendence (Goodcase & Love, 2016). Here this study examines how some older women have navigated the changes in their identities in older adulthood and whether spirituality played any role in that process. Many of the researchers cited speak to the merits of narrative therapy and narrative activities in guiding older women to a meaningful end of life. This study also explores whether using techniques described in narrative therapy, with or without the assistance of a professional, have assisted older women in navigating their transition into older adulthood. It is the author’s hope that this study will contribute to a developing body of literature outlining how to support and counsel older women in the realm of clinical social work and psychodynamic practice.

Chapter III

Methodology

The objective of this study was to examine how women between the ages of seventy and ninety navigate the shift in identity that takes place later in life; and whether spirituality played a role in the reconstruction of their identity. For the purpose of this study, reconstruction of identity is defined as how changes in ability and lifestyle are integrated as women age. The research questions guiding this study were: 1) how do women navigate changes in identity in older adulthood; and 2) what role does spirituality have in the reconstruction of a woman's identity in older adulthood? This research aims to provide clinical social workers with additional data to better understand and treat older women, and encourage clinical social workers to provide more effective, well-rounded interventions for older women who experience anxiety and depression.

There is very little existing research arguing the importance of spirituality in helping older adults navigate and integrate losses into their lives. Further, research that has been conducted often compares the experience of older women to that of older men instead of examining the nuances of the lived experience (Ross-Sheriff, 2008). This lack of research, coupled with American culture's stereotyped portrayals of older women, has contributed to the essentializing of the experience of older women as post-feminine "crones" (Mantecon, 1993) who have little value and lack the ability to contribute to society (d'Araújo, Alpuim, Rivero, & Marujo, 2016). Calasanti (2010) refers to the American view of aging as a way to exclude older adults from participating in society. By the year 2030 the number of older adults living in the United States is projected to rise to approximately 72 million, nearly double what it is at present

(Data & Evaluations, 2015). Being that women tend to live longer than men, it is especially important to understand the experiences of older women.

The majority of prior research reviewed for this study relied on qualitative methodology. Glicksman (2009) describes the choice between qualitative and quantitative methods and argues that quantitative analysis is difficult to use when studying religion or spirituality. This is attributable in part to the pre-supposition that questions can be answered in discrete terms without additional context being provided by the subject. Quantitative analysis also involves deconstructing a phenomenon into small parts that can be observed and replicated by a researcher (Padgett, 2008, p. 6). This type of observation would be difficult if not impossible when discussing personal spiritual experiences especially in the time frame of a Master's thesis. Therefore, the researcher agrees that qualitative methods *can* better capture the nuanced nature of discussing personal spiritual experiences.

Among the qualitative research reviewed, the majority of researchers employed a narrative or critical theory approach (e.g., Baldwin & Estey 2015; d'Araújo, Alpuim, Rivero & Marujo 2016; Goodcase & Love 2016; Manning, 2012; Mitchell & Helson, 2016; Radtke, Young & van Mens-Verhulst 2016). In designing this study, a narrative approach was considered for its ability to explore the details of a societal phenomenon: aging and spirituality. However, narrative approaches require extensive exploration of linguistic structures within interviews, which are tangential to the purpose of this study (Padgett, 2008). Narrative approaches are often extremely time-consuming, which made this approach unrealistic given the time constraints of the thesis process. Only one article reviewed by the researcher (Manning, 2012) cited a hermeneutic approach to highlight the personal, lived experience of the subjects. Manning also illuminated how the phenomenon of spirituality in aging is experienced in a person's specific

socio-cultural context. Though this approach is both appealing and admirable, it also involves a great deal of interpretation on behalf of the researcher and several in-depth interviews, in Manning's case up to five three-hour interviews per participant.

For the above stated reasons, a phenomenological approach was used to conduct this study and interpret the data. Phenomenological analysis allowed the researcher to organize and interpret the data that were gathered in a way that focused on the lived experience of aging and changes in identity as described by the participants (Padgett, 2008, p. 35). It also allowed for examination of overarching themes that emerged in the interview process.

Sampling

A Purposive and Snowball Sampling strategy was used to recruit six participants. Women between the ages of 70 and 90 were chosen for this study because they have passed the threshold of being middle-aged and moved into what is considered older adulthood, comprising the categories of young-old or early old age, and oldest-old (Luhmann, 2016; Sinyor, Tan, Schaffer, Gallagher, & Shulman, 2016). All of the women who participated in the study had begun to navigate significant changes in the structure of their daily lives and relationships. Some participants had also begun to experience some loss in functional capacities, such as physical disabilities, use of a mobility aid such as a cane or walker, worsening eyesight, or chronic pain. Of the six women recruited, four identified as Italian, one as Puerto Rican, and one as Jamaican. Participants' socioeconomic status varied; however, they were not asked to disclose their income or financial status, and any conclusions drawn about financial means were made by reviewing the content of participants' interviews. For example, at least two participants mentioned receiving social security as their primary income and two other participants expressed difficulty in affording prescriptions.

Recruitment

According to the United States Census Bureau, nearly 16 percent of the population of Connecticut is over the age of 65 (United States Department of Commerce, 2015) making the desired sample of six to eight women feasible. Women were recruited from a local senior center in the greater New Haven, Connecticut area. Those who chose to participate were asked about their work life, values, nuclear and extended family relationships, cultural background and heritage, spiritual practices (if any), their conceptualization of spirituality, and their insights into their transition into older adulthood.

Prior to visiting the Senior Center, the researcher spoke with the director and staff to explain the purpose of the research. After the director agreed to allow recruitment to take place in the Center, the researcher arranged a time to visit and be introduced to participants at the Center. A flyer (Appendix A: Thesis Flyer) was posted at the Center as well as in the Center's monthly newsletter. Exclusion and inclusion criteria were explained to directors and staff who provided assistance in recruitment efforts. Once participants agreed to take part in the research, the researcher arranged for a first interview where exclusion criteria were discussed and the verbal screening was conducted. Participants were asked to identify the day, time, place, and the current president of the United States. If a participant was unable to identify the day, time, place, or the current president, or had a partial or full guardian aside from power of attorney, they would have been excluded from the study. Owing to thoughtful recruitment efforts and conversations explaining criteria prior to the study, none of the volunteers met the exclusion criteria and all six participants were eligible. The consent form was read aloud by the researcher—all participants were required to understand English—and any questions the participant had were addressed. Some questions included what the project was for, if anyone

would hear the recordings that were made, and whether the information provided would be kept confidential. Once questions were addressed, each participant was asked to sign the consent form. Participants received a copy of the signed form that included contact information for the researcher as well as the contact information for the Smith School for Social Work Human Subjects Review Committee. The initial meetings and interviews took place in a separate office at the Senior Center. The researcher requested a quiet and private space; this ensured the confidentiality of the participants and minimized distractions or background noise that may interfere with the recording or the interview. This space was ADA compliant and thus able to accommodate any functional impairments or accessibility concerns.

Collection of Data and Analysis

Two interviews were conducted with each participant lasting for up to 60 minutes depending on the length of responses participants provided and time constraints. The interviews were recorded on the researcher's password protected iPhone. Recordings ensured maximum accessibility to latent and manifest content, and allowed the researcher to be attuned to non-verbal cues and to consider interviewees' responses in greater depth. Only one respondent requested not to be recorded and instead, extensive notes were taken during and after the interview. Following each interview, field notes were taken by the researcher to reflect on the surroundings, the researcher's personal reactions and feelings toward the interviewee, and the nature and tone of the interview. Recordings were transcribed by the researcher and edited by the researcher using online transcription software.

The researcher reviewed transcripts of the recorded interviews as well as field notes several times, and used open coding to identify shared and divergent themes evident in the participants' responses such as values, self-concept, roles within family systems, and experiences

of spirituality. The researcher then re-reviewed all transcripts and notes to look for markers of identity or despair as defined by Erik Erikson (1950) and outlined by Wiesmann and Hannich (2011) and Hogstel, and Curry (1995). Interviews were coded for markers of lifespan coherence such as comprehensibility, manageability, meaningfulness, consistency, and participation balance (Wiesmann and Hannich, 2011). Interviews were also examined for behaviors associated with integrity, such as acceptance, ability to reflect on life, and ability to take responsibility for failures. Conversely, markers of despair were also examined in the context of low integrity (Hogstel, and Curry, 1995). Hogstel and Curry (1995) outline low integrity as feelings of failure or hopelessness, low self-esteem, feeling out of control, non-acceptance, personal fragmentation, and fear of death.

Protection of Confidentiality

All interviews took place in a separate, confidential space where participants' responses could not be overheard. Interview recordings were kept on the researcher's password-protected iPhone until they were uploaded to the researcher's password-protected laptop for transcription; all recordings were deleted from the researcher's iPhone once they had been uploaded.

Respondents' identifying information was saved in a separate document to be kept in a fireproof lock box and each respondent was assigned a unique identifier to further encrypt the data. This information will be retained for three years in keeping with federal guidelines for research involving human subjects, and destroyed once subsequent documentation has been completed and the data are no longer needed for future research.

Threats to Validity

Threats to trustworthiness in the research include reactivity, researcher bias, and respondent bias (Padgett, 2008, p. 134). Limited interaction prior to the interviews and limited

personal disclosure on behalf of the researcher aided in the remediation of reactivity and researcher bias. However, the researcher's prior experience with the target population and interest in the respondents' life experience made extensive field notes an important additional protective measure. Respondent bias is another significant concern, especially because of the personal nature of the subject matter. Though respondents were overwhelmingly candid with the researcher, and expressed feeling comfortable disclosing personal information, many also expressed an interest in the researcher and one respondent stated that she had been concerned with offending the researcher with her viewpoints. Second interviews were an important part of the research, as they allowed participants to become more comfortable and reflect on their disclosures between interviews.

Participation Risks and Benefits

Risks and benefits from participation were outlined in the consent form that was read to and signed by all participants. The only identified risk was that the final question of the interview pertained to death and could bring up thoughts or feelings of anxiety or other negative emotions. Participants were overwhelmingly willing to discuss this topic, though some participants did become tearful while discussing events throughout their lifespan. Despite becoming tearful, none of the participants reported feeling upset or disturbed by the line of questioning following the interviews.

Benefits from participation were also outlined and included the opportunity to reflect on one's life experience and the ability to contribute to a body of research that may help improve elder services in the future.—Depression is one of the leading mental health diagnoses of older adults, and 15% of completed suicides in the United States are older adults (Goodcase & Love, 2016). This research proposes that if we consider depression a crisis of meaning, there is much

to be done to help older women find meaning in the end stages of life. Interventions such as narrative therapy, psychoanalysis, and developing spiritual practices could help foster a sense of connectedness and generativity that may alleviate feelings of depression and despair (Goodcase & Love, 2016; Randall & Kenyon, 2004; West & Glynos, 2016).

Chapter IV

Findings

The findings discussed in this chapter comprise the information gleaned from 12 semi-structured interviews with women aged 79 to 90, each of whom self-identified as having an opinion or experience with spirituality and how it has influenced their aging process. Five of the six participants identified as Catholic at the time of the interview and one identified as Pentecostal. One participant had been raised Pentecostal and then converted to Catholicism in adulthood. The participant who identified as Pentecostal had been raised Methodist until age 13 when the family converted. Information the researcher found most relevant was discovered when participants were asked about the influence of spirituality on their resilience and ability to integrate changes in lifestyle that come with aging in the United States. Rich information was also uncovered when participants were asked about their thoughts regarding death and whether their spirituality influences how they view death.

Initial interviews were broken down into three broad categories: 1) establishing baseline, lifestyle, and culture; 2) examining values that define older adulthood; and 3) examining spirituality. Questions in the first category were used to establish a sense of the cultural context in which clients grew up and currently live. The second category was used to examine what participants valued and how they viewed themselves and their transition into older adulthood. The third category was used to establish how participants conceptualized spirituality and how it affected their attitudes, outlook, and day to day lives. Initial interview questions can be seen in Appendix B [JO1][NC2] of this document.

Second interviews were then conducted with each of the participants. One of the second interviews began with a continuation of the initial interview questions because of the length of

responses provide by the participant. All other second interviews were composed of follow-up questions from the researcher's initial review of the first interview recordings. Most second interview questions centered on self-concept and clarifying statements that had been made in the initial interviews. A list of questions asked during second interviews can be seen in Appendix C of this document.

Establishing Baseline, Lifestyle, and Culture

Of the six women interviewed, one participant chose not to disclose her age though she did verify that she fell within the age bracket required for participation. The mean age of participants who provided their age was 83.8 years and the median age was 81 years. Four of the participants interviewed identified as Caucasian, and more specifically, Italian. One participant identified as Jamaican and one participant Puerto Rican. All of the women lived independently in their own homes; one participant lived in a senior housing community, one in a condominium, and four lived in single-family homes. Two of the participants were married and lived with a spouse, two participants had been married previously but were divorced or no longer lived with their spouse, one participant lived alone following the death of her spouse, and one participant lived alone and had never been married. Five of the participants reported having children, grandchildren, or great-grandchildren. All of the participants identified as working class or lower class in their childhood. Four participants indicated that holidays such as Easter and Christmas were important parts of their upbringing and family life; all six of the participants cited church membership and attendance as an important part of their lifestyle and culture. Four participants identified themselves as having serious chronic injuries or illnesses that affected their ability to function daily and two participants disclosed significant trauma in early life that affected their outlook.

Participants were asked to recall significant defining moments from their lives and approximately when these events took place. Responses can be broken down into three themes: loss, struggle, and traumatic experiences; affirming or positive experiences; and neutral experiences. Of the participant responses, half reported the death of a family member as a defining moment in their lives. For one participant, it was the death of her father; for another, it was the death of her husband. Yet another participant had to cope with the sudden death of her sister:

I sort of cushioned myself into believing that I could accept it but I couldn't accept her because it was out of the blue. No reasoning. She was not sick. She didn't like doctors, she was not sick. It was like a sudden burst, it was like my whole world because we're only four years apart and we did everything. She was my right hand. Younger than me.

Another participant recalled the deaths of one of her children and her mother, and the despair that she felt following their deaths. She recalled struggles with substance abuse and severe depression related to the sudden, successive losses of her family members. One participant recalled the death of her husband and how it led her to emotional growth, increased self-sufficiency, and allowed her to have life experiences she may not have otherwise had:

When my husband passed away, then I really couldn't stand it. It happened too fast, and it was hard on me, you know? ...I had three children then...they were in high school and I said how am I going to do this? ...I did a lot of things I didn't do before. So, see God works in mysterious ways.

Participants also recalled being poor, growing up poor, and life being hard as a defining part of their childhood and young life. Four of the six participants identified as poor in their

childhood. Given the ages of participants, the Great Depression in the United States had a strong effect on the socio-economic status of all the women. Puerto Rico, a U.S. Territory, was also a victim of the stock market crash as was Jamaica, a major producer and exporter of sugar and other goods during the Great Depression and World War II era (Jamaican Information Service, 2017). Sentiments expressed by participants ranged from “we didn’t have much then,” and “you got what you got” to “it was a hard life” and “times were tough then.” One participant recalled hanging her school dress in the back of her closet when she got home from school to wear later in the week:

We were poor...we didn’t have, you know, all the clothes the kids have now and things. We didn’t have that... we used to take our dress after school and hang it in the back of the closet ‘cause ah, you could wear it... another day’s change.

Some sweaters.

Other participants described both parents working and having to make meals last. Participants who came to the mainland United States in adolescence described farming and large families as ways of combatting poverty. Additionally, these participants then faced financial and emotional hardships upon moving or immigrating and described significant traumatic events that shaped how they viewed their lives and adulthood. One participant described her experience of being sent to a major U.S. city by her father to work as a nanny and housemaid at age 14:

Because my family was poor there was a lady that said why don’t you let us have me come to stay there, put me through school and all that. My father believed all that but it never did happen. I was staying there and taking care of the kids while they went to work... I was only 14 so I never did finish anything.

Another participant relied on family upon arriving in the United States, especially her mother who had immigrated beforehand to establish the family.

Of the participants who recalled positive or neutral experiences as defining moments, half discussed the birth of their children or grandchildren and one-third discussed spending time with influential family members, such as parents, grandparents, siblings, children, or grandchildren.

One participant recalled her first pregnancy as her passage into adulthood at age 23:

When I became pregnant to my daughter... you felt like you were matured in life then, because up until then you just took things in life for granted. And when I became pregnant I realized that you're becoming a woman now, your life is changing... I was, well, 23...so that's when you realize you've got to start settling down more. Your life is different.

Another participant recalled the birth of her grandchild as a defining moment in her life and the life of her family and a significant source of support:

...When my son went to the hospital he called me... and he says, "She's here! She's here!" ... Oh, what a feeling... There she was, a little peanut like that. Her legs are going like that and I said she's gonna be a tough one! ... When I had my son, and I have my granddaughter, I would still go over there and I would never have a pain. I would get aches and pains when I would leave their house.

In addition to time with family, two of the participants also cited receiving gifts or special treats as children—such as food, toys, or clothing—as significant events given the social and cultural context of being poor and living during the Great Depression. Finally, half of all participants noted working, having a job, career changes, or retirement as a defining part of their lives.

Examining Values, Defining Older Adulthood

In part two, participants were asked to consider when they came to view themselves as older adults and how their self-definition has changed. This was also explored in more depth during second interviews with participants where four of six women stated that leaving their jobs or retiring was the primary indicator of their transition into older adulthood. For two of these participants, leaving work was part of shifting back into a caregiver role: in one case to care for an aging parent, and in another to provide care for a grandchild. Another participant noted she began caring for her grandchildren in retirement, but did not retire from her job with this sole purpose in mind:

I enjoy work, I wish I didn't have to retire but they had a settlement of the girls [who worked at the hospital]... a package settlement that everybody would retire and get that big package deal with the coverage and everything.... She says, "you can work Sundays" and I says, "I fought for we're having Sundays off!" ... I wanted to be home with the kids and that was it. I started taking care of the kids from then on.

Of participants, five cited physical changes and feelings of isolation as indicators of their passage into older adulthood. Two participants noted significant physical pain and discomfort as indicators of aging and another noted loss of eyesight. Participants also noted changes in their physical appearance. One participant in particular noted changes such as wrinkles and a decrease in height:

I look in the mirror and I go who is that? ... Sometimes I see myself in the mirror and I go, oh my God I got wrinkles. I never had wrinkles but you know, as they say... and then like the glasses; I take them off and, see? The marks from the

glasses? Which I never used to have. I never wore glasses up until about 50 years old.

Another participant described the changes in her body as difficult to accept. No longer feeling attractive or sexy affected her view of herself. She also noted feeling as though her mind was “closing down” and changes in mobility. Mobility and physical disability was a theme for a participant who had faced significant illnesses, leaving her with neuropathy, and causing her to use a cane. She noted her health as a marker of decline and occasional source of frustration:

When I was in my thirties, my forties, my fifties, they didn't have those [health] problems... I'm finding it harder to breathe. I gotta watch... I get depressed because I get mad at myself that I see others my age who are still bouncing around, older than me, and I have this life problem and it just sort of holds me back.

She and other participants also noticed that they thought more about death than they had previously. Only one participant stated that she actively chooses not to think about death because of the anxiety it brings her. Other participants ranged from considering the practical aspects, such as the cost of burial and writing a will, to the spiritual and philosophical, such as wondering what the afterlife will be like, what the moment of death will be like, and if they will be reunited with loved ones. Of participants, three noted loss of a home or moving as a part of older adulthood and another three noted financial stress, such as medication costs, as a part of aging.

The final aspect of aging noted by participants was emotional and spiritual growth. Five of the participants noted this as a part of their aging process. The women spoke of qualities such as increased patience, assertiveness, and maturity. Three women described themselves as shy in

childhood and young adulthood, having only become outspoken and more self-assured in their fifties, sixties, and seventies. One participant described this shift in her outlook and self-image as follows:

You know, I used to be very shy and I just listened to everybody and as I got older I got stronger feelings. You have to speak the way you feel and if you don't like me just keep quiet. I'm gettin' that more as I get older. Because now you realize that life is passing ya. Nothing more left in life.

In this section of the interview women were also asked to reflect on their values. Employment, hard work, and staying busy were cited as core values by all of the participants, which reflects the period in which the women were born and raised. This was also represented in how the women spoke about their spouses and family members, stating that someone being a "worker" is a highly valued character trait. A participant used this phrase when describing her relationship with her husband and children: "He was a very good provider. I have no complaints. I wouldn't be where I am if he wasn't a worker. We both worked together. We both always worked two jobs to give our children what they wanted." Another participant recalled: "I don't like staying home. I worked all my life until I was 67... I just worked a couple jobs. The hospital ... to keep busy... and then I cleaned banks downtown at nighttime."

All six participants also noted religion, faith, or spirituality as a value of theirs. While all of the participants cited a specific church or denomination they belonged to, not all found the institution of the church or specific doctrine of their religion to be the most important part of their faith. One woman discussed being thrown out of confession in her twenties and beginning to question the institution of church while still deeply valuing

faith. She recalled seeing the Priest as fallible for the first time and seeking guidance from her mother:

When I first got married... I had gone to church and told the priest that I was practicing birth control... He threw me out of the confession box. I went home and I was crying to my mother. She says, 'don't let it bother you...he's just a man with a collar'... and I did. That's what made me realize that you have to be your own person.

Another participant echoed a similar feeling of embracing faith rather than doctrine after converting in young adulthood and learning that her daughter had joined a church different from the one she had been raised in: "...the [religion] my daughter has, no I don't understand it. I respect it, but I know there is only one God and the Holy Family... and that's what's important."

Another participant reflected on the roots of her deep connection to the Catholic Church:

Faith is everything. I mean it. Just, I thought that, that's how we were brought up... people don't do that now. All the old timers, all the old timers do it, it was every morning put into us to do these things since we were little, you know? We was, it was just there.

Family, independence and self-sufficiency, respect, and maintaining a sense of community or connection with others were valued by five of the participants. The desire to maintain connection and community can be seen in the women's willingness and desire to attend the Senior Center and take part in the activities it has to offer. Multiple participants stated that they felt they had a great deal to offer one another through companionship and mutual support.

Education, and trust, honesty, and fairness, were considered core values by four of the six women interviewed. Participants cited the importance of their grandchildren and great-

grandchildren attending college, or regretting their own inability to complete school, as an example of these values. Altruism, giving back, or caring for others was noted by half of participants, two of whom described a desire to give back by helping others their age or working with children. One woman stated that she likes to be “like a social worker” at the Senior Center, cheering people up and helping others with cognitive impairment or mobility concerns. Lastly, morality and tradition were highly valued by two of the six participants. These women cited morals such as chastity, monogamy, marrying before cohabitation, and raising children in a church community as a part of their social values.

Examining Spirituality

Finally, the women were asked to consider what spirituality meant to them and whether it had an impact on their daily lives. Specifically, the researcher wondered if spirituality was a source of strength, clarity, or comfort in times of depression, fear, or thinking about end of life. First, the women were asked what spirituality meant to them. All six participants stated that faith was an essential part of their lives, describing that one must “have to have faith” and that their lives and deliverance from emotional suffering has been “by the grace of God.” Of the six women who stated that faith was an integral part of their daily lives, half described spirituality as a feeling that brought them comfort or solace. One participant described her routine for soothing herself in times of emotional distress:

Some days you really get low... I take my rosary and it's nice and quiet, and I put some nice music on and I say my rosary. Sometimes I complete it and sometimes I... it makes me feel good. I say my rosary and it always helps... I just feel like, inside the Lord hears me. You know? He's watching over me, just take care of me. Don't let me be afraid, just let everything be all right, please.

When asked what spirituality meant to her, another participant said, “I like it. It makes me feel better.”

Family of origin influence was a large part of how participants described their faith. Five participants responded that their faith was something that had been taught to them from an early age. All of those five participants had been active members of a church since birth. The sixth participant stated that her parents had been Methodists when she was young but “chose to give their lives to the Lord” when she was 13; at that point the family became deeply involved with the Pentecostal church. Additionally, all six participants stated that prayer was a part of their lives and that they prayed daily, sometimes when in distress, and sometimes as a part of ritual, such as nightly prayers or in church.

When asked about events in life that had challenged their values and beliefs all but one participant were able to reflect on at least one instance. Two women stated they had questioned their faith many times in moments of great emotional pain and despair. One participant stated she did not like to ask “why” in her faith; however, at times she had been compelled by exactly this question: “I don’t like to use [why] but I do when things get really bad, I say why Lord? Which way do you want me to turn? What do I do?” When asked if her faith had ever been challenged or if she questioned her beliefs another participant responded, “Oh yeah, many times when I think that God doesn’t hear me.” Another participant reflected on her relationship with her church and priest:

I used to belong to the Catechism class and the instructor would say, ‘Remember, they’re just a man like you’re a woman and they have a collar. That doesn’t mean that because they have a collar they’re different than you. You have a right to

voice your opinion and feel the way you do.’ And that’s the way I look at it.

That’s how I survive... as I got older I realized that, I learned that they’re just another person.

Lastly, participants were asked to reflect on their thoughts about end-of-life and how their spirituality affects their outlook on death: five women stated they thought about death semi-regularly. One woman stated that she did not think about death; that she used to but found it very upsetting and therefore no longer thought about it. Half of participants expressed a fear of death and discomfort with not knowing what will happen at the moment of death or in the afterlife. One participant stated that the idea of death was too scary for religion to be helpful or comforting. Another echoed this sentiment:

That scares me. It scares me. I... it scares me in the sense that, what happens, you know? When you die? That scares me. How are you going to die, that’s what scares me, okay?... I wake up out of my sleep or I feel like, uh, especially when I’m sick. Oh my God, something’s going to happen, is this it?

Two participants discussed the logistics of death and worry about how they would be interred. Wills, finances, and funeral arrangements were also discussed. One participant worried her family would not respect her wishes to be cremated and wondered how she would have her wishes carried out. Another reflected on a passage she had read in a prayer book from her church that was contrary to her belief:

I was reading in the prayer book... because I just lost my brother a couple of weeks ago and I keep thinking well, he’s with my mother and my father and he must be happy. Then I read in the prayer book that when we go we don’t always

[reconnect] with the people we think we're going to be with; that we're going to meet other people and that's what's in my mind now. I always thought that if I die I'm going to be with my mother and father, my aunts and uncles.

Three participants cited their faith and spirituality as a source of comfort and reassurance when thinking about death; however, two of these participants also stated that they found the idea of death to be very scary and that, at times, their faith was not able to provide them with comfort or reassurance. Of the six participants only one had found acceptance and comfort through faith:

I think about [death]. I wonder how I will know, what will happen. Will I be by myself? I hope not. You know? But whatever's in store for me, I led a good life. You know? ... Just don't let me know what's happening, that's all I say. Dear God, just take me. No fear. Just take me and give my children peace, my family.

Though another participant expressed a similar readiness for death, it was in part attributable to her faith and spirituality, but also to emotional stress and ongoing hardship:

I think about [death] all the time... because God knows I'm ready, but it's when he wants me... I'm not going to kill myself or anything but I'm tired. I'm ready, God. I'm tired and I don't know how much more I can take.

Clarifying Meaning and Gauging Integrity Versus Despair

Following the initial interviews, the researcher reviewed each one and compiled follow up questions related to the initial interview questions. Most second interview questions were to gather information in greater depth or clarify the meaning of participant responses. Additionally, second interviews provided supplemental data to help the researcher gauge where participants may be in the resolution of Erikson's final identity crisis of integrity versus despair. Each

interview was reviewed using the metrics outlined by Hogstel and Curry (1995) in their article *Ego Integrity versus Despair in the Later Years*, as well as markers of integrity listed by Wiesmann and Hannich (2011). Three of the participants appeared to have developed ego integrity whereas the opposing three appeared to be moving into despair.

Participants who had developed ego integrity shared many common attributes. All three women either were or had been married, had children and grandchildren with whom they had positive relationships, and reported having “happy” childhoods. The women were able to engage in the developmental tasks of establishing life satisfaction and re-evaluation outlined by Wiesmann and Hannich (2011). Re-evaluation, where a person reflects on their life constructively, came easily to these women during the interviews. They often phrased memories in the positive and expressed acceptance when reflecting on events in their lives: “I say thank you [to my parents] because I brought my children up the same way and they are with their children. I feel proud of myself to know that we have good choices in life.” Another participant reflected on the increased solitude she experiences as an older adult and how she used her time alone to consider life:

So that’s getting old. You’re by yourself. Have a lot of time to think. A lot of time to think. [I think about] how I managed all these years...but I just did, I just did it. And you don’t think you could do it but you did. I took care. I held it together...getting old is just getting old when you go along with it. I can’t get moody or anything because it’s not your children’s fault, it’s nobody’s fault that they’re not around all the time.

Weismann and Hannich (2011) describe these types of experiences as coherence of the life span. The women who embody ego integrity have lives that feel comprehensible and manageable, and

events make sense,. Life is seen as in control because of both internal and external resources, and meaningfulness. For these women, life makes emotional sense and is continually worth the investment of their time and energy.

Hogstel and Curry (1995) gauge high integrity as resolving past conflicts and unfinished business, as well as having a sense that things are settled. The three participants who appear to have developed ego integrity have realized many, if not all, of the positive descriptors of integrity. These factors include: acceptance of one's life cycle; acceptance of self and others; appreciation of one's accomplishments and successes; acknowledgment of mistakes and disappointments; contentment with one's own life outcome; and feeling that death is more acceptable. Participants discussed the other members at the Senior Center and how they are able to foster a sense of community and mutual support:

...the bus comes picks me up. Then I have to go and I'm glad. [The director] is very nice and the girls are nice. I mean, we all have our little 'ifs' and 'ands,' our low days, and it helps. It helps you, it helps them, you know?

Another participant stated:

I do a lot with the ladies here. I like do things with the ladies, I enjoy it...I like to talk to them. I'm very social with them, I would give them hugs, make them feel loved or held. Like some people, some of them don't like it, they'll push you away and if they don't want it it's okay.

Both of these participants are able to accept others and also accept themselves and their relationships with others. This was also seen in their descriptions of family members. None of the participants who appeared to have developed ego integrity spoke of family members from

whom they were estranged or disdained. Only one participant from the ego integrity group expressed fear of death.

The three women who were moving toward despair had very different life experiences; however, all of these women disclosed some sort of trauma or traumatic loss they had experienced and struggled to reconcile. Vandewater, Ostrove, and Stewart (1997) speak to the need for successful resolution of Erikson's previous stages of development before moving onto the next. This is especially important when reaching the stage of generativity versus stagnation, which leads into the crisis of integrity versus despair. Traumatic experiences can impact the development of the sense and impair one's capacity for feelings of well being. When the women were asked to describe what their daily lives were like, two of the three participants stated that their lives were boring. They went on to describe various stressors and struggles, such as health concerns, financial stress, and family conflict they found overwhelming at times. Wiesmann and Hannich (2011) consider a feeling of balance between over stimulation and under stimulation in older age to be a crucial part of integrity. This ties into the concept of manageability, where a person feels that they can handle life situations that arise, utilizing internal and external resources (Wiesmann & Hannich, 2011). All three participants who appeared to be moving toward despair struggled with this balance. They described their days as dull or monotonous until a crisis arises. When prompted by a crisis, they are forced to mobilize what resources they have to reconcile the imminent concern, such as not having enough medication, or managing a fall:

[Life is] boring. Lonely. I haven't been feeling well. Like, since I have had a few falls and been in the hospital... it is depressing too because I forget. ...I live alone, I didn't have anyone to take care of me. ...Sometimes I hate to get up.

Another participant expressed a similar sentiment:

It's very boring [life]... you're really limited, you know what I mean? ...I went almost a whole month without my breathing [medication] in my lung. Doctor says you can't be doing this, you're going to have to get the medicine, but you know you're talking about a lot of money.

It could be argued that these participants are also expressing feelings of hopelessness and despair, which are noted as signs of low integrity by Hogstel and Curry (1995).

Participants who appeared to be moving into despair also consistently had unresolved issues, such as burial plans or being estranged from family members. These concerns were often expressed with an affect of frustration, fear, or discouragement. Hogstel and Curry (1995) cite feelings of frustration, resentment, discouragement, and a lack of acceptance as signs of low integrity and risk of despair. One woman cited her strained relationships with family members and ongoing conflicts in her neighborhood and church community. She felt that she was often under attack emotionally and was unable to focus on strengthening her faith in the way that she would like. Another participant described the strained relationship with her sister-in-law following the death of her younger brother:

I walked [my brother] into the operating room. And I left a little, I always left a little angry with them myself. ...All the time he was in the hospital I had the anger feelings within myself because I feel that she should have been there, okay?

This participant went on to discuss her sister's death and her ongoing grief and difficulty accepting that loss. Another described losing custody of her great-granddaughter and how, as a result, her life lost a sense of purpose. Disrupted relationships and unresolved grief were ongoing themes for the women at risk of despair.

It is important to note, however, that one participant openly discussed her feelings of depression with the researcher stating she had been in a “period of depression” for the past six months. She had experienced multiple losses over the course of a year, including injuries and disrupted relationships with family members. Though in these interviews the participant clearly embodied the characteristics of despair, it should be noted that this interpretation may be influenced by her current feelings of depression.

All three women moving toward despair cited their faith as a critical part of their personal growth and ability to make meaning of their life challenges. Wiesmann and Hannich (2011) and Hogstel and Curry (1995) cite the ability to make meaning of events in life as a sign of integrity. Spirituality and religion are meaning-making practices that could help older adults structure or reinforce a story of their life experiences, promoting coherence and resolution (Goodcase & Love, 2016). Though these women are currently facing challenges and lack the support to address their emotional needs, it is not impossible that they would transition into integrity with access to additional resources and the continued resilience provided by their devotion to their faith practices.

It is also important to note that two of the women who appear to be moving toward despair are of different cultures and are non-white. Ainslie et al. (2013) discuss the losses associated with immigration and the complexity of mourning a sense of place, including the “rhythms of life” that shape one’s sense of self. Without the researcher having more detailed knowledge of Jamaican and Puerto Rican history and culture, it is difficult to gauge what is typical for a family system and how this mourning process is enacted. It is also difficult to determine whether the women’s ways of reflecting on their experience are related to their culture. The experiences of racism and loss of culture through immigration and trauma, which

both women endorse, play a strong role in how they view themselves in older adulthood. One participant reflected on her experience of racism in her lifetime and how it intersected with her spirituality and relationship with God. She believed that racism would not exist if we had “God in our lives and peace toward each other.” She hoped that her children would have peace and not experience the same racism that she had experienced. For this study, a detailed analysis of how race, ethnicity, and culture impact women’s interpretation of their aging process was not feasible. Further research should be conducted about how women of different races, cultures, and ethnicities navigate the changes associated with older age and how clinical social work interventions can be tailored to each individual.

Chapter V

Discussion

The objective of this qualitative study was to examine whether spirituality plays a role in how women integrate changes in their identity as they age. Erik Erikson's developmental framework was used to gauge the women's stage of identity development and their resolution of the creative crisis integrity versus despair. The literature reviewed on this topic often included the experience of men, or referred to older adults as a homogenous group without acknowledging the differences between men's aging and women's aging. Research that did focus on women overwhelmingly ignored the differences in the aging processes of women from different races, cultures, and ethnicities. Though this study aimed to highlight the experience of women and begin to fill that gap in the literature, it still fell short of exploring how women of different races, cultures, and ethnicities navigate aging in America. This was in part caused by the lack of existing research on women of color and women of varying cultural backgrounds, but also ascribable to the limited nature and scope of this study.

Many of the women's experiences of aging were reflected in the literature review and were described in the context of all older adults, not just women. These experiences included: a variety of losses and changes that took place as the women aged; how the women viewed themselves and their life circumstances as they aged; and how they incorporated religion and spirituality into their lives. Experiences that were discussed less often in the literature include the impact of traumatic experiences, such loss of culture, immigration, and racism. Women in this study who described traumatic experiences were less likely to meet criteria for integrity and more likely to be in despair. Traumatic experiences also affected some participants' ability to experience comfort or resolution through their spiritual and religious practices. These examples

will be explored in further detail within the context of the literature reviewed in the key findings below.

Key Findings: How women view older adulthood

Based on the interview data, how women view themselves and their transition into older adulthood can be broken down into two broad categories: losses and growth. Both of these categories represent the overarching theme of change the women described throughout their interviews. These categories fit into the expectations that Erikson (1950) had for the final stage of human development, integrity versus despair. Dalby (2006) described a continued need for “vital involvement” while accepting the “dis-involvements” that also come with aging. This dialectic is reflected by the broad categories of loss and growth described by the women. Some of the losses cited include: changes to physical health; loss of home or sense of community; perceived declining attractiveness; loss of companionship; and disconnection from family members due to death, divorce, estrangement, or physical distance. Two participants echoed Mantecon (1993), and Gergen & Gergen’s (in d’Araújo et al., 2016) ideas that older women are considered post-feminine and are devalued because they no longer fit American stereotypes of sexuality.

Though some of these changes—such as estrangement from family, immigration, or loss of community—are not experienced by all aging women, many of the other losses mentioned are universal. Many of the women interviewed expressed feelings of loss and loneliness when they stopped working full time; they cited the pleasure, purpose, and social engagement that employment brought them. This could be considered “necessary disinvolvement,” stepping back from their habitual way of interacting with the world. The feeling of loss the women reported

also reflects the Depression Era values described by participants (Stull, 2014). Giving up work can be thought of as a violation of their values.

Examples of “vital involvement” (Dalby, 2006) include the positive changes that the women saw in themselves and their willingness to continue to change and grow. The women spoke of increased patience, maturity, and deepening faith that made them feel they were continuing to grow and evolve in old age. Three of the women interviewed for this study cited past feelings of being shy and unsure of themselves, and intimidated by authority figures, such as priests, their husbands, or their fathers. When asked to reflect on how they have changed as they aged, the women acknowledged they were able to speak their minds more freely and thus engage in conversation, socialize, and stand up for themselves in a way that was more satisfying. Aside from being an example of continued engagement, this is also an interesting example of how a woman’s aging process is different from a man’s. Radke et. al. (2016) and Mantecon (1993) highlight this important consideration, stating women experience different social constraints and pressures than men do in American society. For example, women are expected to want to have and raise children. Additionally, women are expected to value their appearance and have lesser career aspirations than men (Radke et. al., 2016). These, among other social pressures and stereotypes, lead to the marginalization of women and over-valuing of the male perspective. Though the women who were interviewed did not state it was men who intimidated them or made them less likely to speak their minds, all of the examples of people who they found intimidating were men.

Another way the women continued “vital involvement” was by attending the local Senior Center. All of the women cited the Senior Center as a crucial part of how they structure their time and continue to have fulfilling social interactions and relationships. Baldwin & Estey

(2015), Damianakis & Marziali (2012), and Mitchell & Helson (2016) write about the impact of loss of social interactions as a potential threat to older women and men's sense of self and identity. All of the women had experienced changes in their family structures and opportunities for socialization. Additionally, four of the women identified themselves as a "people person" and two participants highly valued helping others. When faced with the social isolation that comes with aging in America, the women sought new avenues for social interaction. They described trips, games, crafts, exercise classes, helping one another, and "getting out" as some of the many opportunities the Senior Center offered them.

The influence of spirituality and the aging process

Because of the self-selecting nature of this study, all women who participated identified as having a relationship with spirituality that influenced their lives. The Senior Center was also located next to a Catholic church. Only one participant identified as having attended that church; however, the Senior Center did display Catholic prayers, Saints, and observed all Catholic holidays. All of the women described moments when their faith had been tested and only one participant stated she had never questioned her faith. Interestingly, the women preferred the word faith over spirituality. One participant initially wasn't sure what spirituality was, but asserted that "you have to have faith" when asked about her relationship with God and religion. This was a surprise to the researcher and could be attributed to the age and culture difference between the researcher and participants. Having been raised in a liberal family that did not practice a traditional organized religion, the terms faith and spirituality seemed interchangeable to the researcher. When the women spoke of their faith it was often in the context of religion, such as adhering to religious guidelines, attending church, and praying.

There was, however, an element of transcendence that the women spoke of when asked about their religious practices. Many of the women described feeling at peace or comforted by prayer in times of fear and uncertainty. This speaks to Baldwin & Estey (2015), Damianakis & Marziali (2012), Goodcase & Love (2016) and Manning's (2012) assertions that spirituality can help provide a grounding principle and internal sense of agency and control. One participant recalled a fall in which she had broken several bones and called out to God to help her. After this prayer she was able to reach the telephone to call 9-1-1; she believes this was her prayer being answered. West & Glynos (2016) cited spirituality as a part of constructing an identity that can manage and integrate loss and tragedy in older adults. Several participants described their faith helping them to make meaning of painful experiences, such as the death of a spouse or an illness. The phrase "the Lord works in mysterious ways" was used by at least three participants on multiple occasions, suggesting that their faith had assisted them in accepting the ambiguity and unpredictability of life circumstances.

Though faith provided comfort and structure for the lives of all of the women, there were several instances where the women stated their faith was not an adequate source of comfort. This became prevalent when discussing early and mid-life trauma and the inevitability of death. Two of the women disclosed significant trauma histories that included domestic violence, alcoholism, the death of a child, sexual trauma, and separation from family. These women were visibly grief-stricken when discussing these early life experiences and openly stated they had never discussed these experiences with anyone. The researcher did not expect this, and the literature reviewed fell short of discussing early life trauma and its influence on the aging process. In the research, there was mention of losses that take place in older adulthood; Baldwin & Estey (2015), Dalby (2006) Damianakis & Marziali (2012), and Mitchell & Helson (2016),

among others, reflected on the many losses both older men and older women face. It is, however, important that future research explores the effects of unresolved early trauma and discovers ways to effectively assess and work with traumatized older women.

Of additional interest were the women's reactions to talking about death. During the first round of interviews, the researcher deliberately asked about death following the section of the interview about spirituality. Three of the women expressed fear of death and one stated she did not like talking about it and changed the subject a few sentences later. Another participant reflected that her faith could not help her when she considered death because it was too scary. Discussing death did not disturb three of the women. Two said they were not ready to die yet, but would take it when it came; and one stated that she was ready to die. All of the women who felt prepared for death spoke of their faith and felt comforted by their belief that they would be going to Heaven and they had done the best they could in their lives.

Integrity versus Despair

Throughout the interviews it became clear to the researcher how the women were navigating the creative crisis of "integrity versus despair." The compounding nature of identity and growth also became apparent. Goodcase & Love (2016) and Bradley (1997) highlight the need for successful resolution of the previous creative crisis—generativity versus stagnation—to move onto successful resolution of the next. This idea is echoed by MacKinlay (2014), Mantecon (2013), Radtke, et. al. (2016), and West & Glynos (2016) who describe women as moving through the third and fourth-age: the third age representing older age without physical decline, and the fourth-age being physical decline and the reality of impending death. It is stated that the meaning made in the third age structures life in the fourth age, which can be seen in the experiences described by participants.

With Erikson's sixth and seventh stages of development as a framework, three of the women appear to be moving toward integrity and two toward despair. One seems to be perched on the precipice, heavily influenced by acute grief and illness but buoyed by her unwavering faith and desire to help others. This is one of the participants who experienced significant childhood and young adult trauma and thought she would benefit from counseling, but found it difficult to tell her story to a therapist. She embodies the positive descriptors of integrity, such as acknowledging disappointments, accepting herself and others, and having appreciation for her own milestones and successes in her life (Hogstel & Curry, 1995). Conversely, she describes her life as boring and meaningless at this juncture, which indicates depression (Wiesmann & Hannich, 2011). Her faith is an integral part of her continued attempts at wellness and self-improvement. How she resolves this creative crisis remains to be seen.

The participants who embodied integrity were able to appreciate and celebrate their own successes in life and recall positive memories. They expressed an acceptance of their life and the experiences it brought them (Hogstel & Curry, 1995). The women described their daily lives as manageable and consistent with sufficient social and physical resources to meet their needs (Weismann & Hannich, 2011). They also described their relationships with their faith as something fulfilling on which they chose to work actively. All three participants felt they had an understanding of their faith and that their prayers were regularly answered. In this way, faith and spirituality appear to contribute to emotional well being in older life. However, all three of these participants had been raised in a church-based religion and strictly taught how to worship. It remains unknown if someone who came to spirituality or faith later in life would have the same emotional benefits as the participants in this study.

The participants who embodied despair seemed to struggle with ongoing grief and an inability to accept and integrate the physical changes that had taken place in their bodies. These women struggled to identify accomplishments they were proud of and more readily emphasized failures and ego-injuries that contributed to feelings of low self-worth (Hogstel & Curry, 1995). They had little social capital to rely on and often struggled financially. They described their lives as boring and dull until a crisis arose, at which point they felt overwhelmed and unable to manage, indicating a lack of balance between overload and underload (Weismann & Hannich, 2011). These women described their faith as something they work toward. They were also seldom comforted by their faith when considering the impending nature of death. It could be argued that these women have experienced a premature foreclosure of their narrative selves. They no longer see themselves as living beings that have opportunities but as survivors who are trapped by the discomfort and trauma of their pasts (Baldwin and Estey, 2015).

Implications for social work practice

Narrative practices and narrative therapy were themes throughout the literature. Goodcase & Love (2016) and West & Glynos (2016) asserted that a narrative approach to working with older women could help to make meaning of painful experiences and assemble a life story that is coherent and continues into the future. In the case of the three participants who appeared to be moving toward despair, this approach seems to be a potentially effective way to meet their emotional needs and bring closure to some of the painful and traumatic experiences of their past. If a narrative approach was used to intervene early in the aging process, it may increase the probability of a woman successfully navigating the crisis of generativity versus stagnation, setting the women up for a more likely transition into integrity instead of despair toward the end of life.

Baldwin & Estey (2015), Damianakis & Marziali (2012), and Manning (2012) argue that spirituality is, in itself, a narrative practice of meaning making. When social workers engage with older adult clients who have strong religious or spiritual beliefs and appear to be moving toward the position of despair, a narrative approach that incorporates their spiritual beliefs could be an effective intervention. A narrative approach may also be useful when unresolved grief is a compounding factor. Many older women and older adults in general experience unresolved grief. Long-term grief counseling, of up to a year or more, should be considered as a part of treatment for an older adult who appears to be in poor mental health. It is also important to consider trauma and traumatic childhood experiences that may be affecting an older adult. Assessing for childhood traumas and disrupted attachments could help social workers create effective treatment plans that involve trauma-informed interventions.

By 2030 the number of older adults in America is projected to rise to approximately 72 million (Data & Evaluations, 2015). There will be an increased need for clinicians who understand the complex experience of aging. Clinicians will need the knowledge to design treatment plans and interventions that address aspects such as childhood trauma, grief, spirituality, and loss of identity, as well as the concrete daily needs such as adequate medical care, housing, and affordable prescriptions. As the racial and cultural make up of America continues to diversify, clinicians will also need to be aware of how American ideas of aging intersect with different cultural norms. Despite the small sample size of this study, the unique challenges faced by women of color and women from other cultures were illuminated. The participants recounted misunderstandings and miscommunications with health care professionals that could be attributed to a lack of cultural sensitivity on behalf of the professionals. They also described feelings of isolation and detachment that seemed more pronounced than in the White

participants. The women had been separated from family members either by geographical distance or differing values and belief systems. Reaching these women and assuring that their feelings and beliefs about mental health care are explored and respected will be a critical part of providing care for aging Americans in the future.

As a whole, social workers need to be better at advocating for mental health services for the elderly. Policies that bring in funds and resources for elder mental health care need to be advocated for at the state and federal level. Before this can happen, however, social workers need to be willing to work with the elderly. Fewer than six percent of 1000 surveyed social workers stating they *might* be willing to work with the elderly is inexcusable (Wendt & Moulding, 2016). We need social workers ready to research the experience of older adults and design culturally sensitive, well-informed treatment modalities. Where are the best practices for working with older adults? Warehousing our elderly in nursing homes behind locked doors without adequate access to mental health care is inhumane and goes against the ethical standards of social work. Allowing entire communities of elders to die alone in their homes with unresolved grief, fearing death is unacceptable. American society can do better than that, but it will take persistent advocacy and targeted action.

It is also important that we begin to deconstruct how we view aging in America. d'Araújo et. al. (2016) remind us that America views their elderly as a burden to be feared and shunned. Old age is associated with inconvenience, inadequacy, and archaism. Unlike other cultures, we do not value the wisdom and histories held by our elders and celebrate their ongoing accomplishments. For social tides such as this to change, it takes tireless advocacy and daily reminders to others who engage in abelist and ageist actions.

Suggestions for future research

Two broad areas of need for future research became apparent during the process of researching this study and interviewing participants. The first has to do with race and immigration. In the research that was reviewed, there were few, if any, mentions of how the aging process or Erikson's seventh and eighth stages of development would be applied to someone who is aging outside of their native culture. What additional or varying emotional needs do women who have immigrated to the United States have as they age? How do Erikson's stages of development apply to someone who has immigrated? To take that a step further, social workers then need to ask, how do we tailor our interventions to meet those unique or altered needs? Additionally, how do we best reach these women and provide culturally sensitive, relevant, treatment?

The following areas for further research should also be considered in the context of women who have immigrated as well as women who belong to the dominant culture. There was no literature pertaining to psychodynamic approaches to healing loss in later life. How can we incorporate psychodynamic principles into grief and loss work? The researcher also encountered very little, if any, research about psychodynamic-oriented childhood trauma work with the elderly. Older women who are in need of mental health care now have likely had no counseling or therapy at any point in their lives. If they have engaged in counseling to some degree, it is unlikely that addressing childhood trauma was a part of treatment. What type of trauma work would be most effective with these older women? How can we help heal early childhood trauma so much later in life?

It is this researcher's sincere hope that this body of work is not only thought provoking but also a call to action for social workers, including those who are new to the field and those who are veteran clinicians. There is an entire segment of our society whose mental health needs

are being neglected. As difficult as it may be to think about growing old ourselves or working with someone at the end of their life, it is important to remember that we, and our families, may also be that person some day who is elderly and disabled. Aging and age-ism are universal experiences; it's time that we acknowledge the common humanity in our elders and re-think our policies and approaches to work with them.

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Appendix A

What is your relationship with spirituality?

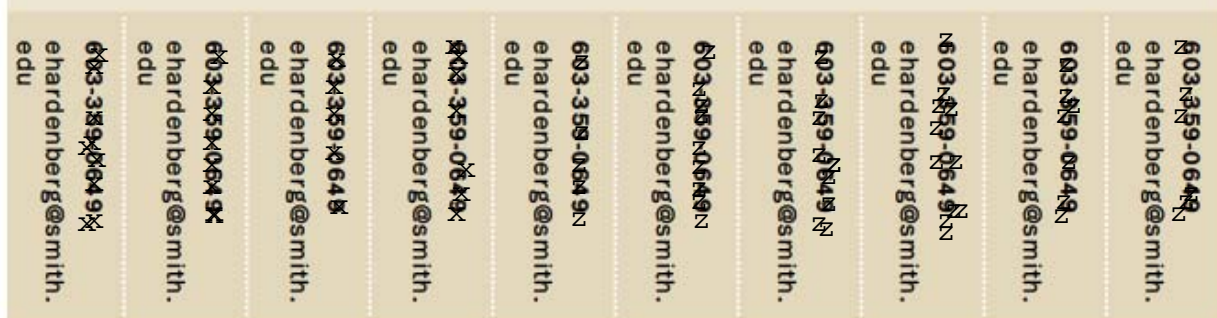
Women between ages 70 and 90 of all religious, non-religious, spiritual, and atheist backgrounds sought for a study about spirituality in older adulthood.

Women of all religious, spiritual, cultural, and ethnic backgrounds are encouraged to participate.

Two 60-minute interviews will be required.

Please call Elin Hardenberg at ~~603-359-0649~~ or email at ehardenberg@smith.edu for more information

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC)



Appendix B

Interview Questions:

Part I: Establishing Baseline, Lifestyle, and Culture

1. Tell me about your life right now?
 - a. What does your day look like?
 - b. Who do you look to for support?
2. What was life like when you were a child?
 - a. Who was in your family system?
 - b. What traditions, rituals, or practices did your family system or you have?
 - c. What were some defining moments of your childhood and young adulthood?

Part II: Examining Values, Defining and Examining Older Adulthood

1. What were the changes in your life that signified your transition into older adulthood?
When did you know that you had moved beyond middle age into older adulthood?
 - a. Retirement? Selling a home/moving? Illness/disability? Changes in family structure (i.e.: having grandchildren, death of a spouse, death of the previous generation within the family)
2. What aspects of how you define yourself have changed in your older adulthood?
3. Are there parts of your self-identity that have remained the same over a long period of time?
 - a. Since childhood? Young adulthood? Middle age?
4. What values are important to you and how did you come to value them?
 - a. Are they related to your upbringing, life experiences, relationships?

Part III: Examining Spirituality:

1. How would you define spirituality?
2. Did you have a religion or spiritual practice as a child?
 - a. As an adult/within your chosen family?
3. Is religion or spirituality a part of your life now?
 - a. What does it look like? (i.e.: church, prayer, meditation, time in nature, charity, personal relationship with God/higher power)
4. Are there things in life that challenge your beliefs and values?
 - a. How do you think about them or deal with them?
5. Do you think about the end of life?
 - a. Does your religion/spirituality or lack thereof influence or inform how you think about the end of life?

Appendix C

Second Interview Questions:

(Asterisks indicate that a question was asked of multiple participants; quotations indicate verbatim quotes from participants included in questions.)

- What do you and the other ladies at the Senior Center have to offer one another?*
- What is your relationship with God like? How would you describe it?*
- To what do you attribute your readiness for death?
- Do you remember when you felt like an adult for the first time?*
- What have been your greatest accomplishments in your life thus far?*
- What helps you to manage the emotional stress of your physical health concerns?
- What are your hopes for future generations? What do you feel you have to offer them?*
- How do you define being old?*
- How do you think people would have described you as a child? How would people describe you now?*
- Tell me about your first “Christian experience”.
- What do you make of the dream you had about your parent?
- Did you want children at any point?
- When you attended counseling, did you find it helpful? What makes you say you would like more?
- What was it like to stop working?
- What does “working on your faith” look like?

Appendix D



School for Social Work
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T (413) 585-7950 F (413) 585-7994

January 6, 2017

Elin Hardenberg

Dear Elin,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Jason Ostrander, Research Advisor

Appendix E



2016-2017

Consent to Participate in a Research Study**Smith College School for Social Work • Northampton, MA**

.....

Title of Study: The Role of Spirituality in the Re-construction of Identity in Older Women**Investigator(s): Elin Hardenberg, ehardenberg@smith.edu**

.....

Introduction

- You are being asked to be in a research study of what role spirituality plays in your aging process.
- You were selected as a possible participant because you are a woman between the ages of seventy and ninety who identifies as having an opinion or experience of how spirituality does or does not affect your sense of self who does not have a legal guardian and does not show signs of cognitive impairment
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to examine what role spirituality may play, if any, in how women view themselves and their aging process.
- This study is being conducted as a research requirement for my master's in social work degree.

- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

If you agree to be in this study, you will be asked to do the following things:

- Participate in two approximately one hour interview with Elin Hardenberg regarding the role of spirituality in your aging process
- Interviews will last for up to one hour depending on the length of responses participants provide, and will also be tape recorded to allow me as the interviewer to be attuned to non-verbal cues, and allow me to consider interviewees' responses in greater depth

Risks/Discomforts of Being in this Study

Some interview questions may bring up feelings or memories that could be upsetting.

Benefits of Being in the Study

The benefits of participation are: This study gives participants an opportunity to reflect on their own aging process and what has brought them comfort or grounding as they have aged.

The benefits to social work/society are: The United States is on the verge of having the largest older adult population in its history. As the baby boom generation progresses into older adulthood there will be an increased need for services and service providers who understand the unique challenges and opportunities that aging presents. Women in particular can face feelings of loss as a caregiver or nurturer especially since women, on average, live longer than their male counter parts, and have been strongly socialized into nurturing roles throughout many cultures. The more practitioners and health systems understand what fosters positive aging, the more we can help our elders embrace aging as a

time of opportunities and growth instead of stagnation and loss. Other participants may note aspects other than spirituality as factors in healthy aging, and these are important to understand, as well.

Confidentiality

- Your participation will be kept confidential. To aid in accommodating any functional impairments or accessibility concerns, in-person interviews will be conducted at senior centers or other public venues such as public libraries, which are both accessible and can provide confidential spaces such as private study rooms or an office. If, for some reason, a person is unable to attend an in person interview a phone interview may be considered.. Recordings will be kept on a password-protected device, retained for three years in keeping with federal guidelines for research involving human subjects, and destroyed once the study and subsequent documentation have been completed and the data no longer needed for future research. Any identifying information participants provide will be disguised in the final analysis. *In addition*, the records of this study will be kept strictly confidential, as noted just below.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* (up to 3/31/2017) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by [3/31/2017]. After that date, your information will be part of the thesis, dissertation or final report

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Elin Hardenberg at ehardenberg@smith.edu or by telephone at xxx-xxx-xxxx. If you would like a summary of the study results, an abstract will be available through Smith College School for Social Work's Neilson Library once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____