

2016

# Narratives of Aging and Patient Activation

T. A. Hulslander

*Antioch University, New England*

Follow this and additional works at: <http://aura.antioch.edu/etds>



Part of the [Clinical Psychology Commons](#)

---

## Recommended Citation

Hulslander, T. A., "Narratives of Aging and Patient Activation" (2016). *Dissertations & Theses*. 283.  
<http://aura.antioch.edu/etds/283>

This Dissertation is brought to you for free and open access by the Student & Alumni Scholarship, including Dissertations & Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact [dpenrose@antioch.edu](mailto:dpenrose@antioch.edu), [wmcgrath@antioch.edu](mailto:wmcgrath@antioch.edu).

Narratives of Aging and Patient Activation

by

T. A. Hulslander

B.A., Keene State College, 2007

M.A., Antioch University New England, 2011

M.S., Antioch University New England, 2014

DISSERTATION

Submitted in partial fulfillment for the degree of  
Doctor of Psychology in the Department of Clinical Psychology  
at Antioch University New England, 2016

Keene, New Hampshire



Department of Clinical Psychology

**DISSERTATION COMMITTEE PAGE**

The undersigned have examined the dissertation entitled:

**NARRATIVES OF AGING AND PATIENT ACTIVATION**

presented on January 15, 2016

by

**T. A. Hulslander**

Candidate for the degree of Doctor of Psychology  
and hereby certify that it is accepted\*.

Dissertation Committee Chairperson:  
Roger L. Peterson, PhD, ABPP

Dissertation Committee members:  
Cynthia Whitaker, PsyD  
Thomas Stearns, PhD

**Accepted by the**

Department of Clinical Psychology Chairperson

George Tremblay, PhD  
on **1/15/16**

\* Signatures are on file with the Registrar's Office at Antioch University New England.

**Dedication**

To my father, Phil, the cleverest man I ever met.

And to Maureen—my wife, my friend, my inspiration.

## Acknowledgements

Many thanks to my dissertation committee members: Drs. Thomas Stearns, Cynthia Whitaker, and Roger Peterson for your encouragement and support. Dr. Stearns, thank you for the many discussions we had, which led me to the topic at hand; Dr. Whitaker, your supervision, your friendship, and your faith have meant so much to me; And Dr. Peterson, I could not have had a better advisor in the doctoral program. The combination of your professionalism and personal interest in my success has made this a wonderful journey.

My heartfelt thanks go out also to my Antioch cohort, some of the most talented and caring people I have ever had the pleasure to know. You have inspired me to imagine a better tomorrow.

And finally, I would like to acknowledge Dr. Homer (Tony) Stavely, who many years ago sparked my imagination with a brief comment he scribbled on one of my undergraduate papers. I cannot recall the note in its entirety, but it ended with, “in your future life as a scholar.” I do believe it was there in that moment that the road began to turn.

**Table of Contents**

Dedication ..... iii

Acknowledgements ..... iv

Abstract ..... 1

Chapter 1: Introduction ..... 2

Chapter 2: Literature Review ..... 5

    Key Constructs ..... 6

        Patient activation ..... 6

        Older adults ..... 6

        Personal narrative ..... 7

        Social discourse ..... 7

    Social Construction as a Conceptual Framework ..... 8

        Rationales for a constructionist framework ..... 8

            Evidentiary ..... 9

            Social justice ..... 10

            Pragmatic ..... 10

    Application to Clinical Psychology ..... 11

        An aging US population ..... 11

        Clinical intervention implications ..... 13

    Critical Intersections with Other Domains within Clinical Psychology ..... 14

        Relationship ..... 15

        Diversity ..... 16

        Ethics ..... 16

# NARRATIVES OF AGING AND PATIENT ACTIVATION

Competence.....	16
Human relations .....	17
Developmental psychology.....	18
Research Questions.....	20
Methodology.....	21
Rationale for IPA .....	21
Phenomenology.....	22
Hermeneutics .....	24
Idiography.....	25
Participants and Sampling Methods and Rationales.....	26
Purposive sampling.....	27
Gathering data through the semi-structured interview.....	27
Data analysis .....	33
Data immersion.....	33
Initial noting.....	33
Emergent themes.....	34
Connections across themes .....	34
Repeat process for all cases .....	34
Connections across cases .....	35
Ethical Considerations and Informed Consent .....	35
Chapter 3: Methods.....	36
Participants.....	36
Interviews.....	38

# NARRATIVES OF AGING AND PATIENT ACTIVATION

Self of the researcher .....	39
Losing my father .....	39
Education, clinical training, and philosophy.....	40
Age.....	40
Analysis.....	41
Chapter 4: Results.....	46
General observations.....	46
An Introduction to the Participants.....	47
Predominant codes.....	50
Human relationship.....	50
Distancing self from aging peers .....	51
Ongoing personal development .....	54
Staying physically active .....	54
Acceptance.....	54
Faith .....	55
Informed consumer of healthcare .....	56
Emergent themes.....	57
Distances self from aging peers .....	57
Human relationship.....	57
Values: Staying active.....	57
Faith/Spirituality .....	58
Ongoing personal development .....	58
Values: Staying sharp (mentally).....	59



# NARRATIVES OF AGING AND PATIENT ACTIVATION

Acceptance .....	59
Concern about future health.....	59
More free time.....	60
Proactive in healthcare .....	61
Separation between generations.....	61
Adventure.....	61
Money .....	62
Tolerance.....	62
Social discourse and personal narratives on aging .....	63
Chapter 5: Discussion .....	64
Distancing and acceptance .....	64
Acceptance or apathy .....	66
Power in numbers: A secure base .....	67
Ongoing personal development .....	69
Spirituality and generativity.....	70
Limitations and Future Directions .....	71
References.....	73
Appendix A.....	81
Appendix B.....	82
Appendix C.....	85
Appendix D.....	94
Appendix E.....	107
Appendix F.....	198

**Abstract**

I highlight the generally negative social discourse on aging in the United States, which is often characterized by themes of marginalization and stagnation, and I advocate for a more developmental view. I propose a conceptual framework of social constructionism to consider how the intersection between social discourse and personal narrative regarding aging might influence older adults' patient activation; Interpretative Phenomenological Analysis (IPA) is an appropriate qualitative methodology through which to understand these relational dynamics. Key constructs are defined and evidentiary, social justice, and pragmatic rationales are provided. In a discussion of the application to clinical psychology I suggest that how the "baby boomer" generation—the largest birth cohort of the 20th century—navigate older adulthood will have social implications in how subsequent generations experience aging. Clinical intervention implications are explored, as are several intersections, including relationship, diversity, ethics, and developmental psychology. Themes of distancing one's self from an aging peer group; ongoing personal development; staying active, both mentally and physically; and acceptance emerged from conversations with ten older adults ages 60 to 68.

*Keywords:* patient activation, older adults, depression, social constructionism, social discourse, personal narrative, Interpretative Phenomenological Analysis

## Chapter 1

### Narratives of Aging and Patient Activation

In the current study I explore how older adults make meaning of the aging process through their own personal narratives and also their perception of the broader social discourse, and how that meaning-making process affects their involvement in the management of their own health and healthcare.

In Chapter 2, through a review of the literature, I offer a constructionist framework through which to conceptualize the experience of aging in the United States, and I provide rationales for this conceptual framework on evidentiary, social justice, and pragmatic grounds. With approximately 76 million baby boomers now between the ages of 50 and 68, how they experience the aging process will affect other cohorts after them. The associated clinical intervention implications and critical intersections with other domains within clinical psychology, including: (a) relationship, (b) diversity, and (c) ethics are discussed. I advocate for a developmental perspective to be maintained within the narrative of older adulthood, for without it we are left with a false, limiting, and premature sense of completion—of having nothing more to learn or to become. The purpose of the current study was to examine how the social discourse concerning aging interacts with older adults' personal narratives to inform their attitudes, values, beliefs, and behaviors regarding their health and healthcare. I present a rationale for using Interpretative Phenomenological Analysis (IPA) of data gathered through semi-structured interviews, and provide the interview protocol along with rationales for each of the items contained therein. Procedures regarding sampling, data gathering, and analysis are presented.

In Chapter 3, *Methods*, I discuss the actual experience of soliciting older adults to participate in the study, first through the survey, then the interview, and offer a brief overview of

the demographic data of the older adults who agreed to participate. It seemed appropriate to include in the Methods chapter certain domains of my own life experience that would very likely be activated to some degree within my observations, my perceptions, my thinking and writing. While certainly not an exhaustive list, the loss of my father, my relational-systemic educational background and philosophy, and my own experience of aging, seemed the most potentially charged domains to acknowledge, to disclose to the reader, and thereby *bracket* (Smith, Flowers, & Larkin, 2009). I conclude the chapter with a discussion of Smith et al.'s six-step analytical process as it pertains to the current study, and how initial coding led to emergent themes.

In Chapter 4, *Results*, I introduce each of the research participants through a synopsis of our individual conversations. From these conversations initial codes were generated. These codes were then re-examined with the aim of identifying natural connections or linkages among them. Groupings were made accordingly and various themes emerged from the data. These codes and emergent themes are presented and serve as the foundation for further discussion in the fourth and final chapter.

Whereas the results chapter outlines and discusses the findings in a linear fashion, I take the opportunity in the fifth and final chapter to discuss the findings more holistically. IPA research is, after all, a dialectic process of moving back and forth from the idiomatic to the whole. It is in Chapter 5 that I attempt to synthesize the findings. The discussion centers around the predominant emergent themes outlined in the results section, but I allow myself some latitude to explore—to color outside the lines for a bit. For there are a number of contradictions between the social discourse on aging that we maintain in the West and the personal narratives expressed by participants in the current study. Yet, these appear as contradictions only at a glance; upon further and deeper reflection, one finds relationships and opportunities for

integration—integration between young and old, between the individual and society, between developmental and decrepit, between health and pathology. I believe it is in these relationships that we may find ways to begin to change the mostly negative social discourse on aging into a discourse that is more in line with the positive personal narratives so graciously shared with me by the older adults in this study.

## Chapter 2

### Literature Review

According to the National Alliance on Mental Illness (NAMI), over 18% of Americans over the age of 65 are clinically depressed. In most industrialized nations suicide rates among males age 75 and older is higher than in any other group (Pearson & Conwell, 1995), and regardless of gender, of those older adults who attempt suicide, major depression is the predominant diagnosis (Hinrichsen & Clougherty, 2006; Szanto et al., 2002).

Crosland and Wallace (2011) have suggested that healthcare providers have been remiss in promoting mental health among older populations, based on an implicit cultural understanding of old age as being characterized by mental deterioration. This social discourse on aging causes many health care professionals to fail to differentiate their patients' depressive symptoms from what they too often interpret as normative emotional experience related to old age (Burroughs et al., 2006).

Older adults, themselves, influenced by the notion that with old age comes depressed affect, tend to under-report symptoms of depression (Cox, Abramson, Devine, & Hollon, 2012; Joubert, Lee, McKeever, & Holland, 2013) or resist treatment once depression is diagnosed (Zivin & Kales, 2008). Despite a growing body of evidence showing that patient involvement in the management of one's own health has numerous benefits—both physical and mental (Greene & Hibbard, 2012; Skolasky et al., 2011)—the voice of the patient is often absent (Clarke, 2006). An increasing number of researchers agree that the ultimate success of any efforts to address depression rates among older adults will require increased proactive participation of the patients themselves—*patient activation* (Green et al., 2010; Harvey, Fowles, Xi, & Terry, 2012; Hibbard & Cunningham, 2008; Hibbard, Stockard, Mahoney, & Tusler, 2004).

### **Key Constructs**

So how is it that some older adults actively engage in managing their health while others do not? Answers may lie, in part, in how cultural and personal meanings of older adulthood intersect with one another. Before elaborating, I shall define several key constructs.

**Patient activation.** Patient activation is defined as patients' ability and willingness to be involved with the management of their own health. Originating from the medical field, the construct of patient activation has derived from national policy shifts aimed at lowering the costs associated with healthcare (Harvey et al., 2012). These shifts have placed greater onus on the consumers, for example, to choose the most appropriate health insurance options and also to be more involved in treatment decisions (Bodenheimer, Lorig, Holman, & Grumbach, 2002; Harvey et al., 2012; Hibbard et al., 2004). Based on their research, Hibbard et al. (2004) conceptualized patient activation as being comprised of belief (patients believe they have a vital role in the management of their own health), knowledge (patients know how to maintain or improve the condition of their health), skills (patients have the behavioral repertoire required to make the necessary changes to maintain or improve their health), and confidence. Hibbard et al. developed the Patient Activation Measure (PAM) to assess the degree to which patients are involved in managing their own health. Based on the domains listed above, the PAM divides activation into four levels from least activated to most activated (Hibbard & Cunningham, 2008).

**Older adults.** Adulthood is commonly divided into younger and older adults with the demarcation at approximately 60 years of age—a largely socio-political construct based on the time in most people's lives when they are approaching transition into retirement (Vincent, 2003). The category of older adults is then commonly divided into three sub divisions: (a) young-old, (b) old-old, and (c) oldest-old. While the labels for these subcategories of older adulthood seem

to have consensus, the age ranges for each vary somewhat. Citing Neugarten (1964), Frazier, Johnson, Gonzalez, and Kafka (2002) have suggested 60 to 74, 75 to 84, and 85 and above as the ranges for young-old, old-old and oldest-old, respectively. Vaillant (2003) refers to young-old as 60 to 69, old-old as 70 to 79, and oldest-old as 80 plus.

**Personal narrative.** People tell stories about themselves and about who they are in relationship with others. It is through these stories that human beings create meaning about themselves. These personal narratives conjure various selves, or personal identities—retiree, grandfather, volunteer, outgoing, reclusive, widow, health-conscious, and so on. Through personal narratives human beings both assert and come to understand who they are within the social contexts in which they participate (Bruner, 1990; Geertz, 1973; Hammack, 2008; Miller, Potts, Fung, Hoogstra, & Mintz, 1990). Patient activation is one such social context. The degree to which older adults feel motivated or empowered to seek out information, to engage with health care service providers, to follow medication schedules, and so on, is very much influenced by their personal narratives about the aging process and health.

**Social discourse.** Social discourse is conceptualized as both the “master narrative” of the culture (Bamberg, 1997; Thorne, 2004), and an “artifact of communal interchange” (Gergen, 1985, p. 266). While social discourse is a collective, shared system of meaning among the members of a society, it is also a kind of filter through which all personal narratives are derived. Discourse powerfully influences the personal narratives of the members of a society. The language of discourse, Gergen (2009) warns, can creep into the collective consciousness of a society and become the “really real,” to the exclusion of alternative perspectives and dialogue (p. 162). Foucault (1971, 2006) discusses discourse in terms of power and politics. For Foucault,



discourse is the communication of culture regarding what is permitted and what is not—of what is and is not normal.

### **Social Construction as a Conceptual Framework**

**Rationales for a constructionist framework.** Central to social constructionist theory is the notion that “what we take to be knowledge of the world and self finds its origins in human relationships” (Gergen, 2011, p. 109). A founder of the cognitive tradition within psychology, Jerome Bruner (2008) captured the inseparability of the individual and the society in which she or he lives when he wrote, “culture is deontic as well as epistemic” (p. 30). Through social discourse in all cultures (Geertz, 1983), human beings are imparted with an implicit sense of the norms or “rules” of society (deontology) and a seemingly innate sense of how to measure their own experience against those norms—a way of knowing (epistemology). The symbiotic relationship between social discourse and individual narratives is so interwoven in fact, that to say “one’s ‘own’ experience” is to offer up the technically impossible. Just as the artifacts of culture are, from cradle to grave, intrinsic in the developmental course of each individual mind, culture is itself an artifact of the meeting of human minds. In his discussion of the evolution of characteristics “most graphically human,” Geertz (1973) observes:

The fact that these distinctive features of humanity emerged together in complex interaction with one another rather than serially as for so long supposed is of exceptional importance in the interpretation of human mentality, because it suggests that man’s [*sic*] nervous system does not merely enable him to acquire culture, it positively demands that he do so if it is going to function at all. Rather than culture acting only to supplement, develop, and extend organically based capacities logically and genetically prior to it, it would seem to be ingredient to those capacities themselves. (pp. 67–68)

In other words, social discourse and personal narrative are inextricably entwined, each at once contributory to and consequential of the other. The qualitative exploration of the intersection of these two narrative constructs with respect to patient activation is indicated on evidentiary, social justice, and pragmatic grounds.

***Evidentiary.*** Research suggests that the dominant social discourse regarding aging in the United States is characterized by deficiency and limitation. Despite the fact that many older people in the United States “remain active, independent, and in good health well into their eighties and nineties and beyond” (Gardiner & Kosmitzki, 2008, p. 102), as a society we have maintained generally negative stereotypes of aging (Gardiner & Kosmitzki, 2008; von Hippel, Kalokerinos, & Henry, 2013). Perhaps as a result, many people “distance themselves” from aging, in the stories that they tell and the language they use to tell them (Teuscher, 2010, p. 90). In a discursive psychology study, for example, Jones (2006) found that older adults often described their peers using language and stereotypes consistent with a negative discourse on aging, but refrained from using similar language to describe themselves. According to Jones, this is a linguistic positioning technique used to exclude one’s self from an aging peer group. Kaufman and Elder (2002) found that adult subjects over the age of 55 reported wanting to be younger than their actual age, and that although the gap narrowed between desired age and actual age as actual age increased, the disparity persisted.

Research has also shown that complexity and flexibility in personal narrative can be a protective factor (Gergen, 2011; Hammack, 2008). For example, Linville (1985) showed strong evidence for complexity in one’s sense of personal identity as being a protective factor against life stressors and depression. And in a study that examined how personal narrative of older adults is influenced by psychosocial factors, Frazier (2002) found that a greater number of alternatives

in how people perceive themselves was a protective factor in terms of one's overall physical health. Nevertheless, I found no studies that looked at how the intersection of social discourse and personal narrative regarding aging might relate to patient activation.

***Social justice.*** A constructionist approach to understanding the relationship between social discourse and personal narrative, as well as how that relationship affects patient activation, gives voice to an otherwise marginalized group—namely, older adults. Although Roy (2007) is referring to oppression based on racial and ethnic grounds when she writes, “social dynamics become deeply imbedded in individual psyches and lead to feelings, ideas, and behaviors that limit a sense of what is possible . . . “ (p. 67), she might just as aptly be discussing the marginalization of older adults. To the extent that the dominant discourse on aging prevents us from recognizing depressive symptoms in older adults, for one example, instead mistaking them for a normal part of aging, the discourse is like any other oppressive construct. If a dominant discourse of reduced functioning in older-adulthood goes unchallenged we should not expect older adults to internalize personal narratives of empowerment and agency, which could lead to greater patient activation (Gergen, 2011; Lott & Webster, 2006).

***Pragmatic.*** A constructionist conceptualization challenges the would-be one-size-fits-all character of discourse and gives voice to the nuanced subjectivity of individual experience. In its recognition of subjective experience, a constructionist lens brings into greater focus the element of belief—one of the domains of patient activation as conceptualized by Hibbard et al. (2004). An older adult's beliefs about what it means to get older in this society will influence the other elements of patient activation (e.g., how motivated or confident an older adult might be to pursue the knowledge and skills necessary to participate in the management of his or her own health).

### **Application to Clinical Psychology**

**An aging US population.** Between the years 1946 and 1964 the United States saw a record 76 million births in the United States. Aptly dubbed the *Baby Boomers*, this generation outnumbered their parents' generation by 50 million (Maples & Abney, 2006). The largest US generation of the 20th century, they are now 50 to 68 years old. With the full retirement age for members of this cohort being between 66 to 67 ("Retirement Planner," n.d.), many of these older adults are now preparing to transition into retirement.

Generally speaking, older adults hold "different worldviews and values" (Knight, 1996, p. 167). This may be especially true for the baby boomer generation. Having "led the way in the social upheavals of the 1960s and 1970s" (Patterson & Jeste, 1999, p. 1184), their worldviews, values, and expectations regarding quality of life, combined with their sheer numbers, will very likely present the health care systems that serve them with new challenges. The baby boomer cohort presents a particularly interesting combination of attributes: They regard mental health and mental health care with fewer stigmas than did their parents' generation (Rollins, 2008). Whereas their parents' generation saw people with mental health issues often institutionalized (and against their wishes), baby boomers came of age within a different cultural attitude and social discourse regarding mental illness (Hinrichsen & Clougherty, 2006). They are also more health conscious and more highly educated than generations before them (Maples & Abney, 2006); this may be in large part due to the fact that

they have been raised in a country at relative peace and have not faced a global war. . . .

Baby boomers have not experienced the same struggles, including the deprivations wrought by the early Great Depression, as their parents did. (pp. 3–4)

While these attributes seem to suggest greater patient activation among baby boomers, there are also risk factors. For example, baby boomers tend to have more liberal attitudes toward substance use than other birth cohorts before them, placing them at greater risk for developing depression as they age (Hinrichsen & Clougherty, 2006). In a study investigating the use of alcohol, tobacco, and nonmedical drugs, Moore et al. (2009) found that over 50% of their sample of approximately 8,000 older adults (age 65 and over) had used one or more of the substances within the previous 12 months. This relationship with substance use is an added risk factor with respect to isolation and depression (Blixen, McDougal, & Suen, 1997; Hinrichsen & Clougherty, 2006) and may negatively impact patient activation levels among this population.

Based on his analysis of three prospective cohort studies that began from 60 to 80 years ago, Vaillant (2003) has observed a penultimate developmental life task that he has labeled, *Keeper of the Meaning*. In describing this adult developmental task he writes, “if the task of young adults is to create biological heirs, the task of old age is to create social heirs” (p. 144). Like Erikson (1950, 1968), Vaillant observes an ever expanding scope of social concern in the human life course. Human beings transition from being self-focused in the earliest stages of development, to being most concerned with the “collective products of mankind—the culture . . . and its institutions” (p. 48) in older adulthood. The personal narratives of baby boomers with respect to how they experience older adulthood will have implications beyond their own generation. “Psychological characteristics of each age cohort may change depending on social, historical, and related factors that collectively sculpt the psychology of each generation” (Hinrichsen & Clougherty, 2006, p. 26). What it means to be an older adult and to engage (or not) in managing one’s own health will be passed on by this, the largest birth cohort of the 20th century; the discourse on aging will become either further entrenched in themes of limitation,

mental deterioration, depression, and so on, or it will be rewritten with new possibilities of empowerment and increased participation (e.g., patient activation).

**Clinical intervention implications.** According to Jones (2006), there is a growing body of research, which seems to support narrative approaches to understanding how older adults successfully cope with major stressors, (e.g., losing a life partner after many years of being together), or navigate major transitional periods (e.g., retirement). To the extent that complexity and flexibility in personal narrative assist older adults in these challenges, narrative clinical approaches would be indicated. Narrative therapeutic strategies aimed at generating greater complexity in clients' personal narratives and with an aim toward including themes of patient activation would also be advised at major transitional periods in clients' lives.

Older adults who are not engaged in managing their own health or who experience depressive symptoms would likely benefit from psychoeducation regarding the dynamics of social discourse and personal narrative. An enhanced awareness of how personal narratives are influenced by the social discourse of the cultures in which they live would provide clients with greater perspective. This enhanced awareness could generalize into social situations outside the therapy sessions. Clients may become more immediately aware of their narratives regarding various situations and become more apt to scrutinize how their beliefs, their values, and their emotions are influenced by social discourse.

Working with older adults to develop greater diversity in their personal narratives may help them to avoid a profound sense of loss at retirement. If an adult's personal narrative has been centered on professional identity for several decades, and to the exclusion of other domains of self-definition, the transition into retirement could be experienced, at some level of consciousness, as ceasing to exist. While Teuscher (2010) found that professional identity

actually continued to be an important domain within the personal narratives of her retired respondents, a higher level of education seems to have been inherent in these professions (e.g., over half of the study participants had completed an apprenticeship program). It would not be surprising to find that the increased education levels necessary to hold these professional roles also enabled added complexity to the personal narratives—complexities that were not investigated explicitly in Teuscher’s study. I would suggest also that another of Teuscher’s findings further supports this argument: The higher the status of the profession prior to retirement, the greater prominence it held in Teuscher’s retiree’s personal narratives about themselves. Here again, higher status professions generally require greater levels of education, which would provide greater diversity in personal narratives.

The salient point here is that complexity and diversity in personal narrative seem to be protective factors as people transition into older adulthood. Psychologists can help their clients create and develop complexity and diversity in their personal narratives.

Here lies a central point: These personal narratives are critical with respect to patient activation. If clients expect older adulthood to be characterized by limitations (e.g., failing health, diminished interest in various activities, depressed affect, etc.) they would be less likely to respond if they actually experienced any of these symptoms; they would, after all, be expected. The reverse is also true; if clients have a personal narrative of “stability, resilience, and resourcefulness” (Brandtstadter & Greve, 1994, p. 71), then pathology would be experienced as outside the narrative norm, and they would be more apt to respond—to activate.

### **Critical Intersections with Other Domains within Clinical Psychology**

The study of patient activation among older adults intersects with several other domains within clinical psychology. Included among them are relationship, diversity, ethics, and human

development. While acknowledging that these domains are in many ways overlapping and inextricable, I discuss each of them in turn.

**Relationship.** Patient activation—the belief, knowledge, skills, and confidence that contribute to the degree to which people are involved with the management of their own health—is played out in a variety of relationships. Given that the PAM originated in the medical field, the relationship most often discussed is that of patient and primary care physician. People who score low on the PAM are described as “passive recipients” of the care their doctors give to them (Greene & Hibbard, 2012, p. 521), while those who score highest on the PAM are considered proactive, engaged participants in this relationship organized around health.

For psychologists, the relationship is of central importance. “Whatever their biases, therapists from at least Freud on have concluded that the connection between the therapist and the patient . . . is the main arena in which recovery and growth take place” (McWilliams, 1998, p. 201). There is an ever-increasing body of evidence supporting the benefits of increased patient activation in the provider/patient relationship, and yet the construct of patient activation has received inadequate attention and support within primary care settings (Greene & Hibbard, 2012). As Halley (2012) has pointed out, structural reorganizations will take health care reform efforts aimed at integration just so far; the ultimate success of integration will require healthy productive relationships—between not only health care providers across disciplines, but especially between providers and consumers. Patient activation, then, may well be the definitive measure of the success of these relational challenges. Given the fundamentality of relationship in clinical psychology training (Mangione & Nadkarni, 2010), clinical psychologists are uniquely poised to address these challenges.



**Diversity.** The United States is often characterized as an individualistic society—as being organized around the notion that the individual is the “primary object of interest, and [that] personal freedom and power are supreme values” (Castillo, 1997, p. 40). It is not difficult to imagine how the prospect of one’s body growing old in a culture that values rugged individualism, autonomy, and power above all else might be experienced as disempowering at best. How older adults develop adaptive, activated personal narratives within such a discourse is important to understand, but it is important to understand also that *individualistic* is too broad a brush stroke to paint the picture of aging in the US

Cultures can be embedded, one within another. While there is validity to the characterization of individualism in the US, especially from political and economic perspectives (Castillo, 1997), to look no closer than politics and economics is to miss the great cultural diversity within the United States. Embedded within the dominant discourse of the US are myriad other cultural understandings regarding what it is to grow old. These, too, are social discourses that intersect with older adults’ personal narratives regarding aging, and they affect older adults’ beliefs and confidence about how they engage in the management of their health.

**Ethics.** The following items from the American Psychological Association’s (APA) *Ethical Principles of Psychologists and Code of Conduct* seem particularly salient to the current paper: *Competence* and *Human Relations*.

**Competence.** Paragraph B of Standard 2.01: *Boundaries of Competence* states:  
Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or

research, psychologists have or obtain the training, experience, consultation or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies. (American Psychological Association, 2010)

It should be noted that the factors listed in this standard are not mutually exclusive. That is to say, like members of any other age group, older adults may experience stressors associated with gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status. These diverse and often combined factors influence people's personal narratives, and in turn, their patient activation levels in older adulthood.

There is a tendency, however, of (especially younger) service providers to fail to recognize the diversity among the older adult population and to think of them instead as a homogeneous group—as simply old. (Hughes, Ozanne, & Bigby, 2009).

***Human relations.*** To overlook the heterogeneity among older adults and the diverse stressors in individual lives, and to instead assume that any and all symptoms are simply age-related, is to participate in ageism and to marginalize older adult clients. The *Unfair Discrimination* paragraph (3.01) of the Human Relations standard addresses this very issue. It reads as follows: “In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis proscribed by law” (American Psychological Association, 2010).

It is deceptively easy for people, professional psychologists included, to be held sway by the dominant social discourse on aging. Clinicians must be vigilant against over-simplified assumptions about depressed affect, for example, and how, or whether, it relates to older adult

clients' age (Crosland & Wallace, 2011). There is no one-size-fits-all form of patient activation (Ward, Scottish Dementia Working Group, & River, 2011). The ways that older adults understand and engage in their relationship with health care will be as diversely narrated as the cultural backgrounds from which they come and the idiosyncratic stressors that they face.

**Developmental psychology.** If we as a society are to reconstruct the social discourse on aging in a way that encourages increased patient activation among older adults we must include a developmental characterization of older adulthood. To characterize any stage of the human lifespan as developmentally complete is necessarily oppressive in that such a discourse diminishes and marginalizes the members of that group. Consider, for example, how our collective understanding of childhood has evolved over the centuries. The conceptualization of children as being simply miniature adults permeated Western culture until the late 17th century (Ariés, 1965; Kehily, 2010). To present-day minds this understanding of childhood seems preposterous, but it was a paradigm that carried serious ramifications for children at that time. Until society's social discourse on childhood evolved to include a developmental quality, children were made to work long hours in dangerous environments (Kehily, 2010), were sexualized, betrothed to marriage, and subjected to severe corporal punishment (Foucault, 1990).

Today, psychological development beyond adolescence is often discussed in terms of *stabilization*. To be sure, people do develop many enduring behavioral patterns by the time they reach adulthood (Neugarten, 1964); however, the notion of stabilization can, and often does, lead to implicit understandings of later life as being stagnant, devoid of any further development. Just as Narrative therapy interventions such as *externalizing*, *re-authoring*, and *re-membering* have focused on deconstructing client narratives and reconstructing them in more adaptive ways (White, 2007), Vaillant (2003) has observed that in the course of adaptive aging, older adults do,

quite naturally, tend to modify negative memories of people and relationships into more positive renditions as they get older. While this creative process of revising personal narrative is perhaps most dramatically manifest during adolescence when young people try on a variety of identities (Erikson, 1950), the process of defining one's self through personal narrative continues throughout the life course. Vaillant has suggested that "aging well" includes the following *tasks* within adult development: (a) *identity*—the end of childhood, this is an awareness of the distinctions between self and others, for example, in values, beliefs, desires, and so forth; *intimacy*—"expanding one's sense of self to include another person" (p. 46); (b) *career consolidation*—"expanding one's personal identity to assume a social identity within the world of work" (p. 46); (c) *generativity*—"demonstration of the capacity to unselfishly guide the next generation" (p. 47); (d) *keeper of the meaning*—a task concerned with the "conservation and preservation of the collective products of mankind" (p. 48); and (e) *integrity*, which Vaillant quotes Erikson to describe as an "acceptance of one's one and only life cycle as something that had to be and that, by necessity, permitted of no substitutions" (p. 49). Note how each of these adult developmental tasks are characterized by the relationship between self and others, as well as ongoing revisions to one's sense of self. Successful transition through each of these developmental tasks requires ongoing revisions to the personal narratives about who people are in relationship with others—either interpersonally or intergenerationally. "Indeed, in the social jungle of human existence there is no feeling of being alive without a sense of identity" (Erikson, 1968, p. 130).

These social contexts in which human beings define themselves through personal narratives are ever changing, but they do not cease to exist. From cradle to grave human beings are always in relationship with others, and as such, are always defining and redefining

themselves through personal narrative. Personal narratives are powerfully influenced by the dominant discourse of the culture, but they need not be dictated by it. If the dominant discourse of our society is that older adults should be passive recipients of health care rather than proactive, engaged participants in the management of their own health, it is because we have allowed the master narrative to be written that way—not because it is inherently so.

### **Research Questions**

The social discourse on aging in the United States is often characterized by themes of limitation, deterioration of mental and physical health, and dependency on others. Such a discourse impacts professional care providers as well as older adults, themselves, and can lead to symptoms of actual pathology being mistaken for a natural and to-be-expected part of the aging process. Conversely, older adults who are able to maintain a personal narrative of aging, which is characterized by complexity and stability in how they perceive themselves has been shown to be a protective factor during major life transitions such as retirement—a sociocultural demarcation between younger- and older-adulthood. It seems reasonable to expect that older adults who possess such diverse and agentive personal narratives would tend toward more proactive involvement in their own health care, as any symptoms of pathology would be experienced as outside the expectations of their narrative norm.

This qualitative study used an Interpretative Phenomenological Analysis (IPA) approach to “explore in detail how participants are making sense of their personal and social world[s]” (Smith & Osborn, 2008, p. 53). As an IPA study, the primary aim was to get as close as possible to the participants’ personal experience of aging. Given the constructionist conceptualization described above, in the analysis of data I examine how the social discourse (e.g., the use of stereotypes) concerning aging interacts with the participants’ personal narratives (e.g.,

multiplicity and flexibility in self-identity) to inform their attitudes, values, beliefs, and behaviors regarding their health and healthcare.

### **Methodology**

In this study I strived to develop a deep understanding of how it is that research participants (older adults) make meaning of the aging process, and how that meaning-making influences their involvement in managing their health (patient activation). In this section I present rationale for using IPA to explore these questions. The explication of this rationale draws upon the foundational intellectual traditions on which IPA has developed—phenomenology, hermeneutics, and ideography. I also discuss the selection methodology and criteria for participants in the study and provide my rationale concerning those criteria. I also provide a review of the semi-structured interview protocol, and discuss rationale for each of the protocol items. I followed an IPA procedure suggested by Smith et al. (2009), which I describe. I conclude the section with a discussion of ethical considerations associated with the study, as well as the informed consent process.

**Rationale for IPA.** The founder of the phenomenological orientation, Edmund Husserl, asserted that the study of human experience must be studied within the context in which it occurs—that is to say as a “lived experience” (Smith & Osborn, 2008, p. 53). An interpretative phenomenology is also very much concerned with how the individual makes sense of these lived experiences. IPA as a research method, therefore, aligns quite well with the current study’s objective of understanding more deeply how social discourse and personal narrative intersect to influence older adults’ activation in their own health care.

IPA, according to Smith et al. (2009), is informed by “three key areas of the philosophy of knowledge: phenomenology, hermeneutics and ideography” (p. 11). I will highlight, within

each of these areas, a number of foundational ideas that lend themselves to exploring the constructionist conceptual framework I have put forth—namely, that social discourse and personal narratives influence individuals' experience and understanding of aging.

**Phenomenology.** A school of philosophy founded in the beginning of the twentieth century, Phenomenology's primary interest was in better understanding how human beings experience the world. The founder of this school, Edmund Husserl, emphasized experience as it occurs, as opposed to the traditional experimental conditions in which variables are manipulated in the interest of scientific purity and control. For Husserl, Phenomenology should "remain as faithful as possible to the phenomenon and to the context in which it appears in the world" (Giorgi & Giorgi, 2008, p. 28). Husserl's view of personal experience as a first-order system of knowledge, and science as a second-order system, very much dependent on the first (Smith et al., 2009, p. 15), was radical in the early 1900s and in many ways remains so today. And yet it is fundamental to any approach to research based in phenomenology that we be concerned with the participant's experience of being in the world.

Martin Heidegger (2008), a student of Husserl, would introduce the German term "Dasein" as the focus of his magnum opus *Being and Time*. "Dasein (literally, 'there-being') . . . is Heidegger's preferred term for the uniquely situated quality of 'human being'" (Smith et al., 2009, p. 16). Heidegger's exposition of Dasein highlights the fundamentality of meaning-making within human experience and he agreed with Husserl that experience precedes science:

Scientific research accomplishes, roughly and naïvely, the demarcation and initial fixing of the areas of subject-matter. The basic structures of any such area have already been worked out after a fashion in our pre-scientific ways of experiencing and interpreting that domain of Being in which the area of subject-matter is itself confined. ( p. 29)

Heidegger's Phenomenology placed an emphasis on meaning-making, on making sense of, or interpreting experience. In addition, Heidegger acknowledged the relational context in which human beings live their lives and the resultant intersubjectivity of experience (Smith et al., 2009). This relational and contextual view of human experience is congruent with the more recent work and observations of Geertz (1973, 1983) and Bruner (1986, 1990, 2008), and was foundational to the tenets of social constructionist theory.

Our relational embeddedness from cradle to grave notwithstanding, Maurice Merleau-Ponty, another significant contributor to Phenomenology, and ultimately, the emergence of IPA, reminds us that we are not subsumed by the world—that we are instead, holistic selves, and that as such we can never fully know another human being's experience (Smith et al., 2009). An IPA methodology strives to grapple with this reality while honoring its inevitability. It is perhaps this very realization, that we can never fully know the experience of another, which guides the IPA researcher to get as close as possible to the research participant's personal experience.

Smith et al. (2009) include several ideas from the work of Jean-Paul Sartre in their historical account of Phenomenology as well: that perception is shaped by the presence of others, that “nothingness” is as important as what exists, and that there is a developmental nature to being.

It is this last point (the developmental nature of being) that seems most applicable to the current study. The notion that existence is developmental, that being is an ongoing process of becoming, is itself a hopeful paradigmatic shift away from the discourse on aging in the United States. As stated previously, to characterize any stage of the human life course as developmentally complete is necessarily oppressive in that such a discourse diminishes and



marginalizes the individuals in that particular stage of life.

***Hermeneutics.*** Much older than Phenomenology, dating back to the ancient Greeks, in fact, is the philosophy of knowledge known as Hermeneutics (Ramberg & Gjesdal, 2013). Smith et al. (2009) draw from the three most influential “hermeneutic theorists: Schleiermacher, Heidegger, and Gadamer” (p. 22) to introduce this “theoretical underpinning of IPA” (p. 21), and they emphasize that while much of the earlier Hermeneutic work had been focused on the interpretation of text, we as “psychologists or researchers . . . [must] take care in drawing out its resonances for our current practices” (p. 22). I try to do precisely that as I highlight some of the contributions from these theorists as they pertain to the current study.

Schleiermacher, according to Smith et al. (2009), recognized an *essential* or *psychological* self and a *linguistic* self in the human condition. Here again is a longstanding precursor to the constructionist notion that people are both creators and creations of the cultures in which they live, and a reminder that sound research must maintain an open and curious stance.

According to Schleiermacher, understanding other cultures is not something we can take for granted. Understanding others involves an openness towards the fact that what seems rational, true, or coherent may cover something deeply unfamiliar. This openness is only possible in so far as we systematically scrutinize our own hermeneutic prejudices.

(Ramberg & Gjesdal, 2013, Romantic Continuations section, para. 3)

One formal method whereby researchers scrutinize their own prejudices is in “bracketing” their “taken-for-granted” knowledge of the world. This bracketing methodology has its origins in the field of Mathematics, but was introduced into Phenomenology by Husserl (Smith et al., 2009). Heidegger (2008) and Gadamer (2013) describe a kind of dialectic between a priori knowledge and the particular object of inquiry in that one cannot know what fore-

knowledge one must bracket before encountering more specific information about the entity being sought out. Smith et al. use the reading of a text as an example: “When encountering a text, I don’t necessarily know which part of my . . . [a priori knowledge] is relevant. Having engaged with the text, I may be in a better position to know what my preconceptions were” (p. 25).

This idea that the researcher must be aware of preconceived notions, values, beliefs, knowledge, et cetera, and that he or she can only identify these particular “fore-structures in terms of the things [being researched]” (Heidegger, 2008, p. 195), makes obvious sense of the semi-structured interview so commonly used in IPA studies. The semi-structured interview in the current study contained general open-ended questions regarding aging in terms of relationships with others, both within and without the participants’ own generation; regarding their health and health care; and soliciting anecdotes about their experience of aging in America. I expected the interviews to be guided by what we—the participants and I—would discover in the course of conversations, however. It would prove to be an iterative and dialectic process working new information in with the data already acquired, and so on—a process referred to as the *Hermeneutic circle*, in which the relationships between the “parts” and the “wholes” are explored (Smith et al., 2009).

***Idiography.*** How human beings experience their worlds is never carried out in a social vacuum, void of the powerful implications of social discourse. “Where human beings are concerned, relationships are so primary that a person cannot be defined without referring to relationships” (Giorgi & Giorgi, 2008, p. 35). An IPA approach to qualitative research makes no attempt to eschew this relational context. Much to the contrary, the methodology recognizes not only the relational essence of Being in the world (Heidegger, 2008) for the research participants,

but for the person of the researcher as well. The researcher is acknowledged as an active relational participant in the collection and interpretation of the data (Smith & Osborn, 2008) and in the process of “trying to get close to the participant’s personal world” (p. 53). The inherently relational quality of Dasein notwithstanding, an individual “*can* offer us a personally unique perspective on their relationship to, or involvement in, various phenomena of interest” (Smith et al., 2009, p. 29)—aging, in the current case.

**Participants and Sampling Methods and Rationales.** Let us return briefly to the concepts of the Hermeneutic circle and Idiography, as both of these concepts converge in a meaningful way with respect to how an IPA study sample is determined. As I stated above, the Hermeneutic circle refers to the relationships between the parts (originally of the texts being studied) and the whole. This is, at a glance, however, perhaps too simplistic. Smith et al. (2009) provide a short list that begins to shed light on the possibilities:

<i>The part</i>	<i>The whole</i>
The single word	The sentence in which the word is embedded
The single extract	The complete text
The particular text	The complete oeuvre
The interview	The research project
The single episode	The complete life

(p. 28)

The perspicacious reader will note that the possibilities for exploration within relationships such as these are limitless. He or she will also realize that an idiographic versus a nomothetic research focus is yet another—and perhaps the most profound—such relationship to consider. Given the relational context of Dasein, of being human, it can be reasonably argued that no individual is an individual in any truly discrete sense of the word. Therefore, to study in great depth the particular experience of an individual is to study also the universal (Smith et al.,

2009). The generalizability of any idiographic study is increased as we consider others from similar cultural and generational backgrounds.

**Purposive sampling.** In order to participate in the study, participants had to be between the ages of 60 and 68. This age range represents both the oldest cohort among the baby boomer generation, and the youngest cohort among older adults (i.e., the young-old). From a life-transitions perspective, this age range is interesting also because it is a time of life when retirement is likely to be an important aspect of participants' lives; whether preparing for retirement, having recently retired, or rejecting the notion of retirement altogether, the construct of retirement will be relevant to any efforts toward understanding how people in this age bracket experience aging.

Beyond the age criteria, participants endorsed two items on a flier (See Appendix A) explaining the study: (a) *I have a positive view of aging*, and (b) *I take an active role in managing my own health*. These fliers were disseminated at three separate sites: a medical care facility, a senior citizens' center, and a retirement community, all within a southwest region of New Hampshire. The fliers were coded to indicate the site at which they were placed. In an effort to avoid a disproportionate number of participants from any one of these sites, I had planned to select participants (who had endorsed the two items mentioned above) in a "round robin" fashion.

**Gathering data through the semi-structured interview.** For the sake of clarity I refer to the interview protocol questions by the following simple coding system: Because it was uncertain whether follow up interviews would be necessary, the code *INTx* was used to indicate the interview (e.g., INT1, INT2, etc.); *Qx* indicates the number of the question; and codes ending in a lower case letter indicate that there are multiple parts (a, b, c, etc.) to the question. Though

all of these protocol items were in the format of open-ended questions, I anticipated that at times participants might offer very brief responses. When this happened I encouraged the research participants to provide additional information by saying one or more of the following prompts:

(a) *What do you mean?*; (b) *Say more about that*; (c) *Is there anything else?*; (d) *How do you make sense of this?*; (e) *What meaning does this hold for you?*

Table 1 lists the interview protocol items for the semi-structured interview. Rationale for each item follows.

Table 1

*Semi-structured Interview Protocol*Protocol Items

---

(Introductory Prompt) I'd like to begin by asking you to tell me a little bit about yourself with respect to education, work life, family, or anything else that seems important.

(INT1.Q1.a) You had indicated that you have a positive view of aging. In what ways would you say this shows up in your life?

(INT1.Q1.b) How do you suppose people around you might know that you hold this positive view?

(INT1.Q1.c) How would you say your views on aging are either similar to or different from other people's?

(INT1.Q2.a) When you hear the term 'baby boomer' what comes to your mind?

(INT1.Q2.b) What does it mean to you to be a member of this generation?

(INT1.Q3.a) What does retirement mean to you?

(INT1.Q3.b) How does retirement affect your sense of identity, how you feel about yourself?

(INT1.Q3.c) How has retirement changed your life? (Or, How do you imagine retirement might change your life?)

(INT1.Q4.a) In what ways would you say life has changed for the better, as you've gotten older?

(INT1.Q4.b) In what ways would you say life has changed for the worse, as you've gotten older?

(INT1.Q5.a) How do you suppose someone in their 40s would describe you?

(INT1.Q5.b) How do you suppose someone in their 60s would describe you?

(INT1.Q5.c) How do you think you will be remembered?

(INT1.Q6.a) You had indicated that you take an active role in managing your own health. Can you say more about this?

(INT1.Q6.b) How would you say this is either similar to or different from other people?

(INT1.Q7) How would you say your perspectives (regarding healthcare) compare to others your age?

(INT1.Q8) We talked about retirement already, but I'm curious, how does retirement factor into how you think about how you manage your health?

(INT1.Q9.a) How would you describe your relationship with the healthcare providers in your life?

(INT1.Q9.b) What are the qualities of the relationships with healthcare professionals that make them (good, or bad, or whatever adjective seems to capture what the research participant has just said in response to previous question)?

(INT1.Q10) Do you have insurance, and if so what is the insurance that you carry?

---

Interviews began with an introductory prompt for respondents to share any information they cared to with regard to education, career history, family, et cetera. After this introductory prompt, the first set of questions on the interview protocol was designed to explore the dynamics behind the participants' endorsement of the first item (positive view of aging): (INT1.Q1.a) *You had indicated that you have a positive view of aging. In what ways would you say this shows up in your life?* (INT1.Q1.b) *How do you suppose people around you might know that you hold this positive view?* (INT1.Q1.c) *How would you say your views on aging are either similar to or different from other people?*

Recall that a number of linguistic mechanisms have been identified in previous studies related to aging: negative stereotypes; distancing or excluding one's self from an ageing peer group; and complexity and flexibility in personal narratives of self identity, especially with respect to life transitions such as retirement. While these phenomena are revisited with more emphasis in the analysis section, they did provide some guidance in the construction of various interview protocol questions. For example: (INT1.Q2.a) *When you hear the term 'baby boomer'*

*what comes to your mind?* This question was expected to solicit stereotypical associations to the participants' generational cohort. (INT1.Q2.b) *What does it mean to you to be a member of this generation?* While this question may have elicited additional commentary regarding what it means to be a baby boomer, it was expected that it might also reveal aspects of how the participant feels with regard to membership in an aging cohort.

Retirement had been identified as a significant transition for many older adults in this age bracket. The current study is explicit in asking about the meaning that participants derive around this topic. (INT1.Q3.a) *What does retirement mean to you?* (INT1.Q3.b) *How does retirement affect your sense of identity, how you feel about yourself?* Depending on information provided by participants in the previous two questions regarding the role of retirement in their lives, the next question would be presented in the most appropriate format (e.g., past or future tense): (INT1.Q3.c) *How has retirement changed your life? (Or, How do you imagine retirement might change your life?)*

Vaillant's (2003) discussion of *generativity*, *keeper of the meaning*, and *integrity* as important tasks of adulthood has provided another guiding principle in the construction of the interview protocol. Although Vaillant attaches no specific ages to any of the life tasks, he intimates that generativity is usually navigated between 30 and 45, that keeper of the meaning follows, and that integrity is life's final task. Synopses of each of these tasks were provided above. With the current study's participants between the ages of 60 and 68, it seems reasonable to consider their experience of aging within the frame of these tasks. With the intergenerational essence of these three life tasks in mind, the following questions were included: (INT1.Q4.a) *In what ways would you say life has changed for the better, as you've gotten older?* (INT1.Q4.b) *In what ways would you say life has changed for the worse, as you've gotten older?* (INT1.Q5.a)



*How do you suppose someone in their 40s would describe you? (INT1.Q5.b) How do you suppose someone in their 60s would describe you? (INT1.Q5.c) How do you think you will be remembered?*

The second half of the semi-structured interview was designed to explore the participants' relationship with healthcare. The first three questions (Q6.x through Q8) are more or less parallel to questions Q1.x through Q3.x, except focused specifically on healthcare. The first of these are of a general nature: (INT1.Q6.a) *You had indicated that you take an active role in managing your own health. Can you say more about this? (INT1.Q6.b) How would you say this is either similar to or different from other people?* Whereas the PAM asks individuals to respond to healthcare questions using a closed Likert-style scale (with responses ranging from *strongly disagree* to *strongly agree*), I expected that these two open-ended questions might have the potential to ascertain much of the same kind of information regarding participants' confidence, knowledge, beliefs, and values regarding how they participate in managing their health.

As in the first half of the protocol, the literature had informed the construction of the questions in the second half. Similar to Q2.x, the participants would be prompted to speak about how their attitudes, beliefs, and values regarding healthcare may or may not be in accordance with their notions regarding their generational cohort: (INT1.Q7) *How would you say your perspectives (regarding healthcare) compare to others your age?*

Regardless of whether the participant had spoken about health or healthcare in response to Q3.x—the retirement-related questions, specific inquiry regarding retirement and healthcare was made: (INT1.Q8) *We talked a about retirement already, but I'm curious, how does retirement factor into how you think about how you manage your health?*

Two questions were included regarding relationship with healthcare providers:

(INT1.Q9.a) *How would you describe your relationship with the healthcare providers in your life?* (INT1.Q9.b) *What are the qualities of the relationships with healthcare professionals that make them* (good, or bad, or whatever adjective seemed to capture what the research participant had just said in response to previous question)?

And finally, acknowledging that costs associated with healthcare are often a significant financial stressor in people's lives today, I included a two-part question regarding insurance:

(INT1.Q10) *Do you have healthcare insurance, and if so what is the insurance that you carry?*

**Data analysis.** I followed a six-step IPA methodology proposed by Smith et al. (2009). These steps included (a) data immersion, (b) initial noting, (c) identifying and developing emergent themes, (d) searching for connections across those themes, (e) repeating this process for all cases, and (f) identifying themes across cases.

**Data immersion.** The goal of immersing oneself in the original data is twofold: to interrupt any tendency to reduce or analyze the participant's comments prematurely, and to hone the focus of the research on the person of the participant (Smith et al., 2009). The original data for each case study was an audio recording of the interview. I listened to each audio recording in its entirety before beginning the transcription process, so that I might better "[imagine] the voice of the participant during subsequent [and repeated] readings of the transcript" (p. 82). It was expected that immersion in the audio data would almost certainly influence the tone of the interpretative steps that followed.

**Initial noting.** This was the "initial level of analysis" (Smith et al., 2009, p. 83). It was in this step that I began making notes regarding the participant's use of language as the transcript was read and re-read multiple times, and always with the person of the participant in my

imagination. What was it about this person's values, attitudes, and beliefs that made the interview what it was? This contextual data along with content-specific areas of interest would guide this note-making process. I expected some number of these notes to be made during the transcription process, while others would be added after the transcription was concluded. This merging of transcription and initial noting was in line with the process outlined by Smith et al.

***Emergent themes.*** Here the investigator begins to play a more central role with respect to the data. In this step of analysis, data is deconstructed and chunked into themes. Smith et al. (2009) state that this step in analysis is a "manifestation of the hermeneutic circle. The original whole of the interview becomes a set of parts . . . [which will later] come together in another new whole at the end of the analysis in the write-up" (p. 91).

***Connections across themes.*** Because the themes would be closely aligned with the original comment(s) from the participant during the interview, the themes are in a chronological list according to when they occurred during the interview. In this step of analysis these themes are taken out of that chronological context in order to facilitate the identification of associations across themes. Traditionally this has been done by printing out the list of themes and then cutting them (literally) into individual pieces of paper that can then be spread out on, say, the floor, and moved around in relation to each other, so that connections might emerge. In the current study I used a qualitative research tool called Dedoose ("Dedoose," n.d.), a web application developed by academics at UCLA, to accomplish the same visualization of connections of themes.

***Repeat process for all cases.*** The above steps are followed for each research participant. The process of bracketing previous knowledge was especially important in this step of analysis. The researcher must adhere to the steps outlined above and recommit to the principle of idiography within IPA, as subsequent interviews are pursued. These individual parts, like the

individual emergent themes within each case, formed a new whole in the next and final stage of analysis—identifying and developing connections across cases.

***Connections across cases.*** Much like the process of looking for associated themes within cases, this step is aimed at identifying associations in themes across cases. Here again the web application Dedoose was used to identify and develop these connected themes.

**Ethical considerations and informed consent.** No risk of harm to research participants was anticipated in the execution of this study. Respondents who were chosen to participate in the interview portion of the study were contacted by phone and an interview was scheduled. The interviews were expected to require approximately one hour to complete, and were to be conducted in one of the meeting rooms at Antioch University New England in Keene, New Hampshire. Participants were presented with and asked to sign an informed consent form prior to beginning the interview, and after the researcher had reviewed the form with them and provided ample opportunity to ask questions about the project. The informed consent form (See appendix B) included information regarding (a) the research study and the primary researcher, (b) the details of the study with respect to what would be required of the participants, (c) risks and benefits, (d) confidentiality, (e) research participants' rights, and (f) contact information should participants have questions or concerns regarding the study.

### Chapter 3

#### Methods

In this chapter I describe the processes through which research participants were solicited through the surveys and the interviews themselves. Acknowledging that it is impossible to completely remove one's self from any observations or writing about those observations, I devote some space for reflections on some of the personal experiences that I brought with me into the current study. I conclude the chapter with a discussion of the analytical process espoused by Smith et al. (2009), as I experienced it with the research participants.

#### Participants

Of the three original sites at which I had planned to solicit research respondents—a medical center, a senior citizens' center, and a retirement community—only the medical center generated completed questionnaires. In hindsight, it was not surprising that neither the senior citizens' center nor the retirement community generated responses. While I had realized that both of these sites were unlikely to be frequented by older adults under 65, I was hopefully optimistic that I might solicit the vanguard of my target sample, 65 to 68. After several weeks of no responses, however, I distributed additional questionnaires at a health center, in the same southwest region of New Hampshire.

A total of 14 adults completed questionnaires. Twelve of these endorsed both items—*I have a positive view of aging* and *I take an active role in managing my own health*—and were therefore eligible to participate in the interview portion of the study. A total of 10 were invited and agreed to be interviewed. Five of the 10 respondents who were interviewed had completed

questionnaires at the medical center and five at the health center. Seven of the interviewees were women and three were men. Table 2 lists, in the order in which interviews were conducted, the participants' gender, the site through which they came into the study, their birth dates, age, and education level.

Table 2

*Demographics of Interviewees*

<u>Id</u>	<u>Gender</u>	<u>Location</u>	<u>DOB</u>	<u>Age</u>	<u>Education</u>
1	Female	Med Ctr.	1948	67	Some college
2	Female	Med Ctr.	1947	68	Certificate
3	Female	Med Ctr.	1949	66	Four-year degree
4	Male	Health Ctr.	1953	62	Masters degree
5	Male	Health Ctr.	1954	61	Masters degree
6	Female	Health Ctr.	1947	68	Four-year degree
7	Female	Med Ctr.	1949	66	Four-year degree
8	Female	Med Ctr.	1950	65	Four-year degree
9	Female	Health Ctr.	1955	60	Four-year degree
10	Male	Health Ctr.	1950	65	Masters degree

**Interviews**

All interviews were conducted at Antioch University New England. Each interview was scheduled for one hour, which was sufficient time for all but two. One lasted 90 minutes and the other almost two hours. The shortest interview was completed in 45 minutes. The semi-structured interview was guided by the protocol items listed above (See Table 1). The open-ended protocol items often resulted in participants touching on topics listed later in the protocol. For one example, the introductory prompt to speak about *education, work life, family, or anything else that seems important* often resulted in participants discussing retirement. In keeping with Smith and Osborn’s (2008) description of the semi-structured interview as a guide to dialogue, I did not interrupt these departures from the protocol. Instead, we—the interviewees and I—explored the topics we felt were important to explore and in the order in which they presented themselves within our conversations. If topics listed later in the protocol were covered

earlier in our conversations and to a depth that felt sufficient to us both I refrained from those prompts as they appeared later on.

### **Self of the Researcher**

Before proceeding with a discussion of the processes involved in analyzing the data, this seems an apt place to disclose some aspects of my own experiences that have served to shape and color who I am as the primary investigator. And while bracketed (Smith et al., 2009), these experiences have very likely influenced in subtle ways the final product of this study. The most relevant of these include (a) watching my father's transition into retirement, his declining health, and eventual passing in a nursing home; (b) some of my own philosophies, which were formed through those experiences and later developed in my graduate studies and clinical training; and (c) having turned 50 years old during the course of the current study, my own experience of aging.

**Losing my father.** In the winter of 2005 at the age of 70 my father suffered a stroke, which would land him in a nursing home for the next 18 months until he died at the age of 72. Retirement had not been good for him, I had often thought. He napped quite a lot, he seemed content to sit and watch TV, and this sedentary lifestyle, I suspect, exacerbated his challenges associated with diabetes.

But beyond being sedentary, I believe his disconnection from people played a significant role in his decline. While my mother began doing more with her friends, my father preferred to stay at home. One of his lifelong hobbies had been woodworking and he was quite talented in the craft. He had also possessed a great sense of humor and young people always liked him for it. I remember thinking that these two qualities combined—his expertise in woodworking and his rapport with young people—would have suited him well for being a part-time shop teacher or



assistant at the vocational center at the local high school. I had wished he would find a way to stay connected—especially with younger people—and to feel more vital.

**Education, clinical training, and philosophy.** I began my graduate studies in 2009 in a Master's program in Marriage and Family Therapy. I was intrigued by the innumerable ways in which human beings affect one another. Systems thinking began to fascinate me and I was particularly interested in how language was inextricably linked to the human condition.

Just as a word relies on other words for its definition, so too, is the human self defined in relationship with others. I am embarrassed to confess I cannot remember if I read this somewhere along the way in my studies, or if it was my own epiphany, but regardless, it has been a powerful sentiment in my academic pursuits and my clinical work. I believe that aging is a process and that as long as we are alive we are becoming who we are to be. This development, however, is accomplished through meaningful, positive, and healthy relationships with others.

**Age.** I believe also that society would do well to be mindful of the importance of intergenerational relationships. My own experience as an older student among a cohort averaging 20 years my junior has been very rewarding. The friendships that I have formed with younger members of my cohort have allowed me to experience “age as just a number”—an observation made by more than one research participant in the current study.

The feeling of aging as no big deal has been rather like achieving flow while immersed in a creative activity, however; it is fleeting at best. Outside these wonderful new friendships, when I am alone, I find that I reflect more on my lifetime and the reality of sickness and death become more real to me. I was with my father when he let go his last breath and I have often wondered if he was afraid or if he was at peace. These reflections are perhaps how we wrap our heads around the final common denominator, how we prepare ourselves. Perhaps we move through this as we

do any other developmental stage in our lives. Such a developmental view might account for why I, a man who's just turned 50, felt it important to ask the question, "*How do think you will be remembered?*" while so many of the respondents in their 60s seemed to treat the question as rather unimportant.

### **Analysis**

As stated above, the current study's data analysis is modeled after a methodology proposed by Smith et al. (2009). Their suggested approach includes: (a) data immersion, (b) initial noting, (c) identifying and developing emergent themes, (d) searching for connections across those themes, (e) repeating this process for all cases, and (f) identifying themes across cases.

My own immersion in the data began with multiple recording devices during each interview. The technological redundancy allowed me to be confident that the entirety of each interview would be captured electronically. This in turn enabled me to more fully participate in the conversation of the interview, while making only occasional telescopic notes. After each interview, I listened to the recordings in their entirety. During the interview and while listening to the recordings afterward, I was aware that I was forming opinions about respondents and making some thematic observations. I made no notes regarding these impressions, however, choosing instead to wait until the interviews were transcribed and uploaded into Dedoose, the online qualitative research tool. Prior to initial noting of each transcript, I again listened to the audio recording in its entirety in order to reacquaint myself with the person of the respondent.

Whereas Smith and Osborn (2008) described a pen-and-paper approach to IPA data analysis in which the initial noting and identification of emergent themes are separate processes, they also emphasize that this is "not a prescriptive methodology" (p. 67). My own experience

was that these two steps rather organically fused into one at times. While I expect that this could also be the case with a pen-and-paper approach, the drop-down menus in Dedoose, it can be argued, pull the researcher to choose a previously created note (or “code” in Dedoose’s terminology) when appropriate, rather than creating a new one. Hence, as an example, the following four respondent excerpts were assigned the note, *Aging as an adventure*:

“I see my path as an adventure.”

“Many of those people have remained friends and we still communicate and so I don’t know, it’s just one thing leads to another and another and it’s just, uh, an ongoing experience.”

“Seems to me that there are still a lot of adventures I could have.”

Whether it’s from an exercise standpoint, like we talked about and being able to do what we’re able to do, or nutrition, advancements in health care, all these kinds of things are terrific in many, many ways. So it’s great. It’s really wonderful. What I think? We’re pretty healthy, I’m pretty healthy and so is (wife’s name), I think that it offers us more opportunities either to take advantage of and participate in the things that are going on around us or we can volunteer and give back to the community in many ways, things like that. I just think it’s wonderful. We’re right at the edge of being the empty nesters with our youngest son going off to college and there’s certainly some emotion that wraps around all that, it’s kind of nice to be at that point of where you can pack up and go and not really worry about it too much and know that the kids are launched. They’re on their way.

It should be noted that *Aging as an adventure* was not necessarily the only code applied to the above excerpts. For example, the last excerpt above was also assigned the codes, *Positive attitude* and *Personal narrative: More opportunities*.

I exported into an Excel spreadsheet all excerpts for each interview along with the initial code(s) associated with each excerpt. This enabled me to review the data that had seemed most pertinent during the coding phase of analysis. From a review of these excerpts and codes, I composed for each a synopsis of the emergent themes. These synopses serve as a sort of introduction of each of the respondents.

Having repeated these steps for each respondent/interview, the Dedoose tool was then used to identify the codes most often applied to the excerpts across interviews. While these predominant codes, themselves, revealed thematic information from the interviews and will be discussed in the results chapter, it seemed useful to also look at which of the various codes might fit within other broader themes. The Dedoose tool with its drop-down menus mentioned above did not have a stifling effect on the coding process after all; there were, for example, a number of codes generated in the process that, while differing literally, often captured essentially the same or similar meaning. As an example, the two codes, *Adventurous spirit* and *Aging as an adventure* were later synthesized into the *parent* code, *adventure*. As part of this process of reviewing codes and identifying connections among them, it was necessary to revisit a number of excerpts in order to appreciate the rationale for the original application. This contextual review resulted occasionally in removing codes from some excerpts and adding codes to others. Hence, the perspicacious reader may note differences in the data presented in Appendix C (the first export of the initial codes) and Appendix D, Table D1 (the parent-child groupings).

I incorporated several naming conventions during the coding process. The reader will note that a number of codes begin with the acronym, COA (Coming of Age). Researchers (e.g., Hinrichsen & Clougherty, 2006; Vaillant, 2003) have challenged the notion that our older citizens are somehow a homogeneous group, and have suggested that in order to more fully understand older adults researchers and clinicians alike should have some understanding of the history through which they have lived. It was with this advice in mind that I created these COA codes when interviewees talked about their late adolescence or young adulthood. Because this study is particularly focused on the intersection of personal narrative and social discourse regarding the aging process, when interviewees seemed to be describing their own experience of aging or how society thinks of aging, codes were prefaced accordingly (i.e., with *Personal narrative* or *Discourse on aging*). Yet another group of codes are prefaced with reference to particular items from the semi-structured interview protocol (e.g., *INT1.Q4.a [Life better]*). The rationale behind this particular convention was that I expected that it might be useful to be able to examine and discuss response trends with respect to individual protocol items at times. This convention then will allow for extraction of question-specific responses when useful.

Finally, during the iterative process of exploring the relationships between the individuals and the larger group as a whole (the hermeneutic circle), I identified the occasional excerpt for which some code or another seemed conspicuously absent. In the vast majority of cases this was the result of an excerpt deriving from an interview that was conducted prior to the creation of the “missing” code. These omissions were corrected when encountered unless another code from the parent grouping (i.e., the emergent theme) was already accounted for with respect to the interviewee. This was not only expeditious from a processing perspective, but also appropriate; recall that the analytic approach in the current study has not been concerned with weighting (i.e.,

an account of the number of times an interviewee mentioned a particular topic), but on presence or absence (i.e., whether the interview mentioned the topic or not).

## **Chapter 4**

### **Results**

In this chapter, after some general observations regarding the group of respondents as a whole, I introduce each of them with a brief summary of the highlights that emerged from our respective conversations. These synopses represent my sense of the connections across the various codes, which were assigned to each interview during the initial coding process. Following an introduction of the individual cases I then present the themes that emerged overall across cases. This will be a two-step process—looking first at the predominant codes followed by a review of the themes, which emerged through the process of grouping some codes within others.

I conclude this chapter with a brief review of the codes generated from excerpts that revealed a sense of the respondents' perception of the social discourse on aging and their own personal narratives on aging. While these were not predominant codes or emergent themes, per se, they do provide us with some insight with respect to the research questions (i.e., how the social discourse on aging interacts with the participants' personal narratives to inform their attitudes, values, beliefs, and behaviors regarding their health and healthcare).

#### **General Observations**

As mentioned above, the conversations I experienced with the research respondents very often moved into rich explorations of topics either not yet prompted by the protocol or that appeared nowhere in the protocol. Early on in the course of conducting these interviews I worried occasionally that we were too far astray. But as the interviews went on I began to relax for two reasons: First, I realized that in each exchange we were covering the necessary ground. Each conversation was unique to be sure, but without fail, in every interview, every item on the

protocol was accounted for in one manner or another. Second, I was reminded of a comment made by the very first woman I met with. She was widowed over a decade ago, but still missed her husband dearly, and I experienced her as lonely and glad to have someone to talk to for a while. My impression of her, which had been generally characterized by a sense of longing, was transformed when she commented, “These questions are kind of fun to think about.” With that, I experienced her not as longing for connection with others, but as genuinely enthusiastic about her human encounters.

As revealed in the data, this enthusiasm about the interview was not a theme, per se. That is to say, a minimum threshold of comments to this effect was not realized within the interviews, but it seemed clear to me that every participant, with the exception of one enjoyed the process of thinking about some of the items posed to them, as if they’d not previously considered the questions. Of course this may be nothing more than the fact that as human beings we generally like to talk about ourselves (Ward, 2013). However, specific linguistic themes, which did emerge during the coding and analysis of the data, would later support this general observation—namely, that the older adults with whom I spoke genuinely enjoyed being in the moment with another human being.

### **An Introduction to the Participants**

The following brief summaries of the discussions I had with survey respondents are in part derived from a review of the excerpts from their respective interviews and the codes initially applied to those excerpts (See Appendix E). It would be absurd, however, for me to suggest that my sense of these people, how I, the other human being in the room, experienced them, was not at play while composing the following synopses.



The first survey respondent I met was a 67 year old woman who finds comfort and strength in her faith. She volunteers in a variety of ways, many of them connected with her church. Though widowed 12 years ago, the loss of her husband seemed recent and raw. Financial concerns appeared to have always been a part of their lives together, and she continues to live on a financial “edge.” Despite these monetary concerns, and being without insurance as a result of them, she finds many things to do to keep herself physically and mentally active. Her active lifestyle was a predominant topic during our conversation and some of her many activities include hiking, camping, and kayaking.

The second interview was with a 68-year-old woman. She commented on the world being a “scariest place now” than when she was younger. Nevertheless, a theme of hopefulness and enthusiasm for life came through in her comments. Acceptance for what the aging process brings as well as tolerance for others also seemed to resonate in her comments. She was the first to tell me, “the body ages faster than the mind.”

The third woman I met with had recently retired at the age of 66. She rejected the discourse on aging, which she perceived to be characterized by slowing down and giving up. She often distanced herself from her aging cohort and alluded to her work with younger people—adolescents mostly. She seemed to identify with the young people even in her rejection of the drama she associated with the typical adolescent experience in social domains. This respondent talked about becoming more confident in her own attitudes and opinions as she aged, and told me that she felt less and less concerned about what others thought.

The fourth interview was with a 62-year-old man with a Master’s degree in theology. An emergent theme in his comments was regarding previous health issues, both physical and mental, which had motivated him to make dramatic lifestyle changes. His positive view on aging came

through quite clearly and he told me that he felt he was in better shape now than he had ever been. He busies himself with both physical exercise and scholarly pursuits.

The next interview was with a 61-year-old Vietnam veteran with a Master's degree and several undergraduate degrees. He waxed philosophical many times throughout our conversation and often about issues related to mindfulness and spirituality. This gentleman seemed reluctant to discuss his own aging, preferring to touch on the subject most often by discussing the aging of others—usually the people with whom he had worked in his capacity as a nurse. This respondent was the only one who became visibly emotional when asked how he thought he'd be remembered.

The sixth respondent, a 68-year-old woman originally from Germany, presented as stern and stoic. An educated woman, who still pursues research, her manner was brief and direct. I sensed at times that she was annoyed with questions regarding aging. She stated that people are beginning to treat her as if she was fragile—an experience she very clearly resents.

The seventh interviewee was with a 66 year old woman who had her bachelor's degree in elementary education and was a retired teacher. A predominant theme throughout our conversation was that of human relationship. She was very much focused on long-time friendships, her family, and her volunteer work through the church.

The eighth meeting was with a 65-year-old woman, a retired nurse. She described her strong faith and her desire to give back to others through her volunteer work. She talked about how she stays active in politics, for example through leadership roles in the local Democratic Party. Financial concerns were another theme in her comments, as was some recent health issues and her perception that older adults are not respected by younger generations.

The last two respondents were a married couple. I met with the wife first. She is 60 years old. She earned her undergraduate degree and worked with older people within retirement communities until she and her husband began their family, at which time she left the work force to focus on raising her children. Throughout the years, however, she has also pursued her love for art by taking classes and selling her work through various shops. A major focus of hers was physical exercise and she often distanced herself from her aging cohort.

Finally, her husband, a 65-year-old man with a Master's degree, also works in the senior living field as an executive. Many of his responses seemed to be filtered through this lens. Like his wife, he was very much focused on staying active. He seemed genuinely enthusiastic about the intergenerational connections in his own personal life and about their vital place in his line of work.

### **Predominant Codes**

I begin with the list of codes exported from Dedoose and presented in Appendix C. With respect to the initial codes and also the emergent themes to be discussed later, I shall focus on the items that were generated in the majority of the interviews (i.e., 6 or more).

**Human relationship.** In 9 out of the 10 interviews I conducted, excerpts were identified which reflected the importance of relationships with others. A few examples follow:

Respondent number 2 told me, "I became one of the master gardeners many years ago . . . and learned, you know, a whole new experience and made some new friends and I thought that was quite exciting." She went on to say, "We went on different field trips and what have you and we went back and forth to each others' homes and um had garden parties (laughs)."

Respondent number 3 shared her fond memories of an older woman who had been her neighbor for many years:

She was always laughing. I would go over to have coffee with her on my days off and she always had funny stories to tell and um, you know, it took a long time after she was gone, I always used to pull into my yard, pull into my driveway, get out of the car, look at her window, and if she was in her chair I'd always see the arm come up, you know. But she just, even when she, her health was going, she kept that wonderful sense of humor and, you know, was always happy to have a visit and have a coffee and we would talk and, you know. So she was an inspiration for me.

And with gleeful enthusiasm, respondent number 4 told me:

Another thing that's really helped me is to see a friend of mine whose, she just turned 55, she has Lupus and she's blind in one eye. And there's absolutely nothing in this world that is going to stop her from continuing and be determined to get to the goals that she wants to. She's not gonna let Lupus stop her, she's not gonna let her blindness stop her, and she drives a car and she's got a lot of energy, but you know I'm thinking 'wow this is amazing.' That's a motivator for me too, to see somebody like that and it helps me to say 'wow' you know, she swims, this girl floats on the water (laughs). It's unbelievable. She's like a fish. And so I said to her, 'Do you think that uh you would be willing to take on maybe going bike riding?' She said, 'I can try it.' She said, 'I do have a bike.' So I went down and the both of us went down there for a couple of hours and I fixed up her bike for her, got a couple parts and brought it out and she got on it and went up the street a little bit, fell off once, got right back up on it and uh, you know, and then came back and she said, 'Well if anything we'll just have to go around the block or something for a while before I get into the bike group.' But see her willingness!

**Distancing self from aging peers.** Perhaps it was with Jones' (2006) discursive psychology study in mind that I originally prefaced this code with the word *linguistic*. Upon further reflection throughout the current study, however, I realized it could be argued that the vast majority of data here is derived from the language that respondents used. I have, therefore, dropped the use of the word henceforth, as it makes reference to the code a little less clunky.

Distancing one's self from aging peers manifested in 8 out of the 10 interviews, and in various and rather interesting ways. One example was to allude to stereotypes of aging:

It's easier today to look at that without judgment. I mean encouragement is more the idea.

But, you know, I mean there's lots of people out there in my age bracket, baby boomers, that uh, have kind of a negative attitude in terms of things as they get older, I've noticed.

Others contrasted their own lifestyle to that of others:

PI: Ok. How would you say this is similar to or different from other people?

R: I know so many people that, as they got older, they stopped.

PI: Stopped, all the stuff we were just talking about?

R: Stopped trying to be active.

PI: Yeah.

R: You, you know, I mean, my husband and I talk about this all the time.

PI: Yeah

R: And it's not – certainly not everybody, there's tons and tons of people out there that are aging gracefully, and being active, and I see them all the time up at Stay Fit. So it's not like I'm the only one but there's so many people, they just stop!

PI: Hmm.

R: And they don't do anything. And I don't get it but they don't.

The sixth respondent with whom I met tried to avoid the very topic of aging, despite knowing the purpose of the study in which she had volunteered to participate. While discussing how her views on aging were similar to or different from others' this respondent told me that just thinking about the topic of aging was "confrontational."

R: The idea of actually getting into this right now is confrontational for me.

PI: Is it?

R: Yeah.

PI: Ok. I certainly don't want to be confrontational so, is it that particular question?

R: No it's the thought, thinking about it

PI: Oh Ok

R: Just thinking about aging.

PI: Ok.

R: Um it's an issue, it's a health issue as well.

PI: Yeah.

R: You know.

PI: Ok.

R: And also thinking about, you know, how many more years am I going to be able to be active.

PI: Hmm.

R: Which is a confrontation for me to think about.

PI: I see. Ok. Should we move on?

R: Yes.

Still another of the respondents had a tendency to answer questions related to aging by discussing how he has watched others—the people with whom he has worked as a nurse—go through the process. Few if any codes were applied in this regard simply because my observation was more about what seemed to be missing from his answers (i.e., reflections on his own experience) rather than what was there.

**Ongoing personal development.** Also apparent in 8 out of the 10 interviews was the sense that the interviewees were far from being done with becoming who they would be. While discussing retirement, for example, one respondent called it a “self-discovery phase of life.”

Another commented,

I think it just means going in a different direction. We actually have had some really interesting conversations at work of whether we should change the terminology.... Does retirement hold the same meaning today that it did 20 years ago, 25 or 30 years ago? To me, it just means that I wouldn't be working the same way that I'm working now. But it doesn't mean that I or we are going to just sit back in an easy chair and not do anything. To me it means new opportunities, different kind of energy, and different kind of experiences. It doesn't mean stopping and not continuing to live. It just means doing more actually. It's doing more and doing different.

**Staying physically active.** As one might expect, every one of the respondents who came into the study by completing surveys at the local fitness center spoke at length about the importance of exercise. The following examples of excerpts, then, will be from the respondents who came in through the medical center. Three out of the 5 respondents who came into the study through the local medical center talked about the importance of physical activity in their lives:

The first stated, “I'm an avid exerciser;” the second told me, “I try to be active and walk around the lake, since I live at the lake. I try to walk and I try to walk three miles three times a week but I probably only get two miles, two times in;” and the third said, “I get up in the morning, go to the [gym] every morning, and I feel like that's my schedule.”

**Acceptance.** Speaking with these older adults reminded me that few if any of us ever accomplish everything that we might have hoped to during our lives. As people age, various limitations (e.g., financial, physical, etc.) bring these realities to bear. The older adults in the

current study—people who said they held a positive view of aging—appear to have developed healthy ways to make sense of these realities.

I heard this person describe it as the “Fuck It” list. That’s when you discover there’s something you’d really like to do, but you know you are never going to get there. You don’t have the time, the money, the opportunity, whatever, so you put it here. What I do now is I say, maybe in another life. Maybe in another life.

Another respondent shared with me the following:

One of the most noticeable things is I just don’t have the energy that I used to have.... I think I’m in pretty decent shape from a strength standpoint trying to maintain strength and conditioning and balance and all those kinds of things that we try to focus on. I think I’m in pretty good shape, but I don’t have the energy that I used to have. It’s a recognition that you just have to figure out how to work within whatever capabilities that you have.

**Faith.** The topic of faith, which would later be subsumed under the broader emergent theme of *Faith/Spirituality* stood out to me because it seemed in stark contrast to my experience with younger academic colleagues. Linguistically, the excerpts coded with *faith* were explicit enough. For example, when asked how she thought she’d be remembered, one respondent made reference to an afterlife: “I don’t know (laughs). Won’t matter anyway, I’ll be with everybody I love.” Responding to the introductory prompt (i.e., ... *Tell me a little bit about yourself with respect to education, work life, family, or anything else that seems important*) another research participant included the following: “As I’ve gotten older, what helps me go on is my faith. My faith is very important to me and a strong part of my life.”



Conceptually, however, spirituality, mindfulness, yoga, philosophy, volunteerism, and care for others in whatever form it manifested itself, all seemed closely tied to a broader theme that I would come to label *Faith/Spirituality*. This will be further explored in the discussion chapter.

**Informed consumer of healthcare.** Finally, with respect to the predominant codes applied during the initial coding process, it seemed clear that the older adults I spoke with were informed consumers of healthcare.

Well probably because over I'd say three, four, five years, particularly with the ophthalmologist, I've been with them for about five years, and he's so open to questions that I have about glaucoma and things of that nature. He'll sit there and listen to me and I'll, I come up with questions, I write down questions before I go to the appointment and I'll throw two at him and he'll say "oh that's interesting. You know, I'll check it out." Something about glaucoma or whatever.

In another conversation I had asked one of the research participants to elaborate on how she takes an active role in managing her health. She answered,

R: I do what my doctor tells me. And there was a time when my doctor didn't know what was, anyways here we go again. Um, I just went through a bout with cancer, ok?

PI: Oh. I'm sorry to hear that.

R: Well. That's the way it is. And I had to deal with that. But the way I found out about the cancer is because of my own aggressive attention to my body. Um, and that's how, I played a survival role in that. I mean that was me helping myself actually live longer.

PI: Mhmm.

R: Um and even though I have followed all the, everything that the doctors had

recommended before, they still, they didn't find what I found, you know.

PI: Ok

R: Ok. And um, I'm still, now I'm keeping up with all the literature and everything that pertains to that particular issue.

### **Emergent Themes**

After reviewing the codes, as well as their associated excerpts (in order to ensure contextual understanding), and placing them into appropriate groupings, emergent themes were identified. As with the predominant codes above, I shall present only the emergent themes that were present in the majority of cases. For the complete list of emergent themes please see Table D2. Representative excerpts will be presented in this section for the purpose of supporting the parent-child groupings of the codes and also in order to illuminate the codes not previously introduced—namely, (a) *Values: Staying sharp (mentally)*, (b) *Concern about future health*, (c) *More free time*, (d) *Separation between generations*, (e) *Adventure*, (f) *Money*, and (g) *Tolerance*.

**Distances self from aging peers.** Of the emergent themes, this code was the only one that did not comprise other codes.

**Human relationship.** Comprised of codes having to do with connections to people from other generations, life-long friendships, and being inspired by positive people, this code seemed sufficiently broad to subsume the others. As it did as a code by itself, it again appeared in 9 out of 10 interviews after being associated with 9 other child codes.

**Values: Staying active.** Early on in the coding process I had been quite specific with respect to what interviewees shared with me about their favorite activities. For example, one respondent told me she enjoyed kayaking; I created the code, *stays active—kayaking*. Another

enjoyed hiking; I created the code, *stays active—hiking*, et cetera. After several interviews I decided that it would suffice to broaden my approach to capture people's interest in maintaining an active lifestyle, so I created the code, *stays physically active*. Yet another code—*values: staying active*—was generated during the weeks-long process of coding. Upon review of all of these codes, I chose this last one as the broadest in scope and most appropriate to subsume the others.

**Faith/Spirituality.** The original code of *faith* was amended in order to include respondents' comments regarding meditation, mindfulness, yoga practices, et cetera. Eight out of the 10 respondents touched on topics of faith or spirituality.

**Ongoing personal development.** Present in 8 out of 10 of the interviews, this code served as the parent code for *evolving lifestyle* and *retirement—stay involved*. In the one excerpt to which *evolving lifestyle* was applied the respondent described how her schedule had been somewhat impinged upon with her husband's recent retirement:

R: So you know, now I've kind of lost my independence a little bit.

PI: Interesting.

R: Yeah.

PI: That's very interesting.

R: Um, you know, I just don't have that time to just go do my own thing as much as I used to. But I'm not unhopeful that it's lost, it's just, it's just refiguring itself.

In the one excerpt to which the code *retirement—stay involved* was applied the respondent talked about future career and educational interests. (His reference to a water buffalo going through a python is his analogy for the baby boomers beginning to create huge demand in the medical field.)

But sharing what I know, either inter-personally, skills or developing what I know and taking that opportunity of not having to work in an organized fashion, per se, but I see it as actualizing generativity and creativity and... You know, if I could go [popping sound] and fund something and pay my nut, I would find a full time geriatric nurse practitioner program. I would take a post grad certificate as geriatric nurse practitioner. I'd work anywhere, fucking wherever I wanted, because as I said we're water buffalo going through the python.

The predominance *ongoing personal development* as a parent code did not change; as an emergent theme it was present in 8 of the 10 interviews.

**Values: Staying sharp (Mentally).** Similarly, respondents discussed a number of mental activities (e.g., artistic hobbies, knitting, cultural events, and doing puzzles). Collectively these were present in 8 out of 10 of the interviews.

**Acceptance.** After including the code, *acknowledges limitations*, the emergent theme of *acceptance* remained in 7 out of the 10 interviews. The one excerpt to which *acknowledges limitations* was applied by itself (i.e., without *acceptance* also being applied) was the following:

I can't run the way that I used to. I used to run all the time. Now, I have problem with my one foot, plantar fasciitis. I've had it for a year and a half, going on two years. It has not improved to the point where I can go out run five miles.

**Concern about future health.** The interviews with these older adults also generated a number of codes regarding future health concerns. For example, one respondent stated, "I just hope I don't have Alzheimer's. That would be a hard thing for my son to deal with." This was coded *concern regarding future mental health problems*. Another child code within this theme

was *concern regarding getting hurt*, which was applied to the following excerpts such as: “I don’t want to go up there (a local mountain) because it’s rocky” and the following exchange:

PI: Because that’s a lot of strain on the knees, right?

R: That is yes, my husband did go skiing, he went skiing with our younger son, he went skiing with him last winter to Okemo, which is not a sissy kind of hill. I think he hadn’t been on skis in 30 years.

PI: How did he do?

R: Well, he didn’t break anything so I consider that a win, but ... I made him promise me that he wouldn’t do that because I wouldn’t come see him in the hospital. I’m not going to do this. I’m not putting you back together but he did that whatever that is going back and forth but I thought he was crazy. But we do our fair amount of cross-country skiing and that’s great fun. Anyway, to answer your question, I don’t know if I feel worse I just, you know I miss my mum, it just brings back the people that have died and I won’t ever talk to them again and in 30 years I’ll probably be dead too so, yeah.

*Concern regarding health problems* was another child code within this emergent theme.

It was applied to excerpts such as the following: “I don’t want to get to the point where I’m sitting, you know, sitting at home and not doing anything it just, it would drive me bananas I think.” This last excerpt was also coded, *fear of being inactive*—another child code within this emergent theme, *concern about future health*, which was present in 7 of the 10 interviews.

**More free time.** Respondents talked about having *more time* (e.g., “Like if I want to knit I’m not rushed that I have to get something done or if I want to go for a walk I enjoy my walk. Or if I go for a bike ride, I have more time to smell the roses along the way”), and having *no schedule* imposed on them (e.g., “We can just go and do things whenever we want now, which is

kind of neat, you know, you don't have to wait for the weekend to have the time to do things.”)

This emergent theme of *more free time* came up in 7 of the 10 interviews.

**Proactive in healthcare.** The code, *informed consumer of healthcare*, which was discussed above, was grouped under *proactive in healthcare*. As a code, *proactive in healthcare* was assigned to all of the same interviews as *informed consumer of healthcare*, plus one. As an emergent theme, it appeared in 7 of the ten interviews.

**Separation between generations.** The child codes comprising this theme were derived from usually very explicit contrasts made by respondents between their own generation and that of others. For example, the codes, *40's naïve* (“Fortyish people,” one respondent told me, “unless they're pretty sharp about things are kind of naïve”); *Baby Boomers more responsible than later generations* (“It's part of the baby boomer thing I think because we were a more responsible generation than what has succeeded us”); and others indicating that their generation is healthier than their parents' or more active than the younger people's. The reader is again referred to Appendix D for the complete groupings and frequencies.

**Adventure.** *Aging as an adventure* was a code that was applied to 4 out of the 10 interviews. This was combined with *adventurous spirit*, which was applied in 2 of the interviews. Because these codes were not applied in the same interviews, the combining of the two of them under this parent code (*adventure*) resulted in the emergent theme appearing in 6 of the interviews. A couple of sample excerpts that were coded with *aging as an adventure* included: “... One thing leads to another and another and it's just, uh, an ongoing experience,” and “Seems to me that there is still a lot of adventures I could have.” *Adventurous spirit* was applied to excerpts such as, “I'm always looking for something new to do.... I don't think about age when I get on my bike and I go someplace,” and “So to me they were adventurous and I think an adventurous soul is a good soul to carry you through your old age too.”

**Money.** As part of the process of entering the demographic information for each research participant into the Dedoose database, I included a column with the heading, *financial situation*. This was not one of the original columns; rather, I added it after several of the interviews had already been transcribed and coded. The reason for this was that I had begun to wonder if or how the respondents' financial status might be coloring the tone of our conversations and how they were responding to some of the protocol items. Ultimately, however, I felt that this column was not useful because I felt confident about only three cases with respect to their financial status. The others were completely nebulous in this regard. This is interesting because, although several codes, created to capture monetary concerns, actually contained the word 'financial' (e.g., *financial challenges*, *financial instability*, and *stopped meds for financial reasons*), it was not until I began identifying the code groupings that I realized *money* would be an emergent theme. Included in this theme, which appeared in 6 out of the 7 interviews, were codes such as: *inexpensive (or free) things to do*, *insurance is important*, *retirement benefits dwindling*, and *vulnerable being alone*, to name a few (See Appendix D for the complete list).

**Tolerance.** Finally, the theme of *tolerance* emerged in 6 of the interviews. The code *to each their own* was applied to 5 of the interviews, and although the code *tolerance* was applied to only one excerpt ("She also sees that there are times that I get real tired and she's a very quiet person, has a lot of wisdom, doesn't tell people what to do but just allows them to experience life themselves"), it seemed a broader and, therefore, more appropriate parent code. Some of the excerpts coded with *to each their own* include: "I don't know. Everybody is different, they all have their own ... way of, you know, lifestyles, the way they live and the things they wanna do.... Not everybody is the same;" and:

When I was younger I thought I could change things and, you know, or people and their attitudes would change, but now I realize people are set in their ways and you can't expect them to change, so I'm a little bit more ready to just, you know, let things go and count my blessings and just say "well, you know, you have to live your life the way you feel is right for you and let other people live the way they feel is right for them."

And one respondent was saddened by a recent event in which she and her husband had invited another couple, whom they had met through their church but who were no longer attending, to a get-together at their home: "We invited you as a good friend and neighbor, you know, why, just hooking on the fact that you don't attend our church anymore? ... Doesn't bother us. I mean we miss you, but it doesn't matter to us what church you attend."

### **Social Discourse and Personal Narratives on Aging**

As mentioned in the introduction to the chapter, a number of codes were prefaced with *Discourse on aging or personal narrative* (See Appendix F), when excerpts were identified, which seemed to reveal either the respondents' perception of the social discourse on aging or their own experience of aging. Further consideration of these codes and their associated excerpts will be made in the next chapter. Here in the Results chapter I simply wanted to make the reader aware of these codes and to highlight the fact that the discourse-related codes were all negative, while the vast majority of the personal narrative codes—how these older adults were experiencing and making sense of the aging process in their own lives—were positive.



## **Chapter 5**

### **Discussion**

In keeping with the tradition and spirit of qualitative research, in general, and IPA, more specifically, I want to begin this discussion of the findings with an acknowledgement—namely, that the possible ways of talking about the data are as myriad as were the potential codes applied to the participants' comments. In the interest of full disclosure I am compelled to reiterate some aspects of my view of the human condition. First, it seems obvious to me that we are always evolving—not only as a species, but individually as well. I am hopeful about this aspect of aging, actually. And while I recognize that there are extreme circumstances (e.g., severe stroke), it seems to me that at the heart of healing from even the direst of conditions there is a quality of change, of adaptation, of development. Second, my perspective is very much informed by my systems background (My first Masters degree is in Marriage and Family Therapy) and my interest in interpersonal psychodynamic models of therapy. The ideas that (a) we can never not communicate and (b) that we are in relationship with others for the entirety of our lives have no doubt influenced the ways in which I have chosen to approach the data in the following discussion.

#### **Distancing and Acceptance**

I begin by discussing two of the emergent themes more or less in tandem: The linguistic patterns of distancing themselves from their aging peers and the theme of acceptance. The people with whom I met possessed a generally positive outlook on their own life and on their experience of aging. Their positivity notwithstanding, however, their personal narratives often made reference to the broader and more negative discourse on aging, and they were quick to distance themselves from it. They often contrasted their own circumstances with those of aging peers. For

example, with respect to taking fewer medications, having had fewer medical issues, or being more active than others in their age cohort. Had this been a Discursive Psychology study I dare say the linguistic patterns of distancing from an aging peer group would have been even more prominent in the findings. As others have pointed out (e.g., Bruner, 1990; Geertz, 1973), it would seem that even for older adults who maintain a healthy and positive outlook, their personal narratives are in constant reference to the broader social discourse.

I would also argue, however, that it is this generation that stands most poised to begin to change the negative discourse on aging. The older adults I spoke with, after all, are neither dreading old age nor processing the experience through rose-colored glasses. Much to the contrary, they seem to have a very realistic and informed perspective with regards to aging. “Stressful life events have been tied to increased risk of depression,” according to Hinrichsen and Clougherty (2006), “and are most common among younger adults, decrease in frequency in middle adulthood, and increase in late adulthood” (p. 26). Hinrichsen and Clougherty highlight as examples caring for an infirmed loved one or for one’s self, and the experience of loss from the death of family or friends—all of which were mentioned during our conversations in the current study. Participants spoke of having less energy, of old or recent injuries and other physical issues. They spoke also of having reached a point in their life where they had realized they were never going to do certain things that they had once wanted to, perhaps due to financial or other practical constraints. Yet the older adults I spoke with described an ability to adapt to and to accept these challenges, limitations, and losses. They, like the participants deemed to be aging well in Vaillant’s (2003) study, seemed to re-author their narratives in ways that accommodated their experiences associated with aging. As I spoke with the participants in the current study and this theme of acceptance emerged so clearly in our conversations, I was

reminded of Michael White's Narrative Therapy intervention of helping clients to *re-author* and *re-member* their problematic personal narratives. The men and women in this study who identified as feeling good about the aging process and taking an active roll in managing their health were, in fact, adjusting their narratives in very positive ways.

**Acceptance or apathy.** But might this same capacity for acceptance actually work against older adults who do not hold such positive views? Might they be moving beyond accepting loss and limitation, to *expecting* them? Hinrichsen and Clougherty (2006), citing Karel, Ogland-Hand, and Gatz (2002), argue that depression presents differently in older adults, and that "older people may express more apathy, evidence greater irritability, make excessive physical complaints, and evidence more anxious rumination" (p. 23). It is the first of these—*apathy*—that I would like to consider briefly in the present discussion.

I would suggest that the distinction between acceptance and apathy might be a difficult one for healthcare providers to make, given their typically brief encounters with patients. Certainly through the in-depth conversations I was able to have with the participants in the current study it was clear that they were not apathetic, and that they were, instead, managing healthy adjustments both interpersonally and intrapsychically. Conversely, however, within the context of a typical medical appointment where the conversations are considerably briefer, apathy may be mistaken for what I have labeled in the current study, as acceptance (See Burroughs et al., 2006; Cox et al., 2012; Crosland & Wallace, 2011; Joubert et al., 2013). Critical to making the distinction between apathy and acceptance, it would seem, is to listen for words that convey finality (apathy) versus adaptation, or what I have coded here as *ongoing personal development*. To be sure, the people I spoke with had experienced the loss of loved ones, physical limitations, financial burdens, and the social stigma of aging. However, these stories

were often followed by comments about making new friends, learning how to adjust their workouts, enjoying the many free-of-charge things to do in New Hampshire, and finding comfort and empowerment in aging.

Healthcare providers working within the time constraints of the typical medical environment are, therefore, advised to ask open-ended follow-up questions if their patients mention loss, limitations, et cetera. For example, “What are you doing instead?” when a patient states that she can no longer jog or walk, or “Who do you spend time with now?” with an older adult widow or widower. If the answers to these questions maintain a sense of finality (e.g., “nothing,” or “no one”), a referral to psychotherapy might be indicated.

### **Power in Numbers: A Secure Base**

The respondents I spoke with were genuinely enjoying the relationships in their lives—with spouses, lovers, friends, grown children, grandchildren, and numerous others. Many of them spoke of their volunteer work and of connections with other generations—both younger and older—and of feeling inspired by others. This emergent theme of *human relationship* stands in stark contrast with many of the motifs associated with their perception of society’s discourse on aging (See Appendix F).

Let us consider one of the codes in Appendix F for a moment—namely, *removed from mainstream society*. Here is one exchange:

R: Well the older generation, um, there seems to be some sort of comradery going on.

PI: Ok.

R: Which is something that I’ve never really paid attention to or felt, I guess.

PI: So that’s something new, as you’ve gotten older.

R: That’s something new, yeah.

PI: A sense of comradery with your peers?

R: With my peers, yes.

PI: Ok. Alright.

R: Which wasn't there before really.

PI: Ok. Do you have any theories about that?

R: Um, yeah. In a way, you know. I think environment has a great deal to do with it. I think that the older people really do feel like they are separate from everything.

Removed.

PI: When you say ...

R: From the main stream of society.

PI: Ok. So as you hit a certain age, the older people are sort of separated out from the rest of the generations.

R: Yes. The younger generations.

PI: I see.

R: Definitely. Yep.

PI: And that's where that comradery comes from.

R: That's where the comradery comes from.

PI: Ok.

R: Yeah. Definitely there.

The above exchange was with the woman whom I had experienced as appearing annoyed with having to discuss aging. However, another female respondent, whom I would characterize as having enjoyed the interview process, made a similar allusion to the older generation being somehow outside the mainstream of society and finding comfort in her birth cohort:

Well, you know, for lack of a better word, power in numbers, I guess. It just really... We went to a political event downtown last evening and of the 20 people sitting round the table I think one looked like he was in his late 20's or early 30's, the rest were all, you know, our age. It was really interesting.... I mean, again, I don't feel 60, so I'm saying this while not feeling 60, but on the same side of the coin I feel like I've got a lot of company and I like it.

Bowlby (1988) believed that venturing out from secure attachment relationships to grow through the discovery of new experiences was a life-long activity. The older adults I spoke with in this study certainly embodied this notion. Themes of staying active, both physically and mentally, of ongoing personal development and adventure were all emergent themes in the interviews. Arguably, all of these might be further synthesized into a broader parental theme—*human vitality* perhaps. Regardless of how we might capture the essence of these personal narratives, however, they are in stark contrast to the broader social discourse on aging in Western society—a discourse that these older adults perceived as pushing them aside, as if they had somehow reached a status of completion in their development.

“I think a lot of people in my age category fear retirement because they don't have interests and they're just – they feel like they're just going to sit around and wither up.” The language of aging scares people: “They don't want to join a senior group,” one respondent told me, “so they call it [i.e., the group] ‘easy going’ now.” It seems no wonder that older adults would find a sense of safety or power in numbers among their aging peers.

### **Ongoing Personal Development**

Teuscher (2010) had found that greater identity diversity (i.e., diversity in how people self-identify) correlated with life satisfaction among older adults. While Teuscher's

interpretation of the data focused in large part on the prestige associated with retirees' former professional positions or titles, one cannot overlook the educational levels associated with prestigious positions. Eight of the ten participants in the current study had earned an undergraduate, and three of them (the three men) had gone on to receive a Master's degree. Of the remaining two participants one reported attending "some college" and the other had earned a certificate. Speaking about retirement, one participant told me:

I've thought, "oh this gives me opportunities to do things that I haven't had a chance to do or learn new things." I became one of the master gardeners many years ago . . . and learned, you know, a whole new experience and made some new friends and I thought that was quite exciting.

Even with respect to more somber topics associated with older adulthood there was a developmental quality among the participants I spoke with. For example:

I don't know, I guess it's more of a self-discovery phase of life. Where you're learning more about yourself and how you handle situations with aging and illness and you have to think about the finality of life, and you know, preparing for that.

### **Spirituality and Generativity**

Another contradiction presented itself in terms of the negative social discourse and the positive personal narratives I encountered in this study. Whereas the discourse on aging is that older adults are cast aside, older adults, themselves, are expressing interests in getting more involved and for the good of others. No one that I spoke with indicated any intention of turning inward or isolating from society after retirement, for example. Instead, the participants expressed excitement at having "more time" and "more opportunities" to do for others. The sense was that there was something greater than themselves toward which they were now turning their attention

and time in order to create a greater good. Our expectations as healthcare service providers must be in line with these positive narratives of ongoing personal development.

So how do these findings speak to the questions posed in the current study; that is to say, how does one's understanding of the broader social discourse on aging intersect with one's own experience of getting older? And how might this show up in one's belief, knowledge, skills, and confidence (Hibbard et al., 2004) in managing his or her health and healthcare?

The older adults with whom I met are very much involved. They are well informed, and curious. They actively seek out information. They are thriving and want to be treated as vital participants in the relationships that they so value. As I zoom out from the individual discussions I had with these men and women and I reflect on the group, this is the broader picture—their discourse, as it were. This is the story or at least the tone that we as healthcare providers (and citizens) should expect to hear in our interactions with older adults—not themes of dull passivity.

### **Limitations and Future Directions**

As I have noted previously, in order to be invited to interview for the current study the research participants had to have endorsed two items on a flyer: *I have a positive view of aging* and *I take an active role in managing my own health*. Not surprisingly, these older adults presented as upbeat, active and engaged. They also had all pursued post-secondary education (See Table 2). It would not be unreasonable to expect that a correlation might exist between their advanced level of education and their enthusiasm for learning, which was present in their discussions of new hobbies and adventures, as well as in their descriptions of interactions with healthcare providers.

There was one flyer returned which had both items negatively endorsed. An interesting follow up to the current study would be to interview ten such respondents. I suspect the



education levels would be significantly different from the current group. It would be particularly interesting to consider a data set similar to that presented in Appendix F. One might expect that older adults with a negative view of aging, and who do not participate actively in the management of their own health and healthcare might very well maintain a personal narrative of aging which is more closely aligned with the current social discourse.

## References

- American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Retrieved August 6, 2013, from <http://www.apa.org/ethics/code/index.aspx>
- Ariés, P. (1965). *Centuries of childhood: A social history of family life*. (R. Baldick, Trans.). New York, NY: Vintage Books.
- Bamberg, M. G. W. (1997). Positioning between structure and performance. *Journal of Narrative and Life History*, 7(1/4), 335–342.
- Blixen, C. E., McDougal, G. J., & Suen, L.-J. (1997). Dual diagnosis in elders discharged from a psychiatric hospital. *International Journal of Geriatric Psychiatry*, 12(3), 307 – 313.
- Bodenheimer, T., Lorig, K., Holman, H., & Grumbach, K. (2002). Patient self-management of chronic disease in primary care. *JAMA*, 288(19), 2469–75.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Brandtstadter, J., & Greve, W. (1994). The aging self: Stabilizing and protective processes. *Developmental Review*, 14(1), 52–80.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Bruner, J. (2008). Culture and mind: Their fruitful incommensurability. *Ethos*, 36(1), 29–45.
- Burroughs, H., Lovell, K., Morley, M., Baldwin, R., Burns, A., & Chew-Graham, C. (2006). Justifiable depression: How primary care professionals and patients view late-life depression? A qualitative study. *Family Practice*, 23(3), 369–377.
- Castillo, R. J. (1997). *Culture & mental illness: A client-centered approach*. Belmont, CA: Brooks/Cole.

- Clarke, J. N. (2006). The case of the missing person: Alzheimer's disease in mass print magazines 1991-2001. *Health Communication, 19*(3), 269–276.
- Cox, W. T. L., Abramson, L. Y., Devine, P. G., & Hollon, S. D. (2012). Stereotypes, prejudice, and depression: The integrated perspective. *Perspectives on Psychological Science, 7*(5), 427–449. <http://doi.org/10.1177/1745691612455204>
- Crosland, A., & Wallace, A. (2011). Mental health promotion in later life. In J. Keady & S. Watts (Eds.), *Mental health and later life: Delivering an holistic model for practice* (pp. 35–53). New York, NY: Routledge/Taylor & Francis Group.
- Dedoose. (n.d.). Retrieved November 24, 2015, from <http://www.dedoose.com/>
- Erikson, E. H. (1950). *Childhood and society*. New York, NY: W. W. Norton & Company, Inc.
- Erikson, E. H. (1968). *Identity, youth, and crisis*. New York, NY: W. W. Norton & Company, Inc.
- Foucault, M. (1971). Orders of discourse. *Social Science Information, 10*(2), 7–30. <http://doi.org/10.1177/053901847101000201>
- Foucault, M. (1990). *The history of sexuality. Volume 1: An introduction*. New York, NY: Vintage Books.
- Foucault, M. (2006). *History of madness*. New York, NY: Routledge/Taylor & Francis Group.
- Frazier, L. D., Johnson, P. M., Gonzalez, G. K., & Kafka, C. L. (2002). Psychosocial influences on possible selves: A comparison of three cohorts of older adults. *International Journal of Behavioral Development, 26*(4), 308–317. <http://doi.org/10.1080/01650250143000184>
- Gadamer, H.-G., Weinsheimer, J., & Marshall, D. G. (2013). *Truth and method*. London, UK; New York, NY.: Bloomsbury.

- Gardiner, H. W., & Kosmitzki, C. (2008). *Lives across cultures: Cross-cultural human development*. Boston, MA: Pearson Allyn and Bacon.
- Geertz, C. (1973). *The interpretation of cultures*. New York, NY: Basic Books.
- Geertz, C. (1983). *Local knowledge: Further essays in interpretive anthropology*. New York, NY: Basic Books.
- Gergen, K. (2009). *An invitation to social construction* (2nd ed.). Los Angeles, CA: Sage Publications.
- Gergen, K. (2011). The self as social construction. *Psychological Studies*, 56, 108–116.  
<http://doi.org/10.1007/s12646-011-0066-1>
- Gergen, K., J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266–275.
- Giorgi, A., & Giorgi, B. (2008). Phenomenology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed.). Los Angeles, CA: SAGE Publications.
- Green, C. A., Perrin, N. A., Polen, M. R., Leo, M. C., Hibbard, J. H., & Tusler, M. (2010). Development of the Patient Activation Measure for Mental Health. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(4), 327 – 333.
- Greene, J., & Hibbard, J. H. (2012). Why does patient activation matter? An examination of the relationships between patient activation and health-related outcomes. *Journal of General Internal Medicine*, 27(5), 520–526. <http://doi.org/10.1007/s11606-011-1931-2>
- Halley, M. D. (2012). Integration: From structural to functional. *Healthcare Financial Management: Journal of The Healthcare Financial Management Association*, 66(6), 74–77.

- Hammack, P. L. (2008). Narrative and the cultural psychology of identity. *Personality and Social Psychology Review, 12*(3), 222–247.
- Harvey, L., Fowles, J. B., Xi, M., & Terry, P. (2012). When activation changes, what else changes? The relationship between change in Patient Activation Measure (PAM) and employees' health status and health behaviors. *Patient Education and Counseling, 88*(2), 338–343.
- Heidegger, M. (2008). *Being and time*. (J. Macquarrie & E. Robinson, Trans.). New York, N.Y.: HarperPerennial/Modern Thought.
- Hibbard, J. H., & Cunningham, P. J. (2008). How engaged are consumers in their health and health care, and why does it matter? *Research Brief, 8*(8), 1–9.
- Hibbard, J. H., Stockard, J., Mahoney, E. R., & Tusler, M. (2004). Development of the Patient Activation Measure (PAM): Conceptualizing and measuring activation in patients and consumers. *Health Services Research, 39*(4 Pt 1), 1005–1026.  
<http://doi.org/10.1111/j.1475-6773.2004.00269.x>
- Hinrichsen, G. A., & Clougherty, K. F. (2006). *Interpersonal psychotherapy for depressed older adults*. Washington, DC: American Psychological Association.
- Hughes, M., Ozanne, E., & Bigby, C. (2009). Diversity and ageing. *Australian Social Work, 62*(2), 127–131. <http://doi.org/10.1080/03124070902840022>
- Jones, R. L. (2006). “Older people” talking as if they are not older people: Positioning theory as an explanation. *Journal of Aging Studies, 20*(1), 79–91.
- Joubert, L., Lee, J., McKeever, U., & Holland, L. (2013). Caring for depressed elderly in the emergency department: Establishing links between sub-acute, primary, and community

care. *Social Work in Health Care*, 52(2-3), 222–238.

<http://doi.org/10.1080/00981389.2012.737896>

Karel, M. J., Ogland-Hand, S., Gatz, M., & Unützer, J. (2002). *Assessing and treating late-life depression: A casebook and resource guide*. New York: Basic Books.

Kaufman, G., & Elder Jr., G. H. (2002). Revisiting age identity: A research note. *Journal of Aging Studies*, 16(2), 169–176. [http://doi.org/10.1016/S0890-4065\(02\)00042-7](http://doi.org/10.1016/S0890-4065(02)00042-7)

Kehily, M. J. (Ed.). (2010). *An introduction to childhood studies*. Maidenhead, Berkshire, England: Open University Press.

Knight, B. (1996). *Psychotherapy with older adults*. Thousand Oaks, CA: Sage Publications.

Linville, P. W. (1985). Self-complexity and affective extremity: Don't put all of your eggs in one cognitive basket. *Social Cognition*, 3(1), 94–120.

<http://doi.org/http://dx.doi.org.antioch.idm.oclc.org/10.1521/soco.1985.3.1.94>

Lott, B., & Webster, K. (2006). Carry the banner where it can be seen: Small wins for social justice. *Social Justice Research*, 19(1), 123–134.

<http://doi.org/http://dx.doi.org.antioch.idm.oclc.org/10.1007/s11211-006-0003-y>

Mangione, L., & Nadkarni, L. (2010). The relationship competency: Broadening and deepening. In M. B. Kenkel & R. L. Peterson (Eds.), *Competency-based education for professional psychology* (pp. 69–86). Washington, DC: American Psychological Association.

Maples, M. F., & Abney, P. C. (2006). Baby boomers mature and gerontological counseling comes of age. *Journal of Counseling & Development*, 84(1), 3–9.

<http://doi.org/10.1002/j.1556-6678.2006.tb00374.x>

McWilliams, N. (1998). Relationship, subjectivity, and inference in diagnosis. In J. W. Barron (Ed.), *Making diagnosis meaningful: Enhancing evaluation and treatment of*

- psychological disorders* (pp. 197–226). Washington, DC: American Psychological Association.
- Miller, P. J., Potts, R., Fung, H., Hoogstra, L., & Mintz, J. (1990). Narrative practices and the social construction of self in childhood. *American Ethnologist*, *17*(2), 292–311.  
<http://doi.org/10.1525/ae.1990.17.2.02a00060>
- Moore, A. A., Karno, M. P., Grella, C. E., Lin, J. C., Warda, U., Liao, D. H., & Hu, P. (2009). Alcohol, tobacco, and nonmedical drug use in older U.S. adults: Data from the 2001/02 National Epidemiologic Survey of Alcohol and Related Conditions. *Journal of the American Geriatrics Society*, *57*(12), 2275–2281.
- Neugarten, B. L. (1964). *Personality in middle and late life: Empirical studies*. New York, NY: Atherton Press.
- Patterson, T. L., & Jeste, D. V. (1999). The potential impact of the baby-boom generation on substance abuse among elderly persons. *Psychiatric Services*, *50*(9), 1184–1188.
- Pearson, J. L., & Conwell, Y. (1995). Suicide in late life: Challenges and opportunities for research. *International Psychogeriatrics*, *7*(2), 131–136.
- Ramberg, B., & Gjesdal, K. (2013). Hermeneutics. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy* (Summer 2013). Retrieved from  
<http://plato.stanford.edu/archives/sum2013/entries/hermeneutics/>
- Retirement planner: Benefits by year of birth. (n.d.). Retrieved July 15, 2013, from  
<http://www.socialsecurity.gov/retire2/agereduction.htm>
- Rollins, J. (2008). The graying of the baby boomers. *Counseling Today*, *51*(4), 32–37.

- Roy, B. (2007). Radical psychiatry: An approach to personal and political change. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice* (pp. 65–90). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Skolasky, R. L., Green, A. F., Scharfstein, D., Boulton, C., Reider, L., & Wegener, S. T. (2011). Psychometric properties of the Patient Activation Measure among multimorbid older adults. *Health Services Research, 46*(2), 457–478. <http://doi.org/10.1111/j.1475-6773.2010.01210.x>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Los Angeles, CA: SAGE Publications.
- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed.). Los Angeles, CA: SAGE Publications.
- Szanto, K., Gildengers, A., Mulsant, B. H., Brown, G., Alexopoulos, G. S., & Reynolds, C. F. I. (2002). Identification of suicidal ideation and prevention of suicidal behaviour in the elderly. *Drugs and Aging, 19*(1), 11–24.
- Teuscher, U. (2010). Change and persistence of personal identities after the transition to retirement. *The International Journal of Aging & Human Development, 70*(1), 89–106. <http://doi.org/10.2190/AG.70.1.d>
- Thorne, A. (2004). Putting the person into social identity. *Human Development, 47*(6), 361–365.
- Vaillant, G. E. (2003). *Aging well: Surprising guideposts to a happier life from the landmark Harvard study of adult development*. Boston, MA: Little, Brown.
- Vincent, J. A. (2003). *Old age*. New York, NY: Routledge. Retrieved from <http://site.ebrary.com/id/10101016>



von Hippel, C., Kalokerinos, E. K., & Henry, J. D. (2013). Stereotype threat among older employees. *Psychology and Aging, 28*(1), 17–27.

Ward, A. F. (2013, July 16). The Neuroscience of Everybody's Favorite Topic. Retrieved July 15, 2015, from <http://www.scientificamerican.com/article/the-neuroscience-of-everybody-favorite-topic-themselves/>

Ward, R., Scottish Dementia Working Group, & River, L. (2011). Between participation and practice: Inclusive user involvement and the role of practitioners. In J. Keady & S. Watts (Eds.), *Mental health and later life: Delivering an holistic model for practice* (pp. 9–53). New York, NY: Routledge/Taylor & Francis Group.

White, M. (2007). *Maps of narrative practice* (1st ed.). New York, NY: W.W. Norton & Co.

Zivin, K., & Kales, H. (2008). Adherence to depression treatment in older adults: A narrative review. *Drugs & Aging, 25*(7), 559–571.

**Appendix A**

*Sample participant recruiting text*

INVITATION TO PARTICIPATE IN A RESEARCH STUDY: If you were born between 1946 and 1955, you are invited to participate in a research study. A total of ten participants will be chosen for the study and each research participant will be paid \$25.00 upon completion of an interview, which is expected to last from one to two hours. The purpose of the study is to learn more about how older adults experience aging and how they manage their own health-related issues. The knowledge gained from this study could result in more informed approaches to providing health care services to older adults both locally and beyond. Participation involves being interviewed by the researcher. Each interview is expected to last approximately one to two hours. If you would be willing to participate (i.e., be interviewed) please answer the following questions and place this form in the locked box labeled ‘Research Responses.’

Your first name: \_\_\_\_\_ Your last name: \_\_\_\_\_

What year were you born? \_\_\_\_\_

Please respond to the following:

	YES	NO
(a) <i>I have a positive view of aging</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>I take an active role in managing my own health.</i>	<input type="checkbox"/>	<input type="checkbox"/>

The researcher will notify selected participants by phone no later than January 1, 2015. Please provide your phone number: \_\_\_\_\_

(area code) XXX – XXXX

## Appendix B

### *Informed consent form*

#### **Invitation to Participate in a Doctoral Dissertation Study**

Thank you for your interest in this research study. We invite you to participate in the second phase of this study.

**About the research study and the researcher.** The title of the dissertation study is *Narratives of Aging and Patient Activation*. This research study is aimed at developing a deeper understanding of how people experience and make sense of the aging process, especially with regards to how they manage their own health and healthcare needs. Thomas A. Hulslander, M.S., M.A., a doctoral candidate in the clinical psychology program at Antioch University New England, is the primary researcher. Thomas will be conducting this research study under the supervision of Roger L. Peterson, Ph.D., ABPP.

**What is involved.** You will be asked to participate in an interview that is expected to last approximately one hour. The interview will be conducted by the primary researcher. The interview questions will be concerning your experiences, as an older adult, of the aging process. The primary researcher requests permission to contact you by telephone for the purpose of asking brief follow up questions if necessary; this is, however, unlikely to be necessary.

**Risks and Benefits.** No risks of harm are anticipated to be associated with participating in this study. More likely is that you may consider some aspects of your own experience in a new way. You may also experience a sense of satisfaction in knowing that your participation in this study may better inform other researchers, healthcare professionals, and peers regarding the aging process.

**Confidentiality.** The researcher(s) will take all reasonable measures to protect your identity. The final dissertation results will not refer to you or any other research participants by name; participants will be referred to by an assigned number in order to ensure privacy and confidentiality. All audio recordings of the interviews will be destroyed as soon as they have been transposed into written format. While every reasonable measure will be taken to protect participants' identities, there may be specific content within the interviews that could be recognized by others in the final written product.

**Your rights as a research participant.** Participation in this study is strictly voluntary. You may choose not to participate or to withdraw at any time. Once the audio recording of the interview has been transposed into written format, however, withdrawal from the research project will not be possible. Upon completion of the interview you will receive a \$25.00 gift card in appreciation of your time.

**Contact information.**

If you have any questions about the study you may contact Thomas Hulslander by phone at (xxx) xxx-xxxx or via email at [thulslander@antioch.edu](mailto:thulslander@antioch.edu). You may also contact Thomas Hulslander's dissertation advisor, Roger L. Peterson, Ph.D., at (603) 283-2178 or via email at [rpeterson@antioch.edu](mailto:rpeterson@antioch.edu).

If you have any concerns or questions about your rights as a research participant, you may contact Dr. Donald E. Woodhouse, Chair of the Antioch University New England IRB at (603) 283-2101 or Melinda Treadwell, Vice President for Academic Affairs, at (603) 283-2444.

**Consent statement:**

I have read and understood the information above. I have been given an opportunity to ask questions about this study and the researcher has answered my questions to my satisfaction. I

have received a copy of this form for my records. I consent to participate in this dissertation study entitled, *Narratives of Aging and Patient Activation*.

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix C

*Codes present (1) or absent (blank) across cases (arranged in descending order of frequency.)*

<u>Codes</u>	<u>Interviews (1 through 10)</u>										<u>Totals</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	
Human relationship		1	1	1	1	1	1	1	1	1	9
Linguistic--Distances self from aging peers		1	1	1	1	1	1		1	1	8
Ongoing personal development		1	1	1	1		1	1	1	1	8
Stays physically active	1		1	1		1	1	1	1	1	8
Acceptance		1	1	1	1			1	1	1	7
Faith	1	1		1			1	1	1	1	7
Informed consumer of healthcare				1		1	1	1	1	1	6
Generativity		1		1	1			1		1	5
Great quotes	1	1			1				1	1	5
INT1.Q4.b (Life worse): Physical limitations			1		1		1	1		1	5
No schedule	1	1	1				1		1		5
Personal narrative: Aging well		1	1	1	1		1				5
Positive attitude		1		1			1	1		1	5
Positive relationships with HC providers	1		1	1				1	1		5
To each their own	1	1	1						1	1	5
Volunteering	1	1		1				1		1	5
Stays active--schedule	1		1				1		1		4
Aging as an adventure		1	1		1					1	4
Body ages faster than mind	1	1						1	1		4
COA: Financially better back then	1	1		1	1						4
Concern regarding health problems	1	1				1	1				4
Connection to younger generation(s)			1		1				1	1	4
Connection with older generation			1				1	1	1		4
Connection with others				1	1			1		1	4
Discourse on aging--Removed from mainstream society				1	1	1				1	4
HC Professionals are clear, informative, thorough		1		1				1	1		4
INT1.Q4.a (Life better): No schedule	1	1	1					1			4
INT1.Q4.b (Life worse): Health issues		1		1		1		1			4
INT1.Q5.b (60s): High energy			1	1			1			1	4
Intergenerational connections				1			1		1	1	4
Is a model for others	1	1		1						1	4
Personal Narrative: Don't care what others think			1					1	1	1	4
Personal narrative: With age comes greater internal locus of control		1		1	1				1		4
Pride in being on few meds	1			1					1	1	4
Proactive in health care		1		1		1		1			4
Strong work ethic	1	1		1			1				4
Supporting older generations		1			1			1		1	4
Values: Family		1					1	1	1		4
Values: Staying active	1	1							1	1	4

Appreciation for CMC	1	1			1		3		
COA: Career not as important as marriage and family	1				1	1	3		
COA: Family could survive on one income--the man's	1			1		1	3		
Concern regarding getting hurt	1					1	1	3	
Diet	1					1	1	3	
Expects to be taken seriously by HC providers			1		1	1		3	
Fear of being inactive	1	1	1					3	
Feel younger than I am	1	1		1				3	
Financial challenges	1					1	1	3	
Financial instability	1		1	1				3	
Frustrated with high turn-over rate at CMC			1			1	1	3	
Has worked with older adults				1			1	1	3
INT1.Q4.a (Life better): Fewer responsibilities	1	1			1			3	
INT1.Q4.a (Life better): More time			1		1	1		3	
INT1.Q5.c (Be remembered): Not by many			1			1	1	3	
More time. Not rushed					1	1		1	3
Personal narrative: Likes getting older	1		1				1		3
Personal narrative: More opportunities	1		1					1	3
Personal Narrative: Rejects discourse on aging			1		1			1	3
Receiving guidance from older people						1	1	1	3
Spends time with positive people		1				1		1	3
Stays mentally active			1	1	1				3
Lack of respect from younger generation			1				1		2
Respondent does not understand technology	1						1		2
Stays active--hiking	1							1	2
Stays active--skiing						1		1	2
(INT1.Q3.a) What does retirement mean: No schedule						1		1	2
Acknowledges limitations				1				1	2
Adventurous spirit				1		1			2
Appreciates clarity from HC Prof			1					1	2
Appreciates HC professionals who listen						1	1		2
Appreciates wholistic relationship with HC providers							1	1	2
Associates with active people						1		1	2
Baby boomers are responsible		1		1					2
Body weaker		1			1				2
COA: Education not as important as marriage and family	1	1							2
COA: Woman wants to work, but after family needs met	1					1			2
Discourse on aging--"Acting one's age"		1		1					2
Discourse on aging--"Give it up and be old"			1					1	2
Discourse on aging--"I don't feel old"				1			1		2

Discourse on aging--Dementia	1	1				2
Discourse on aging--Lose control of body functions	1	1				2
Discourse on aging--Will be totally dependent on others	1	1				2
Discourse on aging: Quiet, passive					1	1 2
Friendship with adult child	1		1			2
Has worked in MH			1	1		2
History of Mental Health issues			1	1		2
Independence					1	1 2
Insurance is important	1		1			2
INT1.Q2.x (Baby boomer) Phrase is meaningless			1		1	2
INT1.Q3.x (Retirement): New opportunities			1			1 2
INT1.Q4.a (Life better): Acceptance				1		1 2
INT1.Q4.a (Life better): Smarter	1	1				2
INT1.Q4.a (Life better): Successful children					1	1 2
INT1.Q4.a (Life better): There are more of us				1		1 2
INT1.Q5.a (40s) Active			1		1	2
INT1.Q5.a (40s) Friendly	1					1 2
INT1.Q5.a (40s) Positive			1			1 2
INT1.Q5.a (40s) Well traveled			1	1		2
INT1.Q5.a (40s) Young	1					1 2
INT1.Q5.b (60s): Active			1	1		2
INT1.Q5.b (60s): Don't act my age	1					1 2
INT1.Q5.c (Be remembered): I made small contributions			1		1	2
INT1.Q5.c (Be remembered): Loving, caring, happy	1					1 2
INT1.Q9.b (What makes HC Rel good): Values: Genuineness			1	1		2
Linguistic--excludes self from aging peers	1			1		2
Long-time friendships					1	1 2
Made lifestyle changes for health	1		1			2
Personal narrative: "Age is just a number"				1		1 2
Personal Narrative: "I'm not the typical old person"	1	1				2
Personal narrative: Aging is interesting		1				1 2
Personal Narrative: Enjoys being 60			1			1 2
Personal Narrative: I'm a survivor					1	1 2
Personal Narrative: Resisting aging.				1		1 2
Pets	1			1		2
Physical issues		1			1	2
Receiving inspiration from older generation					1	1 2
Retirement--Financial focus				1		1 2
Sandwich generation	1			1		2
Sees a mental health professional			1	1		2
Sees self as healthy			1			1 2
Separation between generations			1			1 2
Set in my ways	1	1				2



Social discourse being challenged		1		1	2
Supports others		1	1		2
Values grandchildren	1		1		2
Values: Education		1		1	2
Values: Hiking	1			1	2
Values: Outdoors	1		1		2
Values: Staying sharp (Mentally)	1			1	2
Values: Taking a leadership role	1	1			2
Values: Travel		1		1	2
Works with younger generation			1	1	2
40's naive			1		1
Baby boomers more responsible than later generation	1				1
Healthier than parents' generation		1			1
INT1.Q4.a (Life better): Validation				1	1
Projection of own past feelings onto younger generation	1				1
Respondent is MORE active than younger generation	1				1
Stays active -- cultural events	1				1
Stays active -- kayaking	1				1
Stays active -- reading	1				1
Stays active--"art"				1	1
Stays active--camping	1				1
Stays active--walking	1				1
Stays active: Knitting	1				1
Stays active: Puzzles	1				1
Young people don't listen				1	1
Younger generation more open to meds				1	1
Adapting		1			1
Appreciate Health Science technology				1	1
Artistic				1	1
Believes in being direct		1			1
Benefits of husband's job				1	1
Chose a well-paying career over love of art		1			1
Church is important	1				1
COA: More hopeful back then	1				1
COA: Safer world back then	1				1
Conceptual: Can only older people "take it all in?"				1	1
Conceptual: Facing death strips away socialization		1			1
Conceptual: Has earned certain rights--can say "fuck it"		1			1
Conceptual: HC important, but body heals itself	1				1
Concern regarding future mental health problems	1				1
Confusing HC service when injured				1	1
Connection with nature	1				1

Considers self empathic			1	1
Considers self very intelligent			1	1
Creativity			1	1
Death as a transition state			1	1
Death of friends			1	1
Death with dignity		1		1
Dependent on adult child	1			1
Describing a medical problem	1			1
Determination	1			1
Difficult relationship with father--abusive			1	1
Discourse on aging--"Remarkable for their ages"		1		1
Discourse on aging--"Young for my age"				1
Discourse on aging--Cognitive decline				1
Discourse on aging--Demeaned			1	1
Discourse on aging--denial	1			1
Discourse on aging--Dislikes "old" language			1	1
Discourse on aging--Fragile			1	1
Discourse on aging--People are hung up on aging			1	1
Discourse on aging: It's a label			1	1
Discourse on aging: Stodgy				1
Eats well	1			1
Enjoyed interview	1			1
Enjoyed working	1			1
Enjoys being single	1			1
Evolving lifestyle		1		1
Experienced NH as unaccepting during childhood			1	1
Feel less secure with no insurance	1			1
Feeling like a burden on adult child	1			1
Feels fortunate to have health insurance		1		1
Fending for myself	1			1
Financial security of a marriage	1			1
Financial: Couldn't pay copays even if I had insurance	1			1
Forgets question--enjoys talking	1			1
Forgiveness		1		1
Formerly active in evangelical church			1	1
From military family			1	1
Goals	1			1
Grandchildren keep you young				1
Great quotes: "People don't stay inside here"				1
Great quotes: As you get older your scope gets wider				1
Great quotes: I made small ripples, but I made a lot of them		1		1
Has seen a lot			1	1
Have to give up at some point	1			1

HC Professionals are down-to-earth			1	1
HC relationship: Black and white--no chit chat		1		1
Healthcare professional		1		1
Healthier now than when younger	1			1
Helping others age		1		1
History of MH issues related to military service		1		1
Honest		1		1
Hopeful about future generations		1		1
Hopes to have grandchildren		1		1
Identifies with adult daughter's intelligence		1		1
Importance of being in the moment with dementia patients		1		1
Importance of diagnosis and knowledge	1			1
In better shape now than when younger		1		1
Individual paths in aging		1		1
Inexpensive (or free) things to do	1			1
Inspired by others		1		1
INT1.Q2.x (Baby boomer): Could not provide as well as parents	1			1
INT1.Q2.x (Baby boomer): Great Quotes: "We've seen it all"	1			1
INT1.Q2.x (Baby boomer): Parents sacrificed	1			1
INT1.Q2.x (Baby boomer): Well-to-do		1		1
INT1.Q3.x (Retirement): Change			1	1
INT1.Q3.x (Retirement): Do for others		1		1
INT1.Q3.x (Retirement): Fewer responsibilities	1			1
INT1.Q3.x (Retirement): Financial restrictions	1			1
INT1.Q3.x (Retirement): Freedom	1			1
INT1.Q3.x (Retirement): Rejects retirement		1		1
INT1.Q3.x (Retirement): Removed from mainstream society		1		1
INT1.Q3.x (Retirement): Will need to carve out new id			1	1
INT1.Q4.a (Life better): (Great quotes): "I can be for myself now."	1			1
INT1.Q4.a (Life better): Feels guilty about living for self	1			1
INT1.Q4.a (Life better): Fewer financial restrictions	1			1
INT1.Q4.a (Life better): Greater humility		1		1
INT1.Q4.a (Life better): Happy marriage	1			1
INT1.Q4.a (Life better): Healthier mentally			1	1
INT1.Q4.a (Life better): Healthier spiritually			1	1
INT1.Q4.a (Life better): Less drama		1		1
INT1.Q4.a (Life better): Life has slowed down	1			1
INT1.Q4.a (Life better): More money to travel		1		1
INT1.Q4.b (Life worse): "Prospect of illness"	1			1

INT1.Q4.b (Life worse): Body ages before mind	1		1
INT1.Q4.b (Life worse): Financial situation		1	1
INT1.Q4.b (Life worse): Lack of respect from younger people	1		1
INT1.Q4.b (Life worse): Less energy			1 1
INT1.Q4.b (Life worse): No second chances for others	1		1
INT1.Q4.b (Life worse): Set in one's ways	1		1
INT1.Q5.a (40s) By the book	1		1
INT1.Q5.a (40s) Fun		1	1
INT1.Q5.a (40s) Interesting			1 1
INT1.Q5.a (40s) Knowledgeable	1		1
INT1.Q5.a (40s) Non-judgemental			1 1
INT1.Q5.a (60s) Fun		1	1
INT1.Q5.b (40s): Good intentions		1	1
INT1.Q5.b (60s) Positive			1 1
INT1.Q5.b (60s): Aging well	1		1
INT1.Q5.c (Be remembered): "It won't matter"	1		1
INT1.Q5.c (Be remembered): As a thinker		1	1
INT1.Q5.c (Be remembered): By family		1	1
INT1.Q5.c (Be remembered): Leadership			1 1
INT1.Q5.c (Be remembered): Volunteer, giving			1 1
INT1.Q9.b (What makes HC Rel good): Values: "As-needed" relationships with HC providers	1		1
INT1.Q9.b (What makes HC Rel good): Values: Clarity		1	1
Knitting	1		1
Life was a blur	1		1
Life was a merry-go-round	1		1
Linguistic--avoids topic of aging		1	1
Linguistic--meanders		1	1
Linguistic--Old people breaking mold	1		1
Linguistic--respondent contradicts her/himself		1	1
Make the best of what life brings you		1	1
Male spouse stoic	1		1
Manages dissapointment		1	1
Managing suffering		1	1
Many jobs		1	1
Mind ages faster than the body	1		1
Mind over matter		1	1
Most friends are younger			1 1
Multiple degrees		1	1
Natural beauty of environment		1	1
New social environs highlight aging			1 1
New to NH			1 1
Obligation to care for older people	1		1

Older adults not homogeneous		1		1
Older people still involved politically			1	1
Older role models (Staying active)	1			1
Oldest in the room		1		1
Openness to individual differences	1			1
Past health issue	1			1
Personal Narrative: Being treated as if I'm fragile			1	1
Personal Narrative: Doesn't mind being 60			1	1
Personal Narrative: Doesn't think about age		1		1
Personal narrative: Feels disrespected		1		1
Personal Narrative: Gained Humility		1		1
Personal Narrative: Great quotes: "Not so bad after all"	1			1
Personal Narrative: Greater wisdom		1		1
Personal Narrative: Had always looked forward to being a grandparent			1	1
Personal narrative: Mindfulness, Buddhism, Yoga		1		1
Personal Narrative: More extroverted than when younger		1		1
Personal Narrative: Receiving greater respect			1	1
Personal narrative: Shared experiences with peers		1		1
Personal Narrative: View on aging has changed		1		1
Positive view on aging is typical for this area			1	1
Practices mindfulness		1		1
Prefers not-for-profit over for profit work			1	1
Psychological integration		1		1
Pursued interests over job			1	1
Quit job to become a mother			1	1
Reaping benefits	1			1
Regrets not having grandchildren	1			1
Regular dentist appointments			1	1
Remarried to childhood sweetheart		1		1
Responsibility	1			1
Retirement = loss of independence--spouse at home		1		1
Retirement benefits dwindling	1			1
Retirement--stay involved		1		1
Return to New England after being away		1		1
Self-reliant	1			1
Spirituality		1		1
Spouse dies > Lifestyle changes	1			1
Spouse is positive			1	1
Still a teacher in life			1	1
Stopped meds for financial reasons	1			1
The world is scary now		1		1
Tolerance		1		1
Took a so-so job due to no training	1			1

Traditional culture being challenged		1		1
Transition to social security	1			1
Transitioned through technology		1		1
Tries not to depend on adult child	1			1
Tries to remain “young at heart”		1		1
Values little contact with doctor			1	1
Values: Doing for others	1			1
Values: health groups	1			1
Values: Older generations			1	1
Vietnam vet		1		1
Vulnerable	1			1
Vulnerable being alone	1			1
Wonders if young people spend time begrudgingly	1			1
Wouldn’t want to be 40 again			1	1

---

**Appendix D**

Table D1.

*Parent-child Code Groupings (Listed alphabetically by parent)*Codes

## Acceptance

- Acknowledges limitations

## Adapting

- Make the best of what life brings you

## Adventure

- Adventurous spirit

- Aging as an adventure

## Appreciate Health Science technology

## Appreciates HC professionals who listen

## Appreciates clarity from HC Prof

## Appreciates holistic relationship with HC providers

## Appreciation for CMC

## Believes in being direct

## Benefits of husband's job

## Coming of Age (COA)

- COA: Career not as important as marriage and family

- COA: Education not as important as marriage and family

- COA: Family could survive on one income--the man's

- COA: Financially better back then

- COA: More hopeful back then

- COA: Safer world back then

- COA: Woman wants to work, but after family needs met

## Concern about future health

- Concern regarding future mental health problems

- Concern regarding getting hurt

- Concern regarding health problems

- Fear of being inactive

## Confusing HC service when injured

## Connection with nature

- Natural beauty of environment

- Values: Outdoors

## Considers self empathic

## Creativity

## Death as a transition state

## Death of friends

## Death with dignity

## Determination

## Diet

Eats well

## Discourse on aging

Discourse on aging being challenged

Discourse on aging--"Acting one's age"

Discourse on aging--"Give it up and be old"

Discourse on aging--"I don't feel old"

Discourse on aging--"Remarkable for their ages"

Discourse on aging--"Young for my age"

Discourse on aging--Cognitive decline

Discourse on aging--Demeaned

Discourse on aging--Dislikes "old" language

Discourse on aging--Fragile

Discourse on aging--People are hung up on aging

Discourse on aging--Removed from mainstream society

Discourse on aging--dementia

Discourse on aging--denial

Discourse on aging--lose control of body functions

Discourse on aging--will be totally dependent on others

Discourse on aging: It's a label

Discourse on aging: Quiet, passive

Discourse on aging: Stodgy

Old people breaking mold

## Linguistic—Distances self from aging peers

Enjoyed interview

Enjoyed working

Enjoys being single

Expects to be taken seriously by HC providers

Experienced NH as unaccepting during childhood

Facing death strips away socialization

## Faith/Spirituality

Church is important

Spirituality

Feel less secure with no insurance

Feel younger than I am

Feeling like a burden on adult child

Feels fortunate to have health insurance

Forgets question--enjoys talking

Forgiveness

Formerly active in evangelical church

From military family

Frustrated with high turn-over rate at CMC

Generativity



Goals

Grandchildren keep you young

Great quotes

Great quotes: “People don’t stay inside here”

Great quotes: As you get older your scope gets wider

Great quotes: I made small ripples, but I made a lot of them

HC Professionals are clear, informative, thorough

HC Professionals are down-to-earth

HC important, but body heals itself

HC relationship: Black and white--no chit chat

Has seen a lot

Has worked in MH

Has worked with older adults

Have to give up at some point

Healthcare professional

Healthier now than when younger

In better shape now than when younger

Helping others age

History of MH issues related to military service

History of Mental Health issues

Honest

Hopeful about future generations

Hopes to have grandchildren

Human relationship

Associates with active people

Connection to younger generation(s)

Connection with older generation

Difficult relationship with father--abusive

Friendship with adult child

Intergenerational connections

Long-time friendships

Spends time with positive people

Values: Older generations

INT1.Q2.x (Baby Boomer)

INT1.Q2.x (Baby boomer) Phrase is meaningless

INT1.Q2.x (Baby boomer): Could not provide as well as parents

INT1.Q2.x (Baby boomer): Great Quotes: “We’ve seen it all”

INT1.Q2.x (Baby boomer): Parents sacrificed

INT1.Q2.x (Baby boomer): Well-to-do

INT1.Q3.x (Retirement)

(INT1.Q3.a) What does retirement mean: No schedule

INT1.Q3.x (Retirement): Change

INT1.Q3.x (Retirement): Do for others

- INT1.Q3.x (Retirement): Fewer responsibilities
  - INT1.Q3.x (Retirement): Financial restrictions
  - INT1.Q3.x (Retirement): Freedom
  - INT1.Q3.x (Retirement): New opportunities
  - INT1.Q3.x (Retirement): Rejects retirement
  - INT1.Q3.x (Retirement): Removed from mainstream society
  - INT1.Q3.x (Retirement): Will need to carve out new id
  - Retirement = loss of independence--spouse at home
  - INT1.Q4.a (Life better)
    - INT1.Q4.a (Life better): (Great quotes): "I can be for myself now."
    - INT1.Q4.a (Life better): Acceptance
    - INT1.Q4.a (Life better): Feels guilty about living for self
    - INT1.Q4.a (Life better): Fewer financial restrictions
    - INT1.Q4.a (Life better): Fewer responsibilities
    - INT1.Q4.a (Life better): Greater humility
    - INT1.Q4.a (Life better): Happy marriage
    - INT1.Q4.a (Life better): Healthier mentally
    - INT1.Q4.a (Life better): Healthier spiritually
    - INT1.Q4.a (Life better): Less drama
    - INT1.Q4.a (Life better): Life has slowed down
    - INT1.Q4.a (Life better): More money to travel
    - INT1.Q4.a (Life better): More time
    - INT1.Q4.a (Life better): No schedule
    - INT1.Q4.a (Life better): Smarter
    - INT1.Q4.a (Life better): Successful children
    - INT1.Q4.a (Life better): There are more of us
    - INT1.Q4.a (Life better): Validation
  - INT1.Q4.b (Life worse)
    - INT1.Q4.b (Life worse): "Prospect of illness"
    - INT1.Q4.b (Life worse): Body ages before mind
    - INT1.Q4.b (Life worse): Financial situation
    - INT1.Q4.b (Life worse): Health issues
    - INT1.Q4.b (Life worse): Lack of respect from younger people
    - INT1.Q4.b (Life worse): Less energy
    - INT1.Q4.b (Life worse): No second chances for others
    - INT1.Q4.b (Life worse): Physical limitations
    - INT1.Q4.b (Life worse): Set in one's ways
  - INT1.Q5.a (40's)
    - INT1.Q5.a (40s) Active
    - INT1.Q5.a (40s) By the book
    - INT1.Q5.a (40s) Friendly
    - INT1.Q5.a (40s) Fun
    - INT1.Q5.a (40s) Interesting
-

INT1.Q5.a (40s) Knowledgeable  
 INT1.Q5.a (40s) Non-judgmental  
 INT1.Q5.a (40s) Positive  
 INT1.Q5.a (40s) Well traveled  
 INT1.Q5.a (40s) Young  
 INT1.Q5.a (40s): Good intentions  
 INT1.Q5.b (60's)  
 INT1.Q5.b (60s) Fun  
 INT1.Q5.b (60s) Positive  
 INT1.Q5.b (60s): Active  
 INT1.Q5.b (60s): Aging well  
 INT1.Q5.b (60s): Don't act my age  
 INT1.Q5.b (60s): High energy  
 INT1.Q5.c (Remembered)  
 INT1.Q5.c (Be remembered): "It won't matter"  
 INT1.Q5.c (Be remembered): As a thinker  
 INT1.Q5.c (Be remembered): By family  
 INT1.Q5.c (Be remembered): I made small contributions  
 INT1.Q5.c (Be remembered): Leadership  
 INT1.Q5.c (Be remembered): Loving, caring, happy  
 INT1.Q5.c (Be remembered): Not by many  
 INT1.Q5.c (Be remembered): Volunteer, giving  
 INT1.Q9.b (What makes HC Rel good): Values: "As-needed" relationships with HC providers  
 INT1.Q9.b (What makes HC Rel good): Values: Clarity  
 INT1.Q9.b (What makes HC Rel good): Values: Genuineness  
 Identifies with adult daughter's intelligence  
 Importance of being in the moment with dementia patients  
 Importance of diagnosis and knowledge  
 Individual paths in aging  
 Inspired by others  
 Is a model for others  
 Life was a blur  
 Life was a merry-go-round  
 Linguistic--avoids topic of aging  
 Linguistic--meanders  
 Linguistic--respondent contradicts her/himself  
 Made lifestyle changes for health  
 Male spouse stoic  
 Manages disappointment  
 Managing suffering  
 Mind ages faster than the body  
 Mind over matter  
 Money

---

Dependent on adult child  
 Fending for myself  
 Financial challenges  
 Financial instability  
 Financial security of a marriage  
 Financial: Couldn't pay copays even if I had insurance  
 Inexpensive (or free) things to do  
 Insurance is important  
 Retirement benefits dwindling  
 Retirement--Financial focus  
 Stopped meds for financial reasons  
 Transition to social security  
 Vulnerable being alone  
 More free time  
     More time. Not rushed  
     No schedule  
 Most friends are younger  
 Multiple degrees  
 New social environs highlight aging  
 New to NH  
 Older adults not homogeneous  
 Older people still involved politically  
 Older role models (Staying active)  
 Oldest in the room  
 Ongoing personal development  
     Evolving lifestyle  
     Retirement--stay involved  
 Openness to individual differences  
 Past health issue  
 Personal Narrative  
     Considers self very intelligent  
     Enhanced centeredness--ILOC  
         Has earned certain rights--can say "f--- it"  
         Independence  
         Personal Narrative: Don't care what others think  
         Personal narrative: With age comes greater internal locus of control  
         Set in my ways  
     Personal Narrative: "I'm not the typical old person"  
     Personal Narrative: Being treated as if I'm fragile  
     Personal Narrative: Doesn't mind being 60  
     Personal Narrative: Doesn't think about age  
     Personal Narrative: Enjoys being 60  
     Personal Narrative: Gained Humility

---

Personal Narrative: Great quotes: "Not so bad after all"  
 Personal Narrative: Greater wisdom  
 Personal Narrative: Had always looked forward to being a grandparent  
 Personal Narrative: I'm a survivor  
 Personal Narrative: More extroverted than when younger  
 Personal Narrative: Receiving greater respect  
 Personal Narrative: Rejects discourse on aging  
 Personal Narrative: Resisting aging.  
 Personal Narrative: View on aging has changed  
 Personal narrative: "Age is just a number"  
 Personal narrative: Aging is interesting  
 Personal narrative: Aging well  
 Personal narrative: Feels disrespected  
 Personal narrative: Likes getting older  
 Personal narrative: Mindfulness, Buddhism, Yoga  
 Personal narrative: More opportunities  
 Personal narrative: Shared experiences with peers  
 Sees self as healthy

#### Pets

#### Physical issues/limitations

Body ages faster than mind  
 Body weaker  
 Describing a medical problem

#### Positive attitude

Positive relationships with HC providers  
 Positive view on aging is typical for this area  
 Prefers not-for-profit over for profit work  
 Pride in being on few meds  
 Proactive in health care  
 Informed consumer of healthcare

#### Psychological integration

Pursued interests over job  
 Quit job to become a mother  
 Reaping benefits  
 Receiving guidance from older people  
 Receiving inspiration from older generation  
 Regrets not having grandchildren  
 Regular dentist appointments  
 Remarried to childhood sweetheart  
 Responsibility  
 Baby boomers are responsible  
 Chose a well-paying career over love of art  
 Many jobs

---

Obligation to care for older people  
Return to New England after being away  
Sandwich generation  
Sees a mental health professional  
Self-reliant  
Separation between generations  
    40's naive  
    Baby boomers more responsible than later generation  
    Healthier than parents' generation  
    Projection of own past feelings onto younger generation  
    Respondent does not understand technology  
    Respondent is MORE active than younger generation  
    Young people don't listen  
    Younger generation more open to meds  
    Lack of respect from younger generation  
Spouse dies > Lifestyle changes  
Spouse is positive  
Still a teacher in life  
Strong work ethic  
Supporting older generations  
Supports others  
The world is scary now  
Tolerance  
    To each their own  
Took a so-so job due to no training  
Traditional culture being challenged  
Transitioned through technology  
Tries not to depend on adult child  
Tries to remain "young at heart"  
Values grandchildren  
Values little contact with doctor  
Values: Education  
Values: Family  
Values: Staying active  
    Stays physically active  
        Stays active -- kayaking  
        Stays active--camping  
        Stays active--hiking  
        Stays active--schedule  
        Stays active--skiing  
        Stays active--walking  
    Values: Hiking  
Values: Staying sharp (Mentally)

---

Artistic

Knitting

Practices mindfulness

Stays mentally active

Stays active -- cultural events

Stays active -- reading

Stays active--"art"

Stays active: Knitting

Stays active: Puzzles

Values: Taking a leadership role

Values: Travel

Values: health groups

Vietnam vet

Volunteering

Values: Doing for others

Vulnerable

Wonders if young people spend time begrudgingly

Works with younger generation

Wouldn't want to be 40 again

---





Values: Hiking	1								1	2
Faith/Spirituality Church is important	1	1		1	1		1	1	1	8
Spirituality	1				1					1
Ongoing personal development		1	1	1	1		1	1	1	8
Evolving lifestyle			1							1
Retirement--stay involved					1					1
Values: Staying sharp (Mentally)	1	1	1	1	1	1		1	1	8
Artistic								1		1
Knitting	1									1
Practices mindfulness					1					1
Stays mentally active	1	1	1	1		1		1		6
Stays active -- cultural events		1								1
Stays active -- reading	1									1
Stays active--"art"								1		1
Stays active: Knitting	1									1
Stays active: Puzzles	1									1
Acceptance		1	1	1	1		1	1	1	7
Acknowledges limitations					1				1	2
Concern about future health	1	1	1			1	1		1	7
Concern regarding future mental health problems	1									1
Concern regarding getting hurt	1							1	1	3
Concern regarding health problems	1	1				1	1			4
Fear of being inactive	1	1	1							3
More free time	1	1	1			1	1		1	7
More time. Not						1	1		1	3



myself								
Financial challenges	1					1	1	3
Financial instability	1		1		1			3
Financial security of a marriage	1							1
Financial: Couldn't pay copays even if I had insurance	1							1
Inexpensive (or free) things to do	1							1
Insurance is important			1		1			2
Retirement benefits dwindling			1					1
Retirement-- Financial focus					1		1	2
Stopped meds for financial reasons	1							1
Transition to social security	1							1
Vulnerable being alone	1							1
Tolerance	1	1	1	1			1	6
To each their own	1	1	1				1	5

## Appendix E

Table E1.

*Excerpts and Initial Codes from Interview 1*

<u>Excerpt</u>	<u>Initial Codes</u>
I went to art school for one year, my husband was waiting for me to marry him	COA: Education not as important as marriage and family
In those days, you know, women didn't do their, you know, a lot of women didn't pursue careers they just went for, you know, marriage and a family	COA: Career not as important as marriage and family
And in those days you could work! I mean, the husband could work and support his family on one income.	COA: Family could survive on one income--the man's
Those were the days (laughs)	COA: Financially better back then
But I eventually, when my son got about oh I don't know, five or six years old, he was starting school and a woman in church said, "I want to open a store, will you help me out?" And I said sure...	COA: Career not as important as marriage and family, COA: Woman wants to work, but after family needs met
So I worked at her store for 24 years. So that's what I did, I was a clerk in the store, cashed out every single night for 24 years (laughs) and it was nice. I liked it.	COA: Woman wants to work, but after family needs met, Strong work ethic, Enjoyed working
And I worked at [a factory] assembling just before my husband died. We needed another income and he was really worried	Financial instability, Strong work ethic
He wasn't telling me how bad he was then	Male spouse stoic
But, he said, "you gotta get a full time job." He was worried about medical, you know, insurance and all that. I expect he wanted me to be firm financially before anything happened to him.	Financial instability
It wasn't the greatest place in the world but you didn't need any training so I just sat there for about six – seven years assembling medical products (laughs).	Strong work ethic, Took a so-so job due to no training

<p>I was so glad to get out of that. When I turned 60 I went on my husband's social security, you know, you can go on early if, if you go on your husband's; otherwise I would have had to keep going until I was what sixty-five? Or is it 67 now? I don't know what it is now. So it was really bad there and I couldn't wait to get out, so when I turned 60 I – well I did back down to part time for during the day for a little while there and then I finally, I just couldn't take it any longer and I went on my husband's social security.</p>	<p>Strong work ethic, Financial instability, Transition to social security</p>
<p>Until something bad happens to me</p>	<p>Concern regarding health problems</p>
<p>Oh I was at, that was when I, uh, a dog slammed against my leg and, and cracked my femur and my medial collateral ligament was torn and I was kind of laid up for awhile on crutches.</p>	<p>Describing a medical problem</p>
<p>I can always find something to entertain and keep myself busy (laughs). I love to walk, as soon as I retired I made sure I got a lab, a dog, so I knew he had to be walked and that would make me walk and so that's what I do for entertainment</p>	<p>Stays active--walking, Pets</p>
<p>That was kind of, kind of hard to fend for myself</p>	<p>Fending for myself</p>
<p>Anyways, I had cocker spaniels for years but I wanted another, I couldn't live without a dog, had to have a dog. I knew I was retiring, you know, gonna stop work and I wanted something to do and I knew the dog would keep me busy.</p>	<p>Pets, Stays active--walking</p>
<p>And as soon as my husband died</p>	<p>Spouse dies &gt; Lifestyle changes</p>
<p>And because I'm on a fixed income and you can't really, I can't really spend much money for entertainment but the best things in life are free right?</p>	<p>Financial challenges</p>
<p>The best things in life are free</p>	<p>Great quotes</p>
<p>I worked my way through the book</p>	<p>Stays active--hiking</p>
<p>Kayaking, and, and hiking</p>	<p>Stays active -- kayaking</p>
<p>They don't want to join a senior group so they call it easy going now</p>	<p>Discourse on aging--denial</p>
<p>The two people that run it one is in his 80's and the other fellow is catching up fast</p>	<p>Linguistic--Old people breaking mold</p>

10:00 every morning my dog and I are out the door doing something. Go hiking somewhere, yeah there isn't a place in this, in the Monadnock region I haven't been I don't think	Stays active-- walking, Pets, Stays active--schedule
I don't want to go up there because it's rocky	Concern regarding getting hurt
I'm always talking about the right foods to eat	Eats well, Is a model for others
I had a heart problem a few, I dunno about six years ago now? No, it's been later – sooner than that – about five, about five years ago I was 160 pounds I got up to and when I was walking up to Goose pond I was having this, you know, really heaviness on my chest, but that's not what really alerted me, I, because I was on a fixed income I – I was on a cholesterol medicine but I said 'hmm' when I quit work and cut things, finances down a little bit I said 'I'm gonna cut out this medicine I guess' (laughs) so that was a mistake because I- I was eating a lot and I bloomed up into 160 pounds (laughs)	Past health issue, Stopped meds for financial reasons
And then uh I had this really strong pain in my chest it was, it turned out to be pleurisy but I thought it was a heart attack. I went to the hospital and they did all the tests and they made me promise to go see a cardiologist and they gave me his name and made an appointment. So the cardiologist put me back on my cholesterol medicine and since – since then I've lost weight, I lost 40 pounds in what, 4, about 4 years now. Yeah. Um, so I'm down to 120. And um and my – he put me on 80 milligrams of cholesterol medicine when I was – before I lost the weight and when I lost the weight we cut it in half. Now it's 40 milligrams	Made lifestyle changes for health
I try to keep away from, cholesterol inducing things like butter and ice cream. I try to go for a lot of fiber. Fruits and vegetables	Eats well
Yeah I'm probably an oddball. I'm, I probably do more than a lot of other people do. But my friends and what not are, I don't know, they're into women's clubs and, you know, sitting home and doing not too much and talking on the phone and I like to be out in the fresh air and the outdoors	Linguistic--excludes self from aging peers, Values: Outdoors
Thank goodness, there are some groups, small [exercise] groups in Keene like the [group name] at the Cheshire Medical Center. I did those a couple of times last year and this year I went to their planning meeting last, I guess it was last month and I'm playing back my injured knee you know I, now that I got it back I'm really raring to go and do something for somebody else so I, I signed up for – I'm leading the first two hikes at the Cheshire Medical Center walk.	Values: health groups, Values: Doing for others, Values: Taking a leadership role

Uh, paying it forward, you know, um, the Good Lord's been good to me and I just wanna, I'm – already did it, I signed up for the medicine, the medical – what do you call it... the sports medicine walk through the hospital as the program benefits the physical therapy department there.	Values: Doing for others
I don't feel as old as I am so	Feel younger than I am, Body ages faster than mind
I gotta be, I've gotta be ready by April 8th, that's when they start, they're every Wednesday	Goals
Finally being able to enjoy my home that we paid taxes on all this time	Reaping benefits
It (retirement) could be boring I guess for a lot of people but	Linguistic--excludes self from aging peers
It's wonderful to be able just to not stick to a schedule	No schedule
I'm not looking to get married again, I'm not dating or anything	Enjoys being single
I'm too set in my ways I guess after 12 years of being a widow	Set in my ways
Feels good to be freed up	No schedule
As long as I'm physically able, I mean this knee business really, that was a whammy, I don't know how I'll be if I – I know in the future I'm going to have to face the medical problems but I'm not looking forward to that if it's going to keep me from enjoying the outdoors.	Concern regarding getting hurt, Concern regarding health problems, Values: Outdoors
My dog and I camp a lot too in the summer	Pets, Stays active--camping
There are free places in Vermont	Inexpensive (or free) things to do
There's Grout pond and Somerset reservoir. I'll pay, you know, for regular campgrounds too. There's several over there in Molly Stark because you can spend the day at Harriman reservoir and go to the big flea market, and there's Woodford. They have a nice campground right by the water, my dog loves to swim so	Stays active--camping, Pets
I don't feel like I'm all alone and the dog you know kind of, uh, staves off any problems, you know, if a guy sees a woman alone they'll kind of leave her alone if she's got a dog, so I feel safe going camping and what not alone	Vulnerable
I mean...what was the questions (laughs) Sorry	Forgets question--enjoys talking

<p>I used to be very active in the church, I used to belong to the pastoral association at the hospital</p>	<p>Church is important</p>
<p>I did a lot of visitation. When I had to get that full time job, plus I was still working part time at ... [the card shop] at that time. That was hard. So I had to drop a lot of the things I did for the church, but I knit for the church. I knit Slippers for the ... [local homeless] shelter.</p>	<p>Volunteering</p>
<p>I love to knit, yeah, yeah we do baby bags for ... [a local community service center] and they give them to women that, you know, are kind of down and out at the hospital when they have their babies</p>	<p>Volunteering</p>
<p>I'm the gal that's out there</p>	<p>Linguistic--excludes self from aging peers, Linguistic--Old people breaking mold</p>
<p>I knit sweaters and blankets and...</p>	<p>Knitting</p>
<p>Well, a lot of things have changed when my husband passed away, right about that time but not too long after I retired myself so I guess financially things changed a little bit yeah.</p>	<p>Financial challenges</p>
<p>That security you feel when there's two as opposed to one.</p>	<p>Financial security of a marriage, vulnerable being alone</p>
<p>Things are working out though because my son lives with me, so I can keep the house, otherwise I probably wouldn't be able to keep the house.</p>	<p>Dependent on adult child</p>
<p>He's 41, he's gonna be, yeah 41 and he's not married, he doesn't date, no - no grandkids in the future I guess, so (laughs) there's several bachelors in my family, so I guess he's probably gonna run that course (laughs)</p>	<p>Regrets not having grandchildren</p>
<p>I'm kind of discouraged to not have any little ones to play with and be with, I think that's what makes me different from more of the other retired women, that they have big families and they have grandchildren to focus on and family members. See, I was an only child, my son's an only child so my family is small I don't have that big network that I have to pay, pay a lot of attention to.</p>	
<p>My son keeps it so he pays the property tax so you know I can stay in the house, that's his rent. He does all the yard work and all the maintenance and what not. He has his room and he comes and goes and does his own thing, we don't do things together so.</p>	<p>Dependent on adult child</p>



- I don't have to worry so bad about, so much about, there's not so many demands on me you know, I don't have to raise- the child is already raised. I don't have the schedule or responsibility of having to go to work every day. INT1.Q4.a (Life better): No schedule
- I don't have the responsibilities, the pressure of having to be something or do, you know, I don't have to be, be anything for anybody, I do for - I can be for myself now. INT1.Q4.a (Life better): Fewer responsibilities, INT1.Q4.a (Life better): (Great quotes): "I can be for myself now."
- In my younger years, well most, most of my adult years I took care of people, I took care of my folks, running back and forth to ... [Vermont] bringing them to their appointments, seeing them through their illnesses, going to the nursing home every day, you know, all that. And then before that it was my mother-in-law and she lived, when I had my baby she lived upstairs and so I had to care for her until she passed away. So it seems like I had a lot of responsibilities. For quite a while. And I promised myself that when I retired it's my turn (laughs) and it has been. INT1.Q4.a (Life better): Fewer responsibilities
- I almost feel a little guilty, I feel a little selfish but.. INT1.Q4.a (Life better): Feels guilty about living for self
- R: Oh, the - the prospect of illnesses you know and staving off this heart business, I think I've done a pretty good job of that, unless there's something working in there that I don't know about. And the hiking and what not is keeping that, keeping me healthy that way. Now I have to ride the bike to keep my knee going, my exercise bike at home. They said 10 minutes to 20 minutes, now it's up to half an hour but if I do that every morning, I gotta keep it up though, that's the idea, you gotta keep it up. So um, uh oh, what was the question again? (laughs) INT1.Q4.b (Life worse): "Prospect of illness"
- PI: In what ways has life gotten, you know harder or worse as you've gotten older
- R: Oh yeah, the Medical problems. Yeah, that was a big whammy this past fall. The crutches, oh my gosh, the pain from the crutches up here, you know.
- I told him if he sticks around long enough he'll have to change my Attends; I changed his diapers (laughs) Discourse on aging--lose control of body functions, Discourse on aging--will be totally dependent on others

I had my son to wait on me, but I wouldn't ask him to, you know, bring me a sandwich. I wouldn't do that. I'd make myself get out there and get what I needed. I tried not to do, tried to make, tried not to make him think he had to take care of me yet (laughs)	Tries not to depend on adult child
I have a wood stove and that's my hobby. I stack the wood, get the, buy the wood, stack it in the back of the garage and then bring it in, stoke the stove all, you know all winter from three in the afternoon until about nine in the evening	Self-reliant
Hmm. In their forties. I don't know. Hmm. they'd probably want to hang around with me and do the things I do but they'd probably think, well maybe, you know, I probably don't relate with all the computer things and up to date things and I don't know they probably, I have a niece that hangs around with me she's not married yet either she likes hanging with me. We went to the beach. She doesn't swim. I'm more active than she is! (laughs)	Respondent does not understand technology, Respondent is MORE active than younger generation
They like hanging out with me, but sometimes I think they do it because they have to	Wonders if young people spend time begrudgingly
And I remember I had to do for my parents and you know what not and you feel- you do it anyway because you love them and uh whether you enjoy it or not. (laughs)	Obligation to care for older people, Projection of own past feelings onto younger generation
I don't know. Everybody is different, they all have their own, their own way of, you know, lifestyles, the way they live and the things they wanna do. And not everybody is the same.	To each their own
I don't know (laughs). Won't matter anyway, I'll be with everybody I love.	INT1.Q5.c (Be remembered): "It won't matter", Faith
Well, like I lost the weight when I knew I had the heart problem, I lost the weight. I needed to do that.	Made lifestyle changes for health
I watch my diet.	Diet
I'm pretty persistent when I get my mind made up to do something I'll just, I'll keep doing it. (laughs)	Determination
I just hope I don't have Alzheimer's. That would be a hard thing for my son to deal with.	Concern regarding future mental health problems, Feeling like a burden on adult child

And like the hiking, I'll do that until I can't walk anymore I suppose.	Values: Hiking, Concern regarding health problems
I don't want to get to the point where I'm sitting, you know, sitting at home and not doing anything it just, it would drive me bananas I think.	Concern regarding health problems, Fear of being inactive
I had to stop the newspaper through the winter, I always do because of the oil bill	Financial challenges
I try to keep my mind sharp, I do the circle little word books and I do the jumble in the newspaper every day	Values: Staying sharp (Mentally)
They told me that when I was doing the physical therapy, Todd said "hey, you're" he almost said I was his poster child (laughs) because I did, I paid attention and did all the things I was supposed to do at home and got to the point where they wanted me to be when I came out of there. Maybe they say that to all their patients but anyway. They were kind of impressed that I did that. And the doctor too, with the getting my weight down and having my... because people usually start having heart problems, they always have them, I mean they have diabetes or something, you know, they just stay big and get bigger, I don't know, they don't have any incentive or will or, I don't know.	Linguistic--excludes self from aging peers, Made lifestyle changes for health, Strong work ethic, Determination
Maybe I'm not the typical old person, I don't know. I don't think I am.	Personal Narrative: "I'm not the typical old person"
The only medicine I'm on is cholesterol medicine.	Pride in being on few meds
Thank goodness that Cheshire Medical Center, you know, the few small problems that I've had, they've taken care of	Appreciation for CMC
R: Might as well say it, I don't have insurance (laughs) PI: That's my last question actually (laughs) R: Oh no (laughs) Not because I think I'm going to live and be happy and healthy forever but just because I can't financially do it	Financial challenges
I don't feel as secure as a lot of people do that have healthcare (laughs)	Feel less secure with no insurance
But even if I had it I wouldn't be able to pay the copays for everything anyway. This is gonna get to a point where I'm gonna have to be on Medicaid or something in the future	Financial challenges, Financial instability, Financial: Couldn't pay copays even if I had insurance

And probably lose the house, you know when you get in your 80's and start having a real bad problem, like if I get Alzheimer's or something.	Discourse on aging--dementia, Concern regarding future mental health problems, Concern regarding health problems
Things will start... you know I'll just give up the, and then go on whatever the state takes care of you I guess.	Have to give up at some point
I'll always find a place where I can walk and get out doors though, I don't care where I am!	Values: Staying active, Values: Outdoors, Determination
I don't know they're probably content to sit in their rocking chair and watch TV all day. It's so boring I can't stand TV because the commercials, there are so many!	Linguistic--excludes self from aging peers
And I read a lot.	Values: Staying sharp (Mentally), Stays active -- reading
Uh, that's what I did, I supplied up, every winter I supply up with jigsaw puzzles (laughs) and knitting projects, I'll get my yarn ahead and I'll go to the flea markets and what not so, that's where I get the puzzles, and my books, so I've got reading material. That's for the winter. So I was all set when this knee happened in November I had all those things to occupy me.	Values: Staying sharp (Mentally), Stays active -- reading, Stays active: Puzzles, Stays active: Knitting
And my pastor brought me yarn and I did the slippers through the church for the hundred nights shelter. And the sweaters.	Church is important, Volunteering
I find ways to keep myself busy because I can't just sit and stare off into space, it would drive me nuts.	Values: Staying active, Values: Staying sharp (Mentally)
Hmm. I think I'm better now. I think I'm in better shape than I've been in my whole life. Because when you're working you're just sitting, you're not doing anything.	Healthier now than when younger
I'm going downhill (laughs) Yeah I look up to, I have a lot of role models even at my age that you know, older people in their 80's that are still doing a lot of things that impress me and want to make me keep doing, you know to be like that. If they can do it I can do it.	Older role models (Staying active)
As long as health problems don't get in my way. Yep	Concern regarding health problems

<p>Oh, they were wonderful. You know they just blink in and out like they were like – I didn't hardly see the, you know the orthopedic surgeon. I only saw him once and he diagnosed it and then Susan ... she's the one that saw me there after and now Todd, the physical therapy, oh the physical therapy department is wonderful up there. They don't just get you back moving, like my knee moving again, you know they got me so I could go out and walk again.</p>	<p>Positive relationships with HC providers</p>
<p>Without pain and, hike, the exercises they gave me to do at home will get me in shape so I can hike again. I haven't, I've just been doing the rail trails now but by summers I'll be climbing again.</p>	<p>Stays active--hiking, Stays active--walking</p>
<p>Well, you know, they're only a part of your life for when you're, you know, have something wrong. And the cardiologist I only have to see him now because of the cholesterol medicine.</p>	<p>INT1.Q9.b (What makes HC Rel good): Values: "As-needed" relationships with HC providers</p>
<p>They're there when you need them.</p>	<p>INT1.Q9.b (What makes HC Rel good): Values: "As-needed" relationships with HC providers</p>
<p>With the right diagnosis and the knowledge to get you back where you're supposed to be.</p>	<p>Importance of diagnosis and knowledge</p>
<p>Well, a lot of people, they think they're gods. They've got to do this for me, and they've got to fix me (laughs), but your body can... only you know, most of the time it's the body healing itself.</p>	<p>Conceptual: HC important, but body heals itself</p>
<p>The body has to do that, not the doctor.</p>	<p>Conceptual: HC important, but body heals itself</p>
<p>I don't know what will happen when Dartmouth Hitchcock changes over, they're supposed to be going for more of Dartmouth Hitchcock now instead of just Cheshire medical center. Financially? There was a big thing in the paper there, I think it was just last week. I don't know if the hospital will still be able to offer help to people, can they do it or not. But like I said I pay the ones I can. I don't know what could happen to make it so I could do the... I can't move, I mean I pay less where I live at my own home than I would if I went into an apartment somewhere. You think an apartment, oh that's cheap instead of keeping up a house but actually the house is cheaper.</p>	<p>Financial challenges</p>

Because I still have the mortgage payments, the equity payments are small Financial challenges, though because I refinanced. So. I don't know. Seems like there's always Financial instability help out there. I see people walking around that don't want to do a thing and they're pretty much taken care of. Food and shelter, I wouldn't want to live in the woods though. But a lot of people – that's what they want to do. (laughs) I mean camping in the summer, fine. But I'm not going out behind Hannaford's if I can help it.

No! This has been kind of fun.

Enjoyed interview

Yeah. I sing praises for that hospital. Especially the therapy department.

Appreciation for CMC

Of course I don't think it'll take much to talk me over the edge if anything bad medically happens to me.

Concern regarding health problems

---

Table E2.

*Excerpts and Initial Codes from Interview 2*

<u>Excerpt</u>	<u>Initial Codes</u>
I went to business school for a year and got my secretarial diploma. Which I never put to use because eventually, well I was married at the tender age of 20.	COA: Education not as important as marriage and family
From the time I was hired in December of 1980 until I ultimately lost my job through that downsizing environment. But my husband was able to get in almost 30 years I believe. And he was able to retire with full benefits at that time, course that's dwindled as the years have progressed.	Retirement benefits dwindling
So we don't have the health insurance, health care insurance anymore but we do through his military retirement.	Retirement benefits dwindling
So we're very fortunate that we have Medicare and Tricare.	Insurance is important, Feels fortunate to have health insurance
After I became 60 years of age my health started deteriorating with a hysterectomy and arthritic operations on my feet and what have you so. But I try to maintain a positive attitude and kinda go forward and, you know, remain young at heart ...	Body ages faster than mind, Tries to remain "young at heart"
Well I've never felt old.	Great quotes, Body ages faster than mind
So I, I look at myself in the mirror and I say "Ooh, where have the years gone, what happened to your face?" (laughs) "You have so many wrinkles! You don't look like yourself anymore!" But you feel young inside, so it's like, well, that's just not me.	Body ages faster than mind, Feel younger than I am
You know, I feel young, although I have aches and pains I try to walk when I can and you know, I'm an active person, I don't like to sit around and just veg.	Feel younger than I am, Body ages faster than mind, Fear of being inactive, Values: Staying active
And on my feet and that bothers me because I've had the problem with my aging arthritic feet and that slows you down from time to time.	Body weaker
And then I had a hip replacement too so, you know, you just have to realize that, you know, you have these conditions and try to work through them and encourage other people that are, you know, coming into some things that you've experienced.	Body ages faster than mind, Is a model for others
I have uh, a fairly strong faith but I'm not what you'd call a churchgoer, but we do go on a regular basis.	Faith

I believe in a higher power, just, I don't know, it's a calming influence I guess, so uh, I don't know I've always laughed a lot, my children are pretty well balanced and happy and having their own families and, well my middle daughter, my middle child is a daughter, and she does not, she's not married but she has a dog whose like her right hand. And she just opened a vegan restaurant; she's very passionate about this change in her diet over the past several years. So she just opened a restaurant and she's very positive about that. My youngest daughters a happy go lucky type person and my son is, I don't know, a jokester and he just, they all seem to be happy people which of course reflects on me and it makes me feel good.

Faith, Positive attitude

So my husband and I have had a pretty happy marriage and we have our ups and downs like most people but, you know, we both try to ... he's a positive person and it's hard to be around people that are 'ugh,' you know, gloom and doom type people, so we try not to associate too much with them. But they come and go.

spends time with positive people

Recently had an experience with a friend of ours, um, friends- a husband and wife who had belonged to, well they didn't, they weren't members but they'd been going to our church for the past three years I believe and they decided that they're not going to attend anymore. So I invited her to go to lunch with a couple of other friends in the church, women, because we were going to celebrate birthdays. So I happened to run – so she's been back and forth with this stuff “Well I don't really feel comfortable because I'm not attending your church anymore, but I'd like to go and da da...” So I ran into her last week, she and her husband, she looks at me and says “Oh I think I will go!” and then a couple days later I get an email from her saying “Well, when I saw you last week I thought because I was talking with you I should accept your invitation, but after careful consideration I've decided not to go because I'd feel uncomfortable because I don't attend your church anymore.” And I thought, well that's ridiculous. We invited you as a good friend and neighbor, you know, why, just hooking on the fact that you don't attend our church anymore. We don't, doesn't bother us. I mean we miss you but it doesn't matter to us what church you attend (laughs). So that kinda, you know, tugged at my heart like, why wouldn't she feel comfortable with us because we've always been friends. I don't know. I guess you just have to let people come and go.

acceptance, To each

I'm usually a smiling person and, um, I have more of an upbeat attitude than down, and, you know, um, conversations that I have are usually either encouraging, trying to encourage someone else or, you know, if you're working through issues or what have you, try to find the positive side of it rather than the negative side of things.

Positive attitude, Is a model for others

Try to be proactive about your own health situation and you know, take things in stride but not let it become overwhelming.

acceptance



I guess I have more of a positive feeling about life and situations than being a negative person or having negative attitudes. Because things can get you down and then I don't like to feel that way. If I feel myself spiraling down I find a way to pick myself back up.	Positive attitude
I think a lot of people in my age category fear retirement because they don't have interests and they're just – they feel like they're just going to sit around and whither up.	Linguistic--Distances self from aging peers, Discourse on aging--lose control of body functions
I just have never thought about it that way, I've thought, "oh this gives me opportunities to do things that I haven't had a chance to do or learn new things." I became one of the master gardeners many years ago . . . and learned, you know, a whole new experience and made some new friends and I thought that was quite exciting.	Personal Narrative: "I'm not the typical old person", Personal narrative: More opportunities, Human relationship, Ongoing personal development
We went on different field trips and what have you and we went back and forth to each other's homes and um had garden parties (laughs). It was a fun time of life.	Human relationship
And many of those people have remained friends and we still communicate and so I don't know, it's just one thing leads to another and another and it's just, uh, an ongoing experience.	Aging as an adventure, Human relationship, Ongoing personal development
Between us we have five grown children and, you know, we have a good rapport with all of them. They're kinda spread around the country. So we have a lot of back and forth on the phone and computer with them	Friendship with adult child
We came from a cultural environment in Rochester, which we miss because we had the Eastman theatre there and we have the Colonial theatre here, which is on a smaller scale but we really do enjoy going there from time to time. We just went to the um, the one that was with all the . . . The Million Dollar Quartet! We just went to that. That was fun.	Stays active -- cultural events
And dad goes every day. He still lives in their home. So he spends time with her every day. He's a very quick witted and sharp individual so going out to see them at the end of April	Discourse on aging--dementia
Good times with the family, my parents are, my dad just turned 97 last week. My mom will be 97 in the fall. Mom's in a memory care facility And dad goes every day, he still lives in their home. So he spends time with her every day. He's a very quick witted and sharp individual so going out to see them at the end of April	Sandwich generation

He's still driving, doing his own shopping, cooking, laundry	Discourse on aging-- will be totally dependent on others, Discourse on aging-- dementia
The mind, which is, you know, kinda deteriorating, but the body is still in good shape.	Mind ages faster than the body
Mom is very content. ... whenever I talk with her, which is frequently, she's, she doesn't carry on a conversation like in the past because of her dementia but she's always upbeat. Doesn't have anything to complain about.	Positive attitude
I went back to work part-time at Walmart in the photo lab. And I had absolutely no experience with film processing	Strong work ethic
They're remarkable. For their ages.	Discourse on aging-- "Remarkable for their ages"
We've seen it all!	INT1.Q2.x (Baby boomer): Great Quotes: "We've seen it all"
We grew up in a time where um, our parents of course, like we do for our children, wanted a better life for us, because they struggled through the depression. And we were raised to be thrifty and, you know, because of their situation when they were young, we were raised to be thrifty and, you know, to save money and, you know, all the things that they provided for us were better than what their parents were able to provide for them.	INT1.Q2.x (Baby boomer): Parents sacrificed
Course I wasn't able to provide for my children as well as my parents did for us because of my first marriage dissolving so. It was a struggle but we did the best we could.	INT1.Q2.x (Baby boomer): Could not provide as well as parents
PI: So what does it mean to you to be a member of this generation? R: We're going to be celebrating our 50th class reunion. So, uh, boy I don't know how to answer that question. I guess I'm proud to be a baby boomer. I don't have negative feelings about it. I think it's, it was a great time to grow up and be a teenager and a lot of new things were, I mean there's a lot of technological advances now that we never knew about in those days. But it was um, it was an interesting time to grow up and develop through those years and uh, bring our children into the world, we felt more confident I guess at that time than I would now bringing children into the world	COA: Safer world back then

In this time of life. I think it's extremely challenging in so many aspects of COA: Safer world life. But at that time you had a lot more hope. I think, for the future. And it back then, COA: was uh, it was just uh, even though it was a war, years of Vietnam war and Financially better other altercations throughout the world, it wasn't as scary as it is now. So, back then, COA: I'm proud to be a baby boomer. I think we've had, those were good times. More hopeful back then  
Through the years that we survived it all.

But it's um, the world is very scary now.

The world is scary now

Um, freedom to do what you would like to do. Realize some dreams you may have had all these years that weren't attainable, you know, before this time because you had other responsibilities. Uh, it's like you're not restricted to time, you can kinda do what you like to do when you'd like to do it. And sleep in if you feel like it, if your body allows you to. (laughs) It's just kind of a sense of freedom, I guess.

INT1.Q3.x  
(Retirement):  
Freedom, No  
schedule, Ongoing  
personal  
development,  
Physical issues

I don't know, I guess it's more of a self-discovery phase of life. Where you're learning more about yourself and how you handle situations with aging and illness and you have to think about the finality of life, and you know, preparing for that. And for your survivors. We have a meeting tomorrow with our attorney to go over all the paperwork for wills and all that stuff, to update things. So.

Ongoing personal  
development,  
acceptance,  
Generativity

Without major responsibilities but you do, you are restricted somewhat financially.

INT1.Q3.x  
(Retirement): Fewer  
responsibilities,  
INT1.Q3.x  
(Retirement):  
Financial restrictions

You know, looking forward to it but not being, a little apprehensive about getting to that place, but once you get things sorted out and you're there, it's like oh, this isn't so bad after all (laughs)

Personal Narrative:  
Great quotes: "Not so  
bad after all"

I kinda like it! So it's, yeah, it's ah, it's interesting.

Personal narrative:  
Likes getting older,  
Personal narrative:  
Aging is interesting

Uh, well I don't worry about things like I used to. I guess my mind feels a little freer and I feel that I'm more accepting of situations or, I don't know, some things bother you more deeply than other things, you just say well, I can't change that so I'm just gonna let it go.

acceptance

When I was younger I thought I could change things and, you know, or acceptance, To each people and their attitudes would change, but now I realize people are set in their own their ways and you can't expect them to change, so I'm a little bit more ready to just, you know, let things go and count my blessings and just say "well, you know, you have to live your life the way you feel is right for you and let other people live the way they feel is right for them."

... not be critical of other people. acceptance, To each their own

Everyone is entitled to their opinion To each their own

So I think I don't, it doesn't bother me as much as I'm aging. Like my dad acceptance used to tell me, "You can't change it so just let it go."

And I think he was more of a controlling type person when he was To each their own, younger and um, he's learned also that you can't change people and you acceptance can't change certain situations so as long as it isn't a life-or-death situation you just gotta let it slide. (laughs) Throw the saltshaker over your shoulder! Just plod along. (laughs) Make the best of life for yourself.

Um, oh, well. I guess because I have a marriage that's happy, um, we have INT1.Q4.a (Life a lot in common but we're very opposite, so that can be frustrating at better): Fewer times. But, I don't know, I think I'm just a happier person now because I responsibilities, don't have the restrictions financially that I had, you know, when I was INT1.Q4.a (Life raising my children. And a lot of those years are kind of a blur because better): Happy there was so much activity going on, and working overtime and, you marriage, INT1.Q4.a know, there were many restrictions as far as time constraints and now you (Life better): Fewer don't have that, so you feel a little bit freer to just be yourself. financial restrictions

And you had to work all day and you know, get up in the middle of the Strong work ethic night, if you were working overtime, either at 5am, not get out 'til six in the evening, come home, either they were already engaged in their activities or you'd have a quick supper and off. You'd divide your time amongst, you know, the ball fields and what have you ...

Catch as much as you could, and go to college and try to get, you know an Strong work ethic associate's degree

R: You know, it just feels a lot ...

PI: It feels very like, reactionary?

R: Yeah

PI: Like you're responding to the environment and all that everybody needs.

R: It's kind of like you were a little robot, you know? And going in ten different directions and, you know, you had the responsibility financially, you had the security, the healthcare, you know, you just had everything. And you couldn't be two parents to your children. You had to, you know, be the mom and do the best you could for them, but I said to my husband, "It just seems like those years went by so fast and most of it's like a blur." You remember, you know, important things along the way but a lot of it is, ... I can't remember all the details, and I wish I could.

Life has slowed way down.

And it is a slower pace for many reasons. One, you've gotten off the merry-go-round of, you know, raising your families and working and now you're retired and have your own schedule which changes daily.

You're more in control of that situation. Whereas before other things factored in as being more controlling you and your time. ... Now you're more the master of your own universe. And you can manage your own time.

Make choices that maybe you couldn't back then. Volunteer work and what have you.

PI: So the flip side of that coin, in what ways would you say life has changed for the worse as you've gotten older?

R: The health issues. Yeah definitely. Hadn't even thought about arthritis and, I mean, never really gave it any thought because I always felt really good and I could clip along with the best of them. And I did a lot of swimming and I thought that was a great all over exercise and all of a sudden, bingo! You know these things start creeping in and I'm like 'oh man, this isn't fair!' So the last nine years have been rough. (laughs) Like eight surgeries over the course of nine years. ... And my husband's had his issues and, carotid artery and losing a toe from his diabetes and ... It's been challenging, I guess is the word.

INT1.Q4.a (Life better): Fewer responsibilities, Life was a blur

INT1.Q4.a (Life better): Life has slowed down

INT1.Q4.a (Life better): Life has slowed down,  
INT1.Q4.a (Life better): No schedule, Life was a merry-go-round

Personal narrative:  
With age comes greater internal locus of control

Personal narrative:  
With age comes greater internal locus of control,  
Volunteering

INT1.Q4.b (Life worse): Health issues

<p>Young. For my age. I've had many people tell me that. (laughs) I don't understand it. If I look in the mirror I don't look very young so, (laughs) it's like "ok, well thank you! I appreciate the comment, the compliment!"</p>	<p>INT1.Q5.a (40s) Young, Personal narrative: Aging well</p>
<p>R: I guess I must be doing something right (laughs) PI: It's all that clean living (laughs) R: Thank you. Living in the middle of the woods. With nature out there with the birds and the bees.</p>	<p>Connection with nature</p>
<p>I guess that depends on if they're an old 60s or a young 60's (laughs) Um, I don't know. I ... let's see. Uh, I guess they would react similarly, that I don't act my age. Whatever that means. Although sometimes I think I act a lot older than I feel. Because you know things, your joints get you down and you feel like you're aging.</p>	<p>INT1.Q5.b (60s): Don't act my age, INT1.Q5.b (60s): Aging well</p>
<p>Because you know things, your joints get you down and you feel like you're aging</p>	<p>Body ages faster than mind</p>
<p>I don't act my age. Whatever that means</p>	<p>Discourse on aging-- "Acting one's age"</p>
<p>Yeah. Just like they compliment on my cooking, I give my mother the credit, that she's the one who taught me. And I enjoy it. So. I love to bake pies and the older people in church they love my pies.</p>	<p>Supporting older generations</p>
<p>I think I'll be remembered as a loving, caring person. And a happy person. You know, with the, an upbeat personality.</p>	<p>INT1.Q5.c (Be remembered): Loving, caring, happy</p>
<p>It's part of the baby boomer thing, I think, because we were a more responsible generation than what has succeeded us.</p>	<p>Baby boomers more responsible than later generation, Baby boomers are responsible</p>
<p>We do the twice a year cleanings and x-rays and all that stuff. And we have our annual physical, you know we schedule our annual exams the way we're – I don't know I guess I was raised that way so it's just like a routine thing. We do the annual physical, mammogram, you know whatever comes along the dermatology scan and all this stuff to</p>	<p>Proactive in health care</p>
<p>As part of that responsibility, growing up as a responsible person</p>	<p>Responsibility</p>
<p>I think that's embedded, ingrained in us. That you know, take good care of yourself and you'll live longer.</p>	<p>Proactive in health care, Responsibility</p>
<p>We would like to live longer, because we'd like to spend time with our families and, you know, watch our grandchildren grow and become ... and now our oldest of the grandchildren is graduating from college, she'll be graduating in May.</p>	<p>Values: Family, Values grandchildren</p>

You know, we don't wanna get sick and be down and out. Or have an illness befall you and that you can't come out of. Concern regarding health problems

Oh, I've talked to many people through the years who are afraid to go to the doctor Is a model for others, Linguistic--Distances self from aging peers

They don't go on a regular basis so they never have a clue if they have any issues that might crop up that, you know, couldn't be nipped in the bud. A friend of ours, I used to work with their son at Walmart in the photo lab and he didn't go to the dentist for 20 years and when he finally decided to go they had to pull most all his teeth. Now he has full dentures. So I mean things like this, mostly I think people fear going to the doctor. For fear that there's gonna be a problem. But then I have another friend who was diagnosed with pancreatic cancer and they found it early enough that she's become a survivor and she has a very strong will to live and she's a very happy and positive person. Responsibility

I have another friend who was diagnosed with pancreatic cancer and they found it early enough that she's become a survivor and she has a very strong will to live and she's a very happy and positive person. So I think that that has a great influence on how she's healed Positive attitude

I believe in a higher power and prayers are answered and miracles happen. Faith

I think it has a lot to do with your own personality and your own beliefs. But you know, we have people who drive themselves to beyond the brink of extinction before they'll go. You know, they'll have symptoms but they care won't go and ... [get an] opinion. You know, because "I don't have time for that," but then, on the other hand, we talk to people that, you know, like us, if they have a problem then they'll go and seek, you know, have a conference with a doctor. I just had a small mole or beginning of something that had to be biopsied and now they're going to remove more of it. Don't know because it's at the iffy point where, yes it could be skin cancer or maybe it's just a strange mole. So I just had to go for a consultation, but I would rather have the thing taken care of than let it fester Responsibility, Proactive in health

So I don't know, I think we're all ... it's a lot dependent on who you are and how you feel about um, ... we've had very good care here at Cheshire Medical. Appreciation for CMC

And so it's hard to know because everyone is different. You know, you and I are different, we have different viewpoints on whatever. Openness to individual differences

Back in Rochester or out in Ohio, wherever we were, I didn't have to have the attentive medical care that I have now, back then, but I've been very pleased with most all the medical care that we've had and especially since we've been here and our aging process. Appreciation for CMC

PI: Um, so what are the qualities of the relationships with healthcare professionals that make them so good?

HC Professionals are clear, informative, thorough

R: Well they are um, most of them sit you down, they explain everything thoroughly, if you have any questions they answer your questions so that you can understand what the x-rays show, if you're having a procedure, exactly how it's going to go, what they're going to do. ... They're very informative. They have good bedside manner. We do have one doctor who is quite loud, in your face, but he means well. So we just give it back to him. (laughs)

I think we have a good rapport with our physicians. And uh. Just uh, they're human beings too. I mean, you know, everybody makes mistakes but. We've had, you know, instances that, that's how my husband lost his toe, because one doctor wasn't treating it properly. But human error I guess. Oversight. But you know, we aren't like gonna go out and sue the guy. So. We just take care of it and get beyond it.

forgiveness, acceptance

We have Medicare, both of us. And then Tricare for life. And so that has given us a great deal of ... peace of mind, I guess, is the word.

Feels fortunate to have health insurance, Insurance is important

---



Table E3.

*Excerpts and Initial Codes from Interview 3*

<u>Excerpt</u>	<u>Initial Codes</u>
I've known a lot of older people that they didn't just give it up and be old.	Discourse on aging-- "Give it up and be old"
Seems to me that there is still a lot of adventures I could have.	Ongoing personal development, Aging as an adventure
Nobody knows how old I am. They all think I'm at least 10 years younger.	Linguistic-- Distances self from aging peers
I don't like to sit around and say "Oh that's because we're older." ... I don't like to hear people forever saying, "Oh that's because, you know, this is happening because we're older." You know, I like to keep active and I just don't, I just don't like to sit down and say, "Well these are all happening because we're getting older." I'm always surprised when people say that to me.	Personal Narrative: Rejects discourse on aging
R: Well the late 60's were a good time! (laughs) PI: Baby boomers saw a lot of stuff happen in the world. R: Yes, so much change, I guess that's the biggest thing about aging is when you look back and I can see so much change that, having worked with the kids now at the high school, and they don't remember a time, they're amazed, when you say, "Oh I remember Kennedy" or "I remember the civil rights movement. I remember when Jonathan Daniels died."	Connection to younger generation(s), Has seen a lot
R: And they're like, "Really? Wow that's amazing." Because they don't remember a time without cell phones and a time without social media really. I mean, so many of them now, they barely remember like 9/11. Which is still so real PI: Right. Yeah. Good point. R: Yeah. So. I guess that's it. They don't – I remember when computers took up huge rooms. You know, and when a time before computers, I remember, you know, everybody had the dial telephone in their home and ... here's just, I, I think it's just the longevity of remembering all this.	Transitioned through technology
We didn't really have ... I would have preferred to have had a better plan going into [retirement].	Financial instability

I feel some sense of a loss of independence because. [My husband] retired too and so, we don't have separate lives.	Retirement = loss of independence-- spouse at home
R: So you know, now I've kind of lost my independence a little bit.	Evolving lifestyle,
PI: Interesting.	Ongoing personal
R: Yeah.	development
PI: That's very interesting.	
R: Um, you know, I just don't have that time to just go do my own thing as much as I used to. But I'm not unhopeful that it's lost, it's just, it's just refiguring itself.	
We can just go and do things whenever we want now, which is kind of neat. You know, you don't have to wait for the weekend to have the time to do things.	No schedule
We have more freedom to travel	INT1.Q4.a (Life better): More time, INT1.Q4.a (Life better): No schedule
We have more income we can use to travel	INT1.Q4.a (Life better): More money to travel
I like to think I'm a little bit smarter	INT1.Q4.a (Life better): Smarter
More time to be at the lake in the summertime	INT1.Q4.a (Life better): More time
R: The drama's gone. That's probably a big one. You know, especially having been around teenagers the last twelve years.	Separation between generations,
PI: Ah right.	INT1.Q4.a (Life
R: There's so much!	better): Less drama,
PI: Right	Personal Narrative:
R: Drama! And I'm always like, "Why are we worrying about this?" You know, I'm just way more laid back than I used to be.	Don't care what others think
PI: (laughs) So the flip side of that same coin, in what ways would you say life has gotten worse as you've gotten older?	INT1.Q4.b (Life worse): Physical limitations
R: Every so often I discover that I can't do everything I used to do (laughs)	
PI: Because of...	
R: You know, even a good gene, healthy body ... Um, I'm just not a kid anymore.	
PI: So physical stuff	
R: Yeah physical stuff. I just can't quite do everything	

PI: In what ways would you say life has changed for the worse as you've gotten older?

R: Hmm. Can't say I'm more stubborn. I think I'm just settled into some of my stubborn routines or stubborn thinking. ... And I'm not gonna let it go, I'm just there. You know.

PI: And you see that as a negative.

R Occasionally.

PI: Ok (laughs)

R: (laughs) I'm all done with second chances, if I'm done with you, I'm done with you.

PI: Ok

R: You know. So maybe that's not really a good thing, but that's the way it is.

I'm really, this is how I think and this is how I'm gonna think and that's it.

Um and like maybe sometimes with like younger people, they don't respect older people. You know, older people, I remember when I never would have talked to a teacher like they would talk to us.

PI: You mean how someone in their forties would describe you.

R: Yeah. ... Yeah. Maybe a little by the book kind of.

I'll have to think of somebody in their forties. Pretty much friendly.

And um, pretty well traveled

PI: How do you suppose somebody in their sixties would describe you?

R: Active. ... Um, they tell me I have a lot of energy because I work out with a lot of older women.

INT1.Q4.b (Life worse): Set in one's ways, INT1.Q4.b (Life worse): No second chances for others

Set in my ways, INT1.Q4.b (Life worse): Set in one's ways

INT1.Q4.b (Life worse): Lack of respect from younger people, lack of respect from younger generation, Personal narrative: Feels disrespected

INT1.Q5.a (40s) By the book

INT1.Q5.a (40s) Friendly

INT1.Q5.a (40s) Well traveled

INT1.Q5.b (60s): Active, INT1.Q5.b (60s): High energy, Linguistic-- Distances self from aging peers

R: And I'm considered kind of energetic. Um and funny. And sympathetic. It's easier that way. Um

PI: What do you mean it's easier that way?

R: Easier than with forties. Because I can, you know, I can relate better. Um, let me see, forties might say I talk too much, too opinioned. But ...

PI: That's what the forties would say?

R: Maybe.

PI: Ok

R: But not necessarily.

PI: Um, how do you think you'll be remembered?

R: Not very - I don't think a lot of people are going to remember me.

PI: Really?

R: Yeah.

PI: Why do you say that?

R: Well my kids will. But I mean the world at large, no, I don't think I've made that big an impression.

PI: You ok with that?

R: Yeah.

PI: Yeah. Ok.

R: I did what I could. I know what I've done. But, um, life moves on so fast. That if you're not with people a lot, you're just not remembered.

R: I think I made small ripples but I think I made a lot of them. ... You know, because not everybody, you know, the kind of things that I've taught, not everybody really wanted to hear some of them. I mean, you know, at WIC [Women and Infant Children] "You have to come in and see her." Um, so I think that a lot of the things that I've done, I personally don't stand out. Maybe the whole situation is remembered. ... Um, like school. I think, I think very few people remember a lot of their individual people in school. After they get older. Um, but I think they remember the whole experience.

So it isn't that I feel like I haven't done a good thing, but I don't think I stood out individually. ... Um which is, you know, and that's ok.

I'm an avid exerciser.

Separation between generations

INT1.Q5.c (Be remembered): Not by many

INT1.Q5.c (Be remembered): I made small contributions, Great quotes: I made small ripples, but I made a lot of them

acceptance

Stays physically active

R: I go to [exercise program name] and I work out there usually four or five times a week because I build it in. When I said I'm joining a gym and I'm gonna start exercising was right after I saw the videos from my son's wedding (laughs). And I said, "Oh my god I jiggle!" And I said, "I gotta do something about this," so...

Stays physically active

PI: How long ago was that?

R: Ah, he got married in '03?

PI: Ok.

R Yeah. But I mean, I'd always exercised and done things, I always walked and everything, but it wasn't enough. So that's when I started going to [exercise program name] and I just built it into my work routine. I got out of work, I worked out, I went home.

And I did that always. For, you know, since then. ... And, um, so now I have to build it in a different time each day, but I still do it. ... And um, so I'm an avid exerciser; not hard stuff, but active stuff.

Stays physically active

You know, we walk. We bicycle. Um, we hike. I can't wait to get a kayak so I can kayak. Um but, just to keep moving. So that's why you know having one foot has been just, ugh, it's been awful

Stays physically active

I just think it's so important to move and to garden and to get out and shovel snow and to do things. That's probably the very biggest thing. And I'm an avid reader. ... Of drivels, of whatever I feel like reading.

Stays mentally active, Stays physically active

PI: Uh, yeah I was going to because it's interesting that reading came into the conversation here, when we're talking about how you take an active role in managing your own health. And it occurs to me reading is good for mental health.

Stays mentally active

R: Reading is good for mental health yep. I don't know, that's probably the biggies.

PI: Ok. So staying active, and reading.

R: Keep my mind busy

PI: Ok. How would you say this is similar to or different from other people?

R: I know so many people that, as they got older, they stopped.

PI: Stopped, all the stuff we were just talking about?

R: Stopped trying to be active.

PI: Yeah.

R: You, you know, I mean, my husband and I talk about this all the time.

PI: Yeah

R: And it's not – certainly not everybody, there's tons and tons of people out there that are aging gracefully, and being active, and I see them all the time up at [exercise program name]. So it's not like I'm the only one, but there's so many people, they just stop!

PI: Hmm.

R: And they don't do anything. And I don't get it but they don't.

R: You know, I mean I'm very fortunate that I've basically been healthy. That I have lucky genes. ... Um, I mean if I had to be sick all of the time, if I had an illness, I wouldn't feel like I do. ... I don't think. ... If I couldn't look forward to being active, if I, if through no fault of my own I was only stopped ... I would have a really different attitude I think.

PI: Ok

R: I'm not patient being ill, I'm not patient about being sickly, I'm not patient about trying to get better from surgery (laughs)

PI: Yeah

R: I'm, I don't think I would... I wouldn't be happy. ... I'd be cranky.

PI: ...And yet the folks that you referenced earlier, the people that you said you and [your husband] have talked about, so many people out there that just don't stay active; when you think of those folks, are they the ones that have been slowed down due to medical problems or does it seem like they've chosen to slow down?

R: It goes both ways. ... I mean, I know a lot of people have debilitating illnesses but I think as long as you can, you have to fight to keep going. ... And keep busy. Um, and then if you get too debilitated, I don't know, I'd be ready to be done.

PI: Hmm. Ok.

R: You know. Which is easy for me to say because I'm in pretty good shape.

PI: Yeah.

R: Um and I recognize that too.

PI: Yeah.

R: Um I don't know, I just, I don't think, I think if I was really sick a lot I really would not be a happy person. ... [My husband's] dad always used to tell us, "Don't ever get old."

Linguistic--  
Distances self from  
aging peers,  
Personal narrative:  
Aging well

Fear of being  
inactive, To each  
their own

She was always laughing. I would go over to have coffee with her on my days off and she always had funny stories to tell and um, you know, it took a long time after she was gone, I always used to pull into my yard, pull into my driveway, get out of the car, look at her window, and if she was in her chair I'd always see the arm come up, you know. But she just, even when she, her health was going, she kept that wonderful sense of humor and you know was always happy to have a visit and have a coffee and we would talk and, you know. So she was an inspiration for me.

Human relationship, connection with older generation

I have more time to be active and I better be.

Stays active-- schedule, No schedule

I'm one of the people up at the clinic that every year my primary caretaker has changed for the last 3 or 4 years.

Frustrated with high turn-over rate at CMC

You know. Um, it's- my GYN person, I see her every couple years, she's great. I really like her. ... Um, my foot doctor, she's nice! I see my chiropractor more than anybody and it's good with her too! (laughs)

Positive relationships with HC providers

R: I mean, I don't even get a letter from the doctor saying it's time for you to come in for your physical. ... I get lost in the shuffle, but

PI: Hmm. And you're ok with that?

R: And I'm ok with that because if I really need to be there, I am. But you know, really, um.

PI: well you know even that remark, "If I really need to be there, I am."

R: Right

PI: I mean, you take a proactive role in managing your own health. You know when you need to be to the doctor.

R: Oh yeah

PI: There's a lot of folks that...

R: And they... I was sick a couple years ago and the first one I saw, you know, was one of those things you call "We'll get you in to see this one" And I knew I was sick. ... And she told me to go to the drugstore and buy a few things off the shelf. And 3 days later when I was back there half dead and [my husband] thought they were gonna keep me, I weren't too happy with her. I saw somebody else and she said, "Oh no, you need this tough stuff and this tough stuff and, I mean, I was out of work for a week!

PI: Hmm

R: Which was really rare for me. ... So I expect them to take me very seriously if I show up because I don't show up if I'm not sick. ... You know, that's the thing, I don't go in for nothing. ... And really the one, my newest one, who I have only seen a couple of times she's been really good about, you know, "Oh yup, we're gonna take care of that." So, yeah, that's probably the big thing. You know, I, when I go in I expect to be taken seriously because I don't go if I'm not ...

PI: Right. Right. What would you say are the qualities of the relationships with healthcare professionals that make them more or less pretty positive relationships?

R: They gotta be real.

Yep, genuine, down to earth, and talk to me at my level. Don't tell me something I don't understand, um put it into, you know, give me very, I want careful instructions, I wanna know what you want me to do so that I can do it and get better.

Um, so, yeah. You gotta take me seriously and you have to be seriously coming back to me, which, except for a couple of those fly by night ones that you see once in a while, um, I've been pretty lucky with. As far as the people that I see.

Expects to be taken seriously by HC providers

INT1.Q9.b (What makes HC Rel good): Values: Genuineness

Appreciates clarity from HC Prof

Expects to be taken seriously by HC providers



I think that we're seeing too much, and I see this in my own family, too many people that are being kept alive and I think we see too much suffering long term because people are kept alive. And I think as a generation we're gonna see a lot more people saying, "No, no I don't need to go through all this because it's not going to keep my alive that much longer, it's going to hurt my quality of life." You know, it's hard to say, "Oh yeah, I want to die," because certainly I don't

---

Death with dignity

Table E4.

*Excerpts and Initial Codes from Interview 4*

<u>Excerpt</u>	<u>Initial Codes</u>
Got my degree in theology	Faith
I've been pretty active in sports.	Stays physically active
Then in 2005, um, I was diagnosed with diabetes type II. And ... so I knew I had to do something about trying to take care of myself with that, so that really challenged me, and that was imperative. So I, uh, I got pretty disciplined about it and, uh, they told me that there were like three basic things you could do: exercise, diet, and the meds.	Made lifestyle changes for health
Yeah. Uh, and uh I had a I had a [psychotic] break in 2003	Sees a mental health professional, History of Mental Health issues
And I don't feel 62	Feel younger than I am, Discourse on aging--"I don't feel old"
Sometimes, you know, you slip and you 'uh oh' have a big spaghetti dinner or something like that. You know, but it's a matter of really getting used to that. It took me a long time. Because everybody likes to eat you know, so. At any rate, I think that was a key feature ... in getting back in shape again. Um between 2009 and a month ago I've lost 38 pounds.	Made lifestyle changes for health
Today I can show people different kinds of stretches. I'm taking a yoga class, you know, and it's very, ... it's like a gentle yoga class.	Supports others, Is a model for others
And uh so I'm adding more and more things, and then I find out a few years ago that I got glaucoma. So I take meds for my diabetes, I take eye drops for the glaucoma and I see all of these um health people uh nurse practitioners, doctors, ophthalmologists about once every three months.	History of Mental Health issues
I'm adding more and more things, and then I find out a few years ago that I got glaucoma. ... So I take meds for my diabetes, I take eye drops for the glaucoma and I see all of these, um, health people—nurse practitioners, doctors, ophthalmologists about once every three months. So we stay in touch with that. I gotta stay on top of all of that.	Proactive in health care
You know I mean, 61, 62, that age, it's a number to me	Personal narrative: "Age is just a number"

I don't feel 61 or 62, I see people that are my age, uh, obese, uh, and an inability I think to even choose to try and do something for themselves. And I don't want to be that way.

sees self as healthy,  
Linguistic--Distances  
self from aging peers

I've been playing softball for the last, uh, seven years, that'll give you an idea. And running lickety-split down first base where some of these other guys in their 40's, you know, having a rough time. You know, they work construction and things of that nature, but you let yourself go and I saw myself in that and I think the motivating factor, you know, looking at age the last couple of years—on one hand it's like “well this is getting kind of scary here, gee you're coming up here you are 62 and you were just 18 working for the phone company in Boston.” And where did all those years go? And you begin to think, “Gee, I wish I took better care of myself way back when.” When you're in high school it's ok because you have that discipline, you know, uh, I ran cross country when I was in high school, played a little hockey, um but I think as far as I've aged and people I've hung with, uh, it's been mostly kind of people who are into doing research and that kind of thing and uh but I felt like my world was um a conglomeration of a lot of things. Like yeah it's good, I'm writing a book, you know I've been writing a book and doing a lot of research for the last six years. And, uh, but you gotta get up and you gotta get out.

Stays physically  
active

I'm in a bike group... And every Tuesday, will be starting the 14th of this month, we go right up until about the end of October with the bike group. I've climbed Mt. Monadnock for the first time all the way to the summit. I was scared crapless to ever think that I'd go up on a mountain like that.

Stays physically  
active, Ongoing  
personal development

But we got up there and I'm looking out and you can barely see the tops of the skyscrapers in Boston. And I was thinking, you know, I did this. I've climbed this little mountain. Well not a little mountain; it's 3200 feet at the summit ...

Adventurous spirit,  
Ongoing personal  
development

I'm always looking for something new to do, it's, I don't think about age when I get on my bike and I go someplace.

Adventurous spirit,  
Ongoing personal  
development,  
Personal Narrative:  
Doesn't think about  
age

People who are in their 30's that work in the [exercise] program, that are the mentors there, uh, the therapists, uh they're always sort of ragging on me, you know, and... but they're fascinated. You know, in the bike group for example, we have about seven or eight people that do this, and a lot of them have—because of medications and some of these medications are weight gainers—um, they've gotten into the bike club and, you know, after a couple years, you know, I'm spinning didoes and all kinds of things all over the place. So they get a kick out of me, you know. So I've been leading the pack so to speak. We go off onto different trails and we usually do an average of anywhere between eight to ten miles for that hour and a half, hour and 45 minutes that we set aside for. ... I do the newsletter for the [exercise] program too, and developed that because of my interests, my enthusiasm, they've taken notice and they don't see—I don't thin—as someone who is, quote unquote, 61 years old

sees self as healthy,  
Personal narrative:  
Aging well,  
Linguistic--Distances  
self from aging peers,  
Is a model for others,  
Volunteering, Stays  
mentally active

They keep encouraging me, you know, if I'm doing a leg press up at the Y there's a guy ... who works for [the exercise program] and he's in good shape and he noticed the other day that I had about 210 pounds on the leg press and I'd gotten up to that. So that's like over my whole weight and I felt like 'wow.' Before I started that, the aging was in my head psychologically. Say, when I was in my mid 50's. And, uh, I was thinking "Oh if I - this 60-80 pounds if I press out my legs you know my muscle atrophied am I ... gonna fracture something?" Those were the kinds of questions that were coming up constantly. And so I had a little apprehension when I first started out. And that was normal, everybody was saying, "Don't worry about it," you know, uh, "Your body will let you know, it will probably be sore for a while but that's ok." You know, and it did, and it went away and all of a sudden probably eight to nine weeks later I started feeling good. And they noticed a change and so it was sort of like after a while—a couple of years—that age thing sort of dissipated. And now I've gained more confidence.

Y mind over matter

When I walk into the Y, I've gained more confidence in myself knowing that I can do this and that I have an ability to do things that I even didn't do when I was in high school

in better shape now  
than when younger

I try to encourage people that I know that are doing that, that are like that, sedentary, "Hey you got a bike." "Yeah, but I haven't been on it for a while."

Is a model for others,  
Supports others,  
Linguistic--Distances  
self from aging peers

Another thing that's really helped me is to see a friend of mine whose, she inspired by others, just turned 55, she has Lupus and she's blind in one eye. And there's absolutely nothing in this world that is going to stop her from continuing and be determined to get to the goals that she wants to. She's not gonna let Lupus stop her, she's not gonna let her blindness stop her, and she drives a car and she's got a lot of energy, but you know, I'm thinking "wow this is amazing." That's a motivator for me, too, to see somebody like that, and it helps me to say, "wow," you know, she swims, this girl floats on the water (laughs). It's unbelievable. She's like a fish. And so I said to her, "Do you think that uh you would be willing to take on maybe going bike riding?" She said, "I can try it." She said, "I do have a bike." So I went down and the both of us went down there for a couple of hours and I fixed up her bike for her, got a couple parts and brought it out and she got on it and went up the street a little bit, fell off once, got right back up on it and, uh, you know. And then came back and she said, "Well if anything we'll just have to go around the block or something for a while before I get into the bike group." But see her willingness!

Human relationship

There are other people I see that uh you know are satisfied, you know if I go in and get some hot and sour soup or something at the Chinese restaurant and there's a guy there that well even for his height he's way overweight and I think you know 'what do these people, do these people like, do they exercise, is it healthy for them? When they hit 60 you know what's it gonna be like for them, are they gonna be all bent over'

Linguistic--Distances self from aging peers

I'm taking more risks in life that I haven't before because I think that I have a little bit more confidence in my life to do what I haven't done before and I think I got a lot of negative input growing up, "Oh no, don't do that." You know, sort of like that Christmas story, you know, "No, don't give him that air gun, he'll put his eye out." [That] kind of mentality and I, you know, you grow up with that and it's like, oh I guess I can't do that. And I think a lot of people have grown up in families where that's been encouraged just by osmosis.

Ongoing personal development

People who have probably stopped smoking the weed and gone in and got good jobs for themselves, raising families and things of that nature. Um, I try not to categorize people and I hate being, you know, put in a box at the same time, but you know, and those are labels for that generation, but I don't connect with the baby boomer generation even though I was born in 1953.

INT1.Q2.x (Baby boomer) Phrase is meaningless, Baby boomers are responsible

You know putting your kids in the best kinds of schools, not teaching them those negative kinds of things that I grew up with, you know, in my family and passing some better things on. I mean, my brother John, he's five years older than me, he's 66, 67, he has an only child, a daughter, and he took her out of the public school system and put her into [a private school] here in New Hampshire and it was costly, but he also got on the board and he got involved and she did great.

INT1.Q2.x (Baby boomer): Well-to-do

I see other people with negative views and I'm not going to fall into that trap'	acceptance
It's easier today to look at that without judgment. I mean, encouragement is more the idea. But, you know, I mean, there's lots of people out there in my age bracket, baby boomers, that have kind of a negative attitude in terms of things as they get older I've noticed.	Linguistic--Distances self from aging peers, Positive attitude, acceptance
You were capable of getting kinds of jobs like that. Harder today.	COA: Financially better back then
The regional director said, "You're a great worker," he said, you know, "You oughta ... sign up and be an installer	Strong work ethic
I just came back from England from my vacation and I was there for two weeks	INT1.Q5.a (40s) Well traveled
And that had connotations of looking at myself as an old man bent over sitting in a rocking chair	Discourse on aging-- "Acting one's age", Discourse on aging-- Removed from mainstream society
But I think retirement today takes on a different view. I see it in a different light. I see it as this is time to enjoy and to use my experience and knowledge um for other people.	INT1.Q3.x (Retirement): New opportunities, INT1.Q3.x (Retirement): Do for others, Generativity
You know, and try, like you said, to help others to be a mentor, to be patient, to be more listening than talking, to be continually learning. I'm still a student and I will always be a student. I like history, you know, I like a lot of things. I did not like science but the last several years I'm learning about science. You know, the three laws of gravity, I guess, and things of that nature, and it's fascinating. You know, I've been over Keene State Library when I was doing some of my research, I've been to the National Archives, and uh, I'm thinking this is really neat. I love doing research and I'm thinking, "hey, this is your retirement." You know, my disability will turn into retirement.	INT1.Q3.x (Retirement): New opportunities, Ongoing personal development, Personal narrative: More opportunities
I'm thinking, you know, what are other people doing when they retire? Well my dad, he worked 45 years as a supervisor at [a construction company] in Boston and when he retired he didn't have much time. He had about five or six years. And for the first six months he'd keep going back to the job to see how things were. And then he started to feel unhealthy. He was diagnosed with angina and my mom got cancer. She got uterine cancer and before that happened they took one last trip to Ireland for two weeks. And then the last year and a half or so of my mom's life was him taking care of her and seeing the kinds of things and	Healthier than parents' generation

drugs they were using on her and my mom died at 73 and my dad died six weeks later in 1984.

I think in some ways I've been blessed with what's happened to me, at the time it wasn't a blessing, but It's given me time, as my friend Karen says, she says, "Now you have time to do research and things that you really wanted to do in your life and make the most of it."

acceptance, Personal narrative: More opportunities, INT1.Q3.x (Retirement): New opportunities

I go out and I go up to the Y and spend a couple of hours up there and uh do some research

Stays mentally active, Stays physically active

You know, retired from that place but to me maybe it's a little different because I've been on disability. But it seems I utilize my time better than I ever have probably ever before. And I think that's what's supposed to happen, you're supposed to gain wisdom over the years and have people, you know, I mean, don't lock up that knowledge, share it with society. What are you gonna do? I want to contribute to society. That's what my age says right now.

INT1.Q3.x (Retirement): New opportunities, INT1.Q3.x (Retirement): Do for others, Generativity, Intergenerational connections

My next-door neighbor works at the Grange and "another two years I'll be able to go down to Florida and uh Clearwater or whatever" and I'm thinking, "ok." So that's what a lot of people have in mind. Uh others retire and work maybe part time or they work full time. Um when I came up here first I worked for, and I think this helped form my own identity too with this, when I first worked at Staples I was selling computers and uh I met a guy who was probably in his late 60s early 70s and he was a former professor at the Rhode Island technical institute, I believe, in the business school and he had a great sense of how business should be. And we were talking about that particular company and he said, "You know, most companies work out of that philosophy, you know, go serve the customer, the customer is always right." ... but he said, "nah, nah, nah." He said, "What you wanna do, what's number one you wanna take care of your employees. Support your employees." And uh and this is his experience, passing it on to me and I was into the same thing I was like "Yeah, you're right." You know, and he said, "If your employees are supported and you pay them a good wage, you're gonna have less sick days, people are going to want to come to work, they're gonna know that there is a boss that supports them, that's behind them and they'll interact with others, you'll have those brown bag meetings et cetera. And as a result you will have probably a higher degree of service towards your customers at that point." And I said, "Yeah," you know, and there are some places that do that. I was on a board of directors for a mental health agency here in town for a couple years and I got into going to some meetings at um with the person who helped start Hannah Grimes and she

Volunteering, Connection with others, Human relationship, Personal narrative: With age comes greater internal locus of control

was doing it for people who are on boards of non-profits so we'd get together once a month. I met all kinds of great people. And it didn't seem like any of them, and most of them were older than me probably in their 70's to mid-70's, and they'd laugh, they had this sense of serenity about them

R: Um, oh definitely its changed much better immensely as I've gained a little bit more knowledge, little humility I think, a little wisdom over the years. And the aging process which I had a different view of about 30 years ago, has not come to fruition, it's totally different now that I'm here. I'm looking at this point 61 and saying, "This is good. Life is good today." And I'm really enjoying it.

PI: You didn't expect it to be that way years ago

R: No, no. I had more of a negative view of it.

Personal Narrative: View on aging has changed, Personal Narrative: Greater wisdom, Personal Narrative: Gained Humility, Personal narrative: Likes getting older, Personal Narrative: Enjoys being 60, INT1.Q4.a (Life better): Smarter, INT1.Q4.a (Life better): Greater humility

PI: And so in what ways would you say life has gotten worse as you've gotten older?

R: I didn't expect to have diabetes. I didn't expect to have glaucoma and some of these other health issues. (laughs) Didn't expect to have back surgery, in fact that's the only surgery I've ever had in my life. Um so a lot of physical aspects have been there with the aging process. Um some of its probably genetic, other things that have occurred due to some kinds of medications, um, but I think that's probably the worst part about it. But after a while I've seen and been able and gotten help to change that and turn it into something positive.

INT1.Q4.b (Life worse): Health issues, acceptance, adapting

PI: Ok. Um, how do you suppose someone in their 40s would describe you?

R: Uh, energetic. Enthusiastic. Good outlook on life. Um, I have a lot of knowledge of computers and a lot of other things in my experience. And there's one guy that I've helped with his computer and he said to his girlfriend, "My god," he said, "he can do everything!" (laughs)

INT1.Q5.a (40s) Positive, INT1.Q5.a (40s) Active, INT1.Q5.a (40s) Knowledgeable

And I said, "wow," you know? And these are just the kinds of things I've learned over the years from when I was really younger and then going to Europe at 17, you know, you get a whole different view of life in a different society.

INT1.Q5.a (40s) Well traveled



And I said, “wow,” you know? And these are just the kinds of things I’ve learned over the years from when I was really younger and then going to Europe at 17, you know, you get a whole different view of life in a different society. That was a great help. It opened up my eyes a lot.

Values: Travel

So, I’m in Hannaford’s, going to get some tuna fish, ... and there’s a woman standing there and she’s got her finger kind of like scratching her head and I’m saying, “Don’t know what to choose here huh?” I said, “Market Basket five for five,” and she said, “Yeah but here its 89 cents apiece so it’s actually cheaper.” And we got into this conversation about, and she’s, I don’t know, 45 or so? I suspect married with kids. But here we are a couple of strangers and that’s been happening a lot the last several years.

Human relationship, Connection with others, Personal Narrative: More extroverted than when younger

PI: How do you suppose someone in their 60s would describe you?

INT1.Q5.b (60s):

R: Somebody in their 60s, ok. Let’s see. Ok [friend’s name] just turned 61. And, um, can’t keep up with me. Is kind of the thing.

Active, INT1.Q5.b (60s): High energy

Um, but she also sees that there are times that I get real tired and she’s a very quiet person, has a lot of wisdom, doesn’t tell people what to do but just allows them to experience life themselves.

Tolerance

Oh yes absolutely. I look forward every three months I look forward to going and saying ok how have I done’

Positive relationships with HC providers

Have I stuck to my plan in terms of not going out and eating Chinese food five times this month and you know so but I don’t eat Chinese food anymore or pizza, stuff like that. But I look forward to seeing these folks.

Proactive in health care

Well probably because over I’d say three, four, five years, particularly with the ophthalmologist, I’ve been with them for about five years, and he’s so open to questions that I have about glaucoma and things of that nature. He’ll sit there and listen to me and I’ll, I come up with questions, I write down questions before I go to the appointment and I’ll throw two at him and he’ll say “oh that’s interesting. You know, I’ll check it out.” Something about glaucoma or whatever.

Informed consumer of healthcare, HC Professionals are clear, informative, thorough, INT1.Q9.b (What makes HC Rel good): Values: Clarity, INT1.Q9.b (What makes HC Rel good): Values: Genuineness

Because I'm involved in my health. It isn't just a one way and more so Pride in being on few  
with particularly my mental health well it's like 'I'm not so sure I want to meds  
take that med' and they'll say 'ok' you know 'well we got other things we  
can try' And uh and those are my rights you know those are my rights.  
Everybody's rights too in terms of civil rights, mental health rights. So  
yeah I think overall the people that I see, three, four mental health  
providers, even people at in shape who are my mentors it's just great  
working with them

---

Table E5.

*Excerpts and Initial Codes from Interview 5*

<u>Excerpts</u>	<u>Initial Codes</u>
If you were not a townie, you're not well accepted, even if you're only three-years-old. So it was a challenge.	Experienced NH as unaccepting during childhood
Well, I'm an Army brat so I grew up in the service.	From military family
I enlisted during Vietnam and did my active duty there, GI Bill afterwards	Vietnam vet
I got out of the service. I was a Medic with the Marines with the Navy with the Marines. I got out of the service down there and went to a school. I was going to be an Art teacher. I love Art. If I could do anything, I would be a Paleontologist and Forensic Pathologist. I love Bronze Age, Mediterranean, love Archaeology. I love dirt archaeology. I like Art. So it's like you decide what you can eat and what you can love. That would be avocation versus vocation. Vocation won out over avocation.	Chose a well-paying career over love of art, Healthcare professional
I said to my daughter, "I'm moving back to where I grew up." The old olfactory memory from when I was a little kid, this place – snow is the only thing that bothers me but minor detail. I love the hot, muggy summers.	Return to New England after being away
At a new-old nursing home, built in 1975. When I came back up from California, my mother's a very strong person and I told her a few years ago -- and my dad's been dead since 1999 and he was pretty much of a prick. He was a nice guy but he had horrible childhood and he and his father used to hide in the basement from his alcoholic mother and his alcoholic blended personality disorder sister. He never really learned to father. He could do a good job fathering other people's kids as a teacher but he didn't do so well with us. He just horribly tormented my brother, which predisposed him for what's now known as one hundred percent service-connected PTSD, traumatic brain injuries and collision at sea with a ship. He wasn't in a collision with a ship; the ship collided with his vessel he was at Coast Sea.	Difficult relationship with father--abusive
I was out west for 35 years and then came back here	Return to New England after being away
I don't think I'd be so egotistical as to call myself a renaissance person and I'm not a polymath. I tested out like 146	Considers self very intelligent

When I got my education, I started in 1977, 1976, when I discharged in 1977, I started Ft. Sill Community College JC and my mother said, "Why don't you go to nursing school?" So I changed my major down in California to pre-nursing and finished up with an Associates in Arts and Sciences with a heavy emphasis on Sociology and Psychology, which I very much enjoy. The sociology of death is probably one of my favorite subjects. It's a very fascinating subject. Then I matriculated to Pacific Lutheran University which has probably about a 60-year-old nursing school. So I took a Bachelor of Science in nursing simultaneously because I had so many credits at the time. I took functionally two more Bachelors but basically a dual Bachelor in Psychology and Sociology. So I have a BA in Psych and Soc, A BA in Nursing. I swore I'd never get a Master's degree. I wasn't going to go back. Twenty years later, I went back to the same school and got my Master's in nursing and what's called Care and Outcomes Management. Basically, that's a mélange of the interface between social services, MSW, a degree of counseling, risk management, quality assurance and all those kinds of things and case management which has a really nice piece of Sociology Case Discovery Forensics as well as Psychosocial support. So for me am a fairly...Can't think of the word...I have a lot of interests.

Multiple degrees

Nursing, women's issues, children's rights, all the soft demo – I think that's Blue State stuff. I've forgotten. I can't tell who the bad color is. I like blue and red.

Linguistic--  
meanders

A man can't do this kind of work that I've done. I mean I've been in Nursing for 42 years as an aide, as a medic, as a quasi-LPN formalizing in all this. A man can't do that work well and genuinely I think unless he has a fairly reasonable sense of his yin and his yang so his feminine side if you will. Christine Lavin, a wonderful folk singer, calls it a sensitive, new age guy.

Considers self  
empathic

I've just done a lot of great, interesting things. I ended up as a forensics investigator for Adult Protective Services. I've never been without work for any more than about two or three weeks unless I was involved with education or something. This enforced eight month hiatus was pretty crazy-making. Six months of it, I think I spent six months actively looking for a job. I've been through two very damaging employment cycles. I was making a hundred plus but eighty hours a work as a Clinical Manager for the visiting nurses. So I oversaw a lot of people but I trained a lot of people and I carried a caseload of the difficult to serve. Mentally ill, I don't have any discomfiture with any of that. I did hospice work, which I enjoyed very much.

Many jobs, Values:  
Taking a leadership  
role

So each of those things I have got my philosophy has always been whatever you do to advance yourself or your education in a pro forma way, make sure that it's rather like the branching of a tree rather than a single stick because you want to maintain the options.

Values: Education

My first wife didn't have to work at all 'til I divorced her	COA: Family could survive on one income--the man's
I got in touch with my junior high school sweetheart and came back here. We met when we were 11 and 12. So I remarried and now we've been married for 11 years this year.	Remarried to childhood sweetheart
She's a lot. She's like my friend, my teacher. We have a very healthy relationship in that yes, I'm her biological parent but she is my friend. She's my daughter. I'm her father. But simultaneously, she's my adult friend. In yoga, she teaches me a lot of stuff.	Friendship with adult child
She came to mindfulness and yoga a couple years ago and my psychiatrist-counselor guy who I work with has been pushing me in that direction so I've really come into it over the past year.	Sees a mental health professional, Practices mindfulness
multiple traumatic brain injuries and PTSD and chronic depression and anxiety that evolved after the service	History of Mental Health issues, History of MH issues related to military service
My last test I tested out with 136 so I'm a pretty smart guy which is not always a good thing.	Considers self very intelligent
I've probably spent maybe ten years doing clinical psych work in the state booby hatch	Has worked in MH
I've worked with gerries for a long time, geriatrics.	Has worked with older adults
My daughter and I are a lot alike	Identifies with adult daughter's intelligence Spirituality
So we believe in patterns and I'm not a Calvinistic, pre-ordinationist, God's a puppeteer but the universe offers opportunities and you need to be open and listen and see where you travel.	
I've lost good friends.	Death of friends
I really believe far more firmly in a transition state	Death as a transition state
I used to be very involved in the evangelical church	Formerly active in evangelical church
Fortunately, the GI Bill was good enough at that point in time that you could afford a decent four year school	COA: Financially better back then

So, for me I've watched bad aging. I've watched good aging, almost like Hans Selye's "Use stress distress", and I think aging is a lot like that. There's this spectrum and the path that you travel depends upon on so many variables, many beyond your control and some within your control. An example, Eli Wiesel was being force-marched in the snow at age 14 from one concentration camp to another with his father. Having survived all his family, there were the two of them left and he watched his father get killed or die or what have you in the snow. He survived and he's a Nobel Laureate. He's written some incredibly profound work and certainly his soul was seared. I've met people like that. I've worked with concentration camp survivors and the scenario is fascinating to me because I have ancient ancestry. I know that I lost relatives, distant but nonetheless in the show.

individual paths in aging, Managing suffering

But at the same time, I'm very conscious of the fact that it wasn't just six million Jews. It was 12 million human beings as was studying 35 million people. I mean I've seen a lot of pain and suffering but I say about hospice, I say, "Hospice is an incredibly honest time because most of your bullshit gets stripped away." The veneer that makes us nice people to spend time with and all of that gets fairly dissolved when you're sitting or lying there in your senior demise.

Conceptual: Facing death strips away socialization

It's a fascinating thing to be there, to accompany a person or be a person in their support system on that journey.

Supporting older generations

mindfulness is acceptance but not resignation

Great quotes

But acknowledging your experience. Now as I'm older, I'll say, "I'm 60. I hear what you're saying. I know what you mean that you can't lift this or move that. You need help."

Body weaker

If I see a pattern that's destructive and unhealthy, I try and call people on it, not in an unkind way, not in a confronting way but an acknowledging way of – I do not believe in allowing elephants to be in the room.

Believes in being direct

I think I was six or seven and I had a repeating nightmare and I was being pursued by something large. It was dark and amorphous. I had no idea and it was always behind me. Somehow my childish psyche came up with a solution and one night when I was having the dream, I stopped and turned around and I said, "I don't know who you are. I don't know what you are. I don't even remember the words. I don't know what you have against me. Why can't we be friends? Why can't we get along?" The dream stopped.

Psychological integration

The message to me from that little boy today is honesty in relationships about what's going on is a profound piece of cutting through to mishigas and the screens that we throw up to deny our state. It's not my job to rub this person's nose in the fact that they're falling apart and they belong to what I call the ancient time proper diabetic that is not taking care of themselves. They're cutting them away an inch at a time and that kind of thing. But it is to say, "I will be in this place with you. It is what it is. What can we do?" For the demented person and the spouse that cannot stop themselves from saying, "Joe, don't you remember me?" I'll say, "You know, Priscilla, you've got to focus on the emotional content. Joe, you seem upset today. Is something bothering you? Or Joe, you seem happy today." Be in the moment.

Supporting older generations, Importance of being in the moment with dementia patients

That's why as I've aged, I've found mindfulness and Buddhism and yoga practice speak more and more to – that aging is an imaginary concept. It's a label and we have such a penchant for labeling things in our culture. Almost as if we were descended directly from the Germans.

Discourse on aging: It's a label, Personal narrative: Mindfulness, Buddhism, Yoga Believes in being direct

We've got a place to compartmentalize it and put it away and that enables us and if I put it in the armorer, shut the door, lock it, then I don't need to face the reality. The fact is you will need to face that reality. So I just try and acknowledge the truth and see where it takes us.

I've always marked my decade birthdays as hallmarks like Lewis and Clark carved their name on a cliff someplace and go on to the next. I've seen each one as a symbolic new right. When I turned 50, I said, "I have the right to say to fuck you to anything I want to." When I turned 60, "I have the right to really mean it and do what I want." However, I have to accept the consequences of my choices.

Conceptual: Has earned certain rights--can say "fuck it"

But I see my path as an adventure.

Aging as an adventure Linguistic--excludes self from aging peers, Discourse on aging--People are hung up on aging Traditional culture being challenged, Social discourse being challenged

So that's not what I find to be a typical experience. I find that many people are very hung-up on their aging

I think it's difficult to say. I think that it is the more dominant culture view is we're at a transition and I think a lot of it is because of the movement around "Hey man, I'm queer. Hey man, I'm fat. Hey, I'm black. Fuck it, live with it." This confrontation of the general culture with "I am me" in this visage, in this behavior, in this gender or whatever or like the Indiana legislation by the people in Washington. People in Indiana went bug-fuck about it. So I think that it ain't the Aquarian age but I do believe that more and more people are coming to look at life as a far more important process than one to simply just get through and punch your card and get that retirement. Because the world

has changed. Stephen King would say, “The world had changed. The world had moved on.”

PI: How would you say your views on aging are either similar or different to other people?

Linguistic--avoids  
topic of aging

R: My profession is basically female. Women are horribly concerned about their aging. Some are very healthy about it and recognize it. If they're nurses especially, they've seen as much as I have. I'd say from the general populace, I've always marked my decade birthdays as hallmarks like Lewis and Clark carved their name on a cliff someplace and go on to the next. I've seen each one as a symbolic new right. When I turned 50, I said, “I have the right to say to fuck you to anything I want to.” When I turned 60, “I have the right to really mean it and do what I want.” However, I have to accept the consequences of my choices. So that's not what I find to be a typical experience. I find that many people are very hung-up on their aging. It's like George Carlin's bit that he does say I mean and seventy and a half, am seventy and three quarters. You don't find anybody that's 67 going on – I'm 60 and three quarter, I'm almost 70. No, there ain't no rush there, right? So that perspective changes over time. But I see my path as an adventure.

PI: Do you think most people don't?

R: I think it's difficult to say. I think that it is the more dominant culture view is we're at a transition and I think a lot of it is because of the movement around “Hey man, I'm queer. Hey man, I'm fat. Hey, I'm black. Fuck it, live with it.” This confrontation of the general culture with “I am me” in this visage, in this behavior, in this gender or whatever or like the Indiana legislation by the people in Washington. People in Indiana went bug-fuck about it. So I think that it ain't the Aquarian age but I do believe that more and more people are coming to look at life as a far more important process than one to simply just get through and punch your card and get that retirement. Because the world has changed. Stephen King would say, “The world had changed. The world had moved on.” I think it is not the dominant world view but I think it is becoming an increasingly greater world view. America is not as homophobic as rich, fat, white guys in Washington would like to think it is. Or the religious zealots do.

Now you've got to pay for your kids in college and you've got to help pay for Grandma or Mom to live in the nursing home unless they planned well

Sandwich  
generation

I'm hopeful for the future.

Hopeful about  
future generations



R: You have a bunch of crack heads and pranksters and no education people and you have a lot of economic losers and poorly raised people, people with incredible psychopathology and social pathology.

Linguistic--  
respondent  
contradicts  
her/himself

PI: Are you talking about your peers?

R: No. I'm talking about the grand-kids that are going to be taking care of us when we're old. The pool to draw from. But simultaneously and probably in a far greater amount, there are many incredibly amazing young people coming up. And I think this world is... I believe that there is an inherent, incredible capacity of human beings to rise to a level that is not dependent on how they're brought up

The Gestalt of the world is changing and I go to the college once a week in the fall semester with my therapy dog. My wife and I do therapy dog work.

Works with  
younger generation,  
Pets

That's the other piece of aging for me and I say this to people whenever I get the chance. I say, "You want to age healthy? You have friends that are kids. You listen to every kind of music that comes down the pipe

Connection to  
younger  
generation(s)

In that exposure to these young people, I learn amazing things and one of them is this hopefulness. I think healthy aging is you have to have a hook that gives you hopefulness. That's why as deeply involved as I was in Christianity and as expert as I am at the theology and the history of it that I don't disavow it but the Darby-esque heresies of the 1840s dispensationalism and then this eschatology of the Book of Revelations, there are millions of people in this country that really believe that's the way things are going. I'm going, "People, you're going to turn pink and blue with stripes before that stuff happens." I don't say that lightly. Because that would very much hurt and make some people angry. But there's this fallacious philosophy and people hang their aging philosophy on that, their life philosophy. They treat their children, their grandchildren. It's bogus. When you want to see a true philosophy, mindfulness, the Buddha tells us "I cannot love you unless I can love myself. I cannot care for you until I can care for myself." Then I am open to the world and I see young people like that and unless I continue to expose myself to them and have those relationships, that's the biggest thing I miss about teaching. My last class was LPN so 22 to 62, all women, 16 of them with an incredible range of experience and that enriches me.

Connection to  
younger  
generation(s),  
Connection with  
others

Robert: When they do well, I don't feel like I did a great job. I feel like I did what I was supposed to do but I take pleasure in that I am helping people to move up massive eras and to me, that's another piece of healthy aging. Erikson died halfway through the ninth stage of aging. His wife finished the book. So you've got to be involved in the culture. You cannot isolate yourself. I see these people do it and when I see

Connection to  
younger  
generation(s),  
Connection with  
others

them doing it, I say, "I see you've taken residence in God's waiting room."

One of the things retirement means for me is it's got to be funded.

Retirement--  
Financial focus

So it's a monetary issue.

Retirement--  
Financial focus

Social Security, I fully expect to be there in some form. It may or may not be robust. It will be what it is. I'll either condense or enjoy my life, whatever. So it's an open-ended thing. It's a crap shoot

Financial instability

So I see it as a monetary issue.

Retirement--  
Financial focus

You're going to get old and you're going to die. I'd rather do it with a lot of company. I'd rather do it knowing that I had one hell of interesting crowd coming to your very eclectic DVD or CD at my memorial service.

Connection with  
others, Discourse  
on aging--Removed  
from mainstream  
society

I am very uncomfortable with conceptualizing myself as retiring under the definition of removing myself from society

Discourse on aging--  
Removed from  
mainstream society

Whatever retirement is for me, it's got to be generativity and the other piece is got to be creativity

Connection to  
younger  
generation(s),  
Generativity,  
creativity

So, for me the closest thing that we can be to the omniversal creature whatever that is, whoever that is and I still see it in kind of a deistic way but not in this very misogynistic, what's the word, patriarchal. I disallow that concept but a universal spirit. The closest we can be to the creation of the universe is to create ourselves. Create knowledge; I like to write, I like to perfect those skills. I've got a couple submissions that have been published a few times.

Generativity,  
creativity

But sharing what I know, either inter-personally, skills or developing what I know and taking that opportunity of not having to work in an organized fashion, per se, but I see it as actualizing generativity and creativity and- You know, if I could go [popping sound] and fund something and pay my nut, I would find a full time geriatric nurse practitioner program. I would take a post grad certificate as geriatric nurse practitioner. I'd work anywhere fucking wherever I wanted, because as I said we're water buffalo going to the python.

Connection with  
others, Supporting  
older generations,  
Retirement--stay  
involved

It's interesting that a few of them respect me because I'm old. Fuck you, there's a lot of very unrespectable old people.

Older adults not  
homogeneous

The allopathic model says, cut and cure, pills and cure. I believe in accompaniment and supporting.

Human relationship

I heard this person describe it as the “Fuck It” list. That’s when you discover there’s something you’d really like to do, but you know you are never going to get there. You don’t have the time, the money, the opportunity, whatever, so you put it here. What I do now is I say, maybe in another life. Maybe in another life.

Acknowledges limitations, Spirituality, Manages dissapointment, INT1.Q4.a (Life better): Acceptance Helping others age

But accompanying people through their old age and aging at the same time myself

I have developed the capacity to recognize that I am not going to do certain things. I’ve developed the capacity to accept that and to substitute other things for it. And to say, I may not ever build that craftsman house that I like to on the cliff overlooking the Pacific ocean

Acknowledges limitations, acceptance

Physiologically, you change

INT1.Q4.b (Life worse): Body ages before mind  
INT1.Q4.a (Life better): Acceptance

But I don’t let that frighten me because I look at it and say, it is what it is. If I develop limitations, some of the most profound people I’ve met have had the most awful goddamn things happen to them. A young fellow that I know but only ten years younger than me. Keith he was a patient of mine when I was with ENA. I was dealing with the horrible stage four acute results, something like that because of a fall he had. I don’t work for them anymore and he’s my friend.

He’s been a paralyzed, he’s been paraplegic L3,4,5 S1 for twenty-six years. This guy works on cars, trucks, he stays active and I’ve talked to him through good times and bad. It’s wonderful I have a friend like that because he’s not my crippled friend, he’s a friend who has a profound challenge. I’m not one of these people who believes in this namby-pamby bullshit. It’s like, “Oh no, Johnny, he’s 62 and he’s dying of cardiac disease. He’s developmentally delayed.” My response for years has been, “Honey, he’s not delayed. His train is not going to ever arrive at the station. He’s developmentally disabled. That’s okay. Let’s just acknowledge reality.” I say, “What can I do to make life richer?” A couple of dads that I’ve seen. I see one at Gold’s gym, I see the one who brings their fifty-ish-year-old trisomy son to work out. Good on you. It is what it is. Let’s make the best of it.

Believes in being direct, Honest, Make the best of what life brings you

The acceptance of the aging process and selecting other things that you can do but I want to stay as active as I can in human relationships, in my community, in my world, my daughter’s world.

acceptance, INT1.Q4.a (Life better): Acceptance, Human relationship

I hope to God I get to see a grandchild someday.

Hopes to have grandchildren acceptance

I may never have my own blood grandchild. I have to look at that and say, I’m not hanging on my name. I don’t have a son. I don’t give a shit.

There's lots of people named Ball. Big deal. There's seven billion people to take my place. Not a problem.

But would I like to hold my own grandchild who is the daughter or son of my daughter.

But, you know, the physical limitations. I can't slap two sheets of three-inch quarters anymore. I can't carry a double pad of 4X8 sheets right that's 120 pounds. I got one hand that I can't carry wood in. I had to carry the strap here because I've got all kinds of orthopedic and neurological issues. It's humbling and I look at it as such

I think aging is a gaining of humility

When I hear her say, "Now quickly step forward between your hands with your left foot." I say, "Yeah right." I get about half way up there and I have to step up, whatever. That's what I can do. But am out there doing it.

Forty-ish people unless they're pretty sharp about things are kind of naive

They probably look at me and say I was in my 50s. And then say that I'm interesting, I'm smart and if I know them in a professional arena, I think if they knew me well enough, they probably would have some respect for me.

40's look at me with respect and as perhaps an exemplar of a healthy aging person.

Depends if they're aging well or not. I have peers in their 60's, not that many

I just began to realize maybe in the last couple weeks, as I walk into a room and more often than not, I'm one of the oldest people except for down at nursing home.

Brutal honesty. I don't hesitate to call bullshit bullshit as long as I feel safe from the person I'm saying it to.

My 62-year-old lady, I don't want to say old lady, 62 year old student, we had a lot of life experience and we would talk.

R: I have been insured, I was ensured through Dartmouth and then I was ensured to- I've always got health insurance.

PI: So, it's prior...

R: I never run naked

I'm well prepared for what I do and I try and learn as much as I can any opportunity I have. A challenge for me was to move out of the arrogance and the anger or feeling demeaned and not respected and get past the need to be respected. Instead be respectable because...

PI: It's in line with that whole acceptance thing.

R: Absolutely. Absolutely. It is like struggle, struggle, struggle, fight,

Hopes to have grandchildren  
INT1.Q4.b (Life worse): Physical limitations

Great quotes  
INT1.Q4.b (Life worse): Physical limitations

40's naive

Personal narrative:  
Aging well

Personal narrative:  
Aging well  
Linguistic--  
Distances self from aging peers  
Oldest in the room

Believes in being direct  
Discourse on aging--  
-Dislikes "old" language, Personal narrative: Shared experiences with peers  
Insurance is important

Personal narrative:  
With age comes greater internal locus of control,  
Discourse on aging--  
-Removed from

resist. All that through the 20s and 30s. I think a lot of that is based upon where is your locus of self-control. My first three decades of my 20s probably—that's not reasonable—20 to mid-40s or so, 50 was attempting to establish an internal locus of control that remained intact and respective of the external stimuli and to not allow myself to slip into feeling like it was an external control

I always swore I would never raise my child having to move and lose relationships. I left here at 14 and I lost whatever relationships I had. I gave up all of my relationships when I came back here and it's still a huge loss because I don't have very many men friends.

This time when I'm job searching, I've had to really look at, am I coming across that way.

Physiologically, you change. That's a challenge to accept, but you know, I know that. I've watched tens of thousands of people age badly or well. I have health issues and some are pretty distressing like I may have a piece of Gulf War syndrome that is tied to pesticides, petrol-chemical explosion and depleted uranium. It affects cervical spine innervation with first, second third dermatomes. My hands are weak. That means, if I have dreams of creativity, I build model ships. I do carpentry, I do metal work. I do anything trades wise.

mainstream society,  
Discourse on aging-  
-Demeaned

Human relationship

Ongoing personal  
development  
acceptance

Table E6.

*Excerpts and Initial Codes from Interview 6*

<u>Excerpt</u>	<u>Initial Codes</u>
But when I had my children I didn't work.	COA: Career not as important as marriage and family
R: Which was in psychology and basically Freudian and Jungian. Um, and I started to seriously work full time about age 37. And uh, I've been working ever since.	Has worked in MH
PI: And that was in what field?	
R: In mental health.	
I haven't thought about aging until a couple of years ago. Ok and um actually my very early years when I was having my children I looked forward to becoming old. I was looking forward to aging, to becoming a grandmother and, you know, the traditional type of fantasies, grandmother fantasies that I had when I was very young. And that's it. I don't communicate my aging, actually I try to hide so I don't know if that's positive or not. And people usually, only until a few years ago, people thought I was much younger but at the same time I didn't say I wasn't	Personal Narrative: Had always looked forward to being a grandparent
I do a lot of physical exercise. I go out and have lots of fun. And my intention is to have fun in life now.	Linguistic— Distances self from aging peers
R: You know, before was all work.	Stays physically active
PI: When did that start to change?	More time. Not rushed
R: What the fun part? The conscious fun part? Um, I would say about four years ago.	
PI: What was going on then?	
R: Um, I had a lot of, um, what is it, responsibilities. And, um, they seemed to slacken off a little bit. I think that had an influence.	
R: I've only noticed differences not too long ago. Um, I'm being treated differently now. I mean it feels that way. It feels like I'm being treated differently by populations, the general population.	Personal Narrative: Receiving greater respect, Personal Narrative: Being treated as if I'm fragile, Discourse on aging--Fragile
PI: Can you say a little bit more about that?	
R: Um, they're treating me more with respect. Um, they're more sensitive to my presence and they seem to take care more of my requests and, I don't know, body language maybe, I don't know. Wherever I go. Seems to be that way. And they seem to be treating me also with a bit more gentility, a bit more um, as if I was fragile. You know. But I'm not at all.	

R: The idea of actually getting into this right now is confrontational for me.

PI: Is it?

R: Yeah.

PI: Ok. I certainly don't want to be confrontational so, is it that particular question?

R: No it's the thought, thinking about it

PI: Oh Ok

R: Just thinking about aging.

PI: Ok.

R: Um it's an issue, it's a health issue as well.

PI: Yeah.

R: You know.

PI: Ok.

R: And also thinking about, you know, how many more years am I going to be able to be active.

PI: Hmm.

R: Which is a confrontation for me to think about.

PI: I see. Ok. Should we move on?

R: Yes.

Intellectually, retirement to me means you know, removing yourself from society. And I don't want to do that. I know they're saying that for retirement, you could be very young and be retired. You don't have to be old or aging to be retired.

Concern regarding health problems,  
Linguistic—  
Distances self from aging peers, Stays physically active,  
Stays mentally active

INT1.Q3.x  
(Retirement):  
Removed from mainstream society

PI: How does retirement affect your sense of identity? How you feel about yourself. Or if you were to retire how would it feel?

R: I don't know. I mean I wouldn't, I've tried to project my life in that way. How would it feel? How would I imagine it would feel if I were to retire, retire from what? Retire from work, retire from, or retire to something. That would be another way of looking at it.

PI: Yup.

R: Yeah.

PI: Any of those resonate with you?

R: Um, well a lot of people like travel, I've travelled.

PI: Mhmm.

R: Um, retire to... Retire to going back 30 years.

PI: What do you mean?

R: Return to a life that I can identify with from about 30 years ago.

PI: Ok.

R: Well, I would say I would have a functional relationship with people that I care about. And the ones that I do care about, they are all over the place and they are also deceased. They're not in this world any longer.

So um, would you repeat that question?

PI: Ah, how does or how would retirement affect your sense of identity?

About how you feel about yourself.

R: I can't even answer that.

PI: Ok. Want me to move on?

R: I mean logically speaking I can't answer that.

PI: Ok, alright. I think this next one you're going to have the same reaction because it's how has retirement changed your life.

R: Yeah.

PI: Or how you would imagine retirement might change your life. But, again, not logical to you?

R: Its not, I don't know if, might, maybe, there's nothing there that I can; I definitely do not want to retire.

I just retired, I mean I didn't retire, that's another issue. So I'm not retired but according to society's standards I probably am.

R: So retirement has different meanings for different people. For me personally, I guess I'd have to be dead. I don't know what else to say about it.

PI: So retirement sounds like a negative thing, for you. It's a removal from society; you don't plan on doing that.

R: Yeah it's a removal from society.

INT1.Q3.x

(Retirement):

Rejects retirement,  
Personal Narrative:  
Resisting aging.

INT1.Q3.x

(Retirement):

Rejects retirement,  
Personal Narrative:  
Rejects discourse  
on aging

INT1.Q3.x

(Retirement):

Removed from  
mainstream society,  
Discourse on  
aging--Removed  
from mainstream  
society



- PI: In what ways would you say life has changed for the better as you've gotten older?
- R: I can, um, ok, family responsibilities have reduced greatly. Um, so that alleviates, that allows me to place more emphasis on myself and me. And um, I have been doing that. That's what it mainly is.
- PI: In what ways would you say life has changed for the worse as you've gotten older?
- R: Health I think is the only one that I could say.
- PI: Ok. Physical health?
- R Yep.
- PI: How do you suppose someone in their 40s would describe you?
- R: (*unintelligible* (aggressive?)) Sort of. Fun. Pleasure to be with when there's time. That sort of thing.
- PI: Ok. And how might someone in their 60s describe you?
- R: Same thing.
- R: Well the older generation, um, there seems to be some sort of comradery going on. Which is something that I've never really paid attention to or felt I guess.
- PI: So that's something new, as you've gotten older.
- R: That's something new, yeah.
- PI: A sense of comradery with your peers?
- R: With my peers yes.
- PI: Ok. Alright.
- R: Which wasn't there before really.
- PI: Ok. Do you have any theories about that?
- R: Um, yeah. In a way you know. I think environment has a great deal to do with it. I think that the older people really do feel like they are separate from everything. Removed.
- PI: When you say –
- R: From the main stream of society.
- PI: Ok. So as you hit a certain age, the older people are sort of separated out from the rest of the generations.
- R: Yes. The younger generations.
- PI: I see.
- R: Definitely. Yep.
- PI: And that's where that comradery comes from.
- R: That's where the comradery comes from.
- PI: Ok.
- R: Yeah. Definitely there.
- PI: How do you think you'll be remembered?
- R: Um, I don't know. Um, I'm not normal. (*laughs*) I'm not the normal type. Um, I'm very political so, um, a thinker, I guess I would be remembered as a thinker.

INT1.Q4.a (Life better): Fewer responsibilities,  
INT1.Q4.a (Life better): More time  
INT1.Q4.b (Life worse): Health issues

INT1.Q5.a (40s) Fun,  
INT1.Q5.b (60s) Fun

Discourse on aging--Removed from mainstream society, Human relationship,  
INT1.Q4.a (Life better): There are more of us

INT1.Q5.c (Be remembered): As a thinker

PI: You had indicated that you take an active role in managing your own health. Can you say a little bit more about that?

R: I do what my doctor tells me. And there was a time when my doctor didn't know what was, anyways here we go again. Um, I just went through a bout with cancer, ok?

PI: Oh. I'm sorry to hear that.

R: Well. That's the way it is. And I had to deal with that. But the way I found out about the cancer is because of my own aggressive attention to my body. Um, and that's how, I played a survival role in that. I mean that was me helping myself actually live longer. And even though I have followed all the, everything that the doctors had recommended before, they still, they didn't find what I found, you know. Now I'm keeping up with all the literature and everything that pertains to that particular issue.

PI: How would you describe your relationship with health care providers in your life?

R: Very matter of fact.

PI: Very matter of fact?

R: Yeah.

PI: Can you say a little bit more about that? I mean are they positive?

R: Is my blood pressure high, is it low,

PI: Ok

R: You know, that kind of thing. I just want answers. I don't want -

PI: Mhmm

R: You know when I was younger it was a little different.

PI: How so?

R: Um, there was more like a personal interest.

PI: Oh really?

R: Yeah.

PI: And so that's changed for the

R: Yeah.

PI: That has decreased as you've gotten older?

R: Yeah.

PI: Because of you or because of them would you say? I mean are you less interested going in and chatting with them or are they less interested in spending time with you or -

R: Yeah, well um no, I am less interested.

Expects to be taken seriously by HC providers, Proactive in health care, Informed consumer of healthcare

HC relationship: Black and white--no chit chat

PI: You just wanna get in there and get the answers and get out.

Human relationship

R: Get it done. Yeah.

PI: Any idea why?

R: Um, well because they're on a timed schedule, you know. They can only take ten minutes or whatever it is. 15 minutes. So I mean whatever I'm gonna bring up is gonna take longer than that so I don't bother.

PI: I see. Ok. If that wasn't the case though?

R: Oh yeah, that would be different then. Definitely.

PI: So you'd feel more comfortable going in and

R: And discussing, yeah. Because I know, I want more than just yes or no answers. You know, I'm not a whiner either, ok.

---

Table E7.

*Excerpts and Initial Codes from Interview 7*

<u>Excerpt</u>	<u>Initial Codes</u>
<p>Ok, um, I did go to college and I went to a school in West Virginia called Davis and Elkins College. I graduated with a degree in elementary education and phys.-ed. And I taught in Vermont, that was my first job in second grade. And then I taught third grade, and then I married after of one year of teaching and then we had started our family so I stopped teaching.</p>	<p>COA: Career not as important as marriage and family</p>
<p>I try to be active and walk around the lake, since I live at the lake. I try to walk and I try to walk three miles three times a week but I probably only get two miles, two times in.</p>	<p>Stays physically active</p>
<p>And they're starting their families so we have two grandchildren, one year olds. And um, and then they're both expecting. So um, we're gonna have four close at hand. And they keep you young.</p>	<p>Values grandchildren, Grandchildren keep you young</p>
<p>You know, so that's a positive. And um, my husband is a very positive individual. Being in sales. He knows rejection but he knows how to be enthusiastic and positive at the same time. So he's a great aid to my well being that way.</p>	<p>Spouse is positive, Spends time with positive people</p>
<p>All my friends call me when they're down and out. Or something is happening to them in their lives, a crisis of one kind or another. And we talk and we visit and, um, it's like people confide in you I think when you have a positive attitude. They are more apt to talk to you about things that they might not be able to talk to other people about.</p>	<p>Positive attitude, Human relationship, Supports others</p>
<p>R: And so I think people do that and I do that with my friends and they do that with me. So I think it's a give and take.</p>	<p>Human relationship</p>
<p>PI: So you rely on others as well.</p>	
<p>R: Sure.</p>	
<p>I had a prayer group of girls and that gets me through a lot (laughs). When those times are very hard. So that is a very positive thing in my life.</p>	<p>Faith/Spirituality, Human relationship</p>
<p>So I kind of emulate how they went through the aging process. My dad died at 85 – I mean 88. He just died two years ago. And he was 88. My mom is 85.</p>	<p>Ongoing personal development</p>
<p>And, um, even as sad as she is, she shows me that life is still good and that she's stepping out by herself.</p>	
<p>So to me they were adventurous and I think an adventurous soul is a good soul to carry you through your old age too.</p>	<p>Adventurous spirit</p>
<p>And uh so they were a great inspiration to me.</p>	
<p>They gave me direction. You know, because when I moved from New Jersey, where I grew up, and I went to school in West Virginia and then I went up here to Vermont, my uh, and then I got married and my husband moved me, we moved into a log cabin. And my dad said, "She'll never make it." But he didn't know my adventurous soul, you know? I was in an adventure and I wanted to get the best out of it. You know, I made it fine! (laughs) So I think, you know, it goes back to my grandparents and how they were.</p>	<p>Receiving guidance from older people, Receiving inspiration from older generation, Receiving inspiration from older generation, Receiving guidance from older people, connection with older generation, Personal Narrative: I'm a survivor</p>
<p>PI: Yeah. Ok. Um, when you hear the term baby boomer what comes to your mind? Does it mean anything to you?</p>	<p>INT1.Q2.x (Baby boomer) Phrase is</p>

R: Not really. meaningful

PI: No?

R: No.

PI: You don't identify with the generation?

R: No, because I never understood the term per-say. You know.

PI: Ok

R: You know I don't know if my parents were the baby boomers or if I'm the baby boomer.

PI: No you're the baby boomer.

R: Yeah and so I did have four kids so I boomed with my family

PI: (laughs)

R: But um you know I didn't, I don't look at myself as in a generational.

PI: Yeah

R: You know like my son is in a mil-millennium?

PI: Millennials, yeah.

R: I don't know what that is, you know.

PI: Yeah

R: I don't look at it – you know he's my son and I love him just the way he is.

PI: Right. (laughs)

R: You know? (laughs)

PI: Ok. What does retirement mean to you?

R: Um, it means I don't have to get up early but I do.

(INT1.Q3.a) What does retirement mean: No schedule, Stays active--schedule, No schedule

We ski on days he's not working in the winter, we snow- you know downhill ski. Stays active--skiing

And uh so we're up early then anyway so retirement is just having more time to do the things I haven't been able to get to do. But when I try to do the things I want to do I'm not as rushed. Stays active--schedule, No schedule, (INT1.Q3.a) What does retirement mean: No schedule

Like if I want to knit I'm not rushed that I have to get something done or if I want to go for a walk I enjoy my walk. Or if I go for a bike ride, I have more time to smell the roses along the way. More time. Not rushed

PI: So how does retirement affect your sense of identity, how you feel about yourself? Still a teacher in life

R: That's a good question. Um, hmm. How I feel about... Do you mean I look back through the past and see how I've (unintelligible) myself or...

PI: Well I think, behind this question I was aware of how we can sometimes get wrapped up in our sense of ourselves in terms of our career for instance, right? When you were a teacher, part of your self identity might have been 'I'm an educator' Uh, or 'I'm in a helping profession' or you know, or 'I'm a mother, I'm a wife' or whatever. And retirement, does it bring with it any new sense of self?

R: Well I think as a teacher you're always looking to teach.

PI: Hmm

R: And encourage. And I do that as a grandmother, so now that I'm in retirement I'm still doing those kind of things you know, I'm still teaching my

– like last year I watched my, she was three months old when I got her from 7:30 in the morning until 5 so my daughter could work. You know Monday through Friday. So I was more her mom than her grandmother at that point. But then when she turned a year old her, my daughter decided to stay home with her. Which I was delighted. So, you know, and she does a great job of educating her and teaching her and stuff so even though I was retired. I was still doing a lot of the, you know, as a teacher.

For two days. I'd stay overnight in New Market and um, but it's a family business so even though I was helping my husband out with the family business, I was helping my daughter who works for us in the family business. So I always felt like I was needed. Which is a good feeling.

R: Yeah the business allowed me to be flexible.

PI: Yeah. And even as we're talking about your, like your personal identity seems pretty flexible.

R: Yeah

PI: It's a grandmother one minute, it's a mom, it's a wife, it's a teacher, a retired teacher.

R: Yeah. I think a lot of people wear a lot of hats. My hats don't seem to be that great a hat but it's in my opinion, I'm very happy in the hat I wear.

PI: Ok. So how has retirement changed your life? Maybe we've touched on this.

R: More time

PI: More time.

R: Yeah. Like I said, I don't feel rushed to do things or get things or have... Well I can look back and feel, you know since we had four children, I look back and I see that these four children are good citizens. You know they have good jobs, they all have, they married good people. And they work and they um, so that gives me a lot of satisfaction. And you know I don't have anybody who's on drugs or, you know, in jail or, you know, or still living at home (laughs)

Yeah, my grandparents had their kids and their kids did their job and so our kids do our job. And you know we kind of instilled that through those three generations anyway

R: And uh I think a lot of that has to do with the fact that parents today don't realize how important it is for moms to stay at home or the husband take a nurturing role. Because um, and I think that's one of the biggest things with families today. I think it's great that both people go out to work. Because I, for 16 years all I saw was Sesame Street (laughs). And my brain was mush, and, you know, but, you know, you sacrifice certain things and so, you know, that was what I needed to do at that particular time. But I think that women who work could get out of the house two days a week and I think they could be more fulfilled. If I could have done that I would have loved that. But um I couldn't and uh and or else – see my husband was in sales and he'd be gone Monday through Friday week after week after week. So I was the only stable, you know, my third child when she was three said, "Who's that man?"

PI: Oh no.

R: Because he was gone so much. And he was going to school at night he was finishing his four year degree. And he wasn't, he was never home. For those three years that he finished his degree. So and she was born then. So 'who's that man' was not part of her life until he finished that. So that to me was important for somebody to be there as a constant. And that happened to be me.

Intergenerational connections, Values grandchildren, Values: Family

More time. Not rushed, No schedule

INT1.Q4.a (Life better): Successful children

Intergenerational connections

COA: Career not as important as marriage and family, COA: Woman wants to work, but after family needs met, COA: Family could survive on one income--the man's

I don't have the stamina, the endurance since I was home, I worked out in the yard a lot and I could work all day. And now I can only work a half a day. And I'm kind of done in.

PI: Ok. How do you suppose someone in their forties would describe you?

R: Hmm. When I was forty?

PI: No, no

R: When I'm sixty and they're forty? I'm in my sixties?

PI: That's right, yup

R: Uh. I think they would describe me as a person who likes to get things done but doesn't always get there. (laughs)

PI: (laughs) Ok. Can you elaborate? Likes to get things done but doesn't always get there.

R: Yeah, um, like visiting friends that we've made along the way. Like we lived in Delaware and we have friends there and we have friends in northern New Hampshire and, um, we don't get to visit them. You know, as much as, I have good intentions to get there, like this year we were going to go down but I'm having, um a bunion operated on. So therefore we're not going down. And um so that's what I mean, I, things I want to do but I don't always get it done, you know.

PI: How do you suppose someone in their sixties would describe you?

R: Um, well thinking of two of my peers, my one peer says 'you and my daughter are the hardest working people I ever met' (laughs) And she's a very hard worker too. And the other peer would probably say 'we both get a lot done and we should feel good about it, but we both probably think we need to get more done'

PI: How do you think you'll be remembered?

R: Hmm. Or how do I want to be remembered? (laughs) I don't think I will be remembered by a lot of people, which is perfectly fine with me.

PI: Is that because of what you were saying earlier, that you feel you make a lot of small contributions?

R Most of my contributions are right around my family. So if my family gives me accolades, let's say. That would make me very, very happy. You know, that I – you know "Mom was there when I needed her," or, "Mom went over and beyond the time when I was down," or um, uh, those kind of things. We – our son didn't read until he was 13 years old. And he went to a special private school and as a young parent it was hard to have him struggle with that. And I – we were told he would probably never read. And uh but his perseverance and his um, uh little internal work ethic of his own. Uh with determination you know allowed him with the proper education, which, we didn't know what we were doing. We just spent a lot of money that we heard was great, you know. And uh we didn't have the money necessarily at the time. Because he's 35 and this is in his first elementary school years and um so um the decision-making I think, I hope my children look at and say, "That was extraordinary." You know. Particularly in my sons regard, and um and how I – my – I have a twin sister and she said to me once when my husband didn't see any improvement and after four years or five years and so and he wasn't reading yet and I – and I – we decided to look at other schools in which to send him and I told him and he was only like well he was now 11 I guess, "... [son] it's gonna be mom and dad's decision but I would like your input" and I didn't know what that was going to turn out to be, you know, we went to the three schools, we knew what we liked, we knew what he needed, he knew where he needed to be. Which

INT1.Q4.b (Life worse): Physical limitations

INT1.Q5.a (40s): Good intentions, Long-time friendships

INT1.Q5.b (60s): High energy, Strong work ethic

INT1.Q5.c (Be remembered): Not by many, INT1.Q5.c (Be remembered): I made small contributions, INT1.Q5.c (Be remembered): By family

was where he was. And I sat down with him and I said, "... [son], I want you to tell me what you think about each of those three schools." So we picked the name of the one and I go down and I said, "What did you like about it? The pros and the cons." And we went to the next one, pros and the cons. And we went to the next school. And it was like this exercise, you know? We went through this exercise. And uh I said – I said, "Oh that's interesting, let's look at the pros for each of the schools." He goes, "Mom, I need to stay where I am." I didn't think a child could make that decision. Because one of the schools was all the gym, you know he liked to play hockey, liked to play soccer, that was their gym class. I was sure he'd pick that school. But, and so we kept him there that next year and that's when he read.

PI: Wow

R: That's when he could read. So it was I mean, and my sister said to me, "how did you know to do that?"

I think there are some people my age who don't do what I do. You know, um who don't get out biking or hiking or and there are a lot of people who do much more than I do at my age. But um, it's hard for me to answer that because like I said I associate with people who do about the same thing I do Yeah. Yup. So. I'm just, I don't know if it's just because I didn't have a lot of money growing up but I look at where I live and I don't want to spend money on the Y. (laughs). I can go out in my own yard and go do it you know and I swim in the summer

Check other peoples lifestyles. There's a lot of people I see running up here but they're not so my age, they're more younger people.

Um, I think there are a lot of people my age that go to the doctors. I know my mother goes to the doctor every week, one doctor or another. Uh but she's 20 years older than I am.

R I don't go to the doctors much.

PI: Ok.

R Um, I think there are a lot of people my age that go to the doctors. I know my mother goes to the doctor every week, one doctor or another. Uh but she's 20 years older than I am.

PI: Yea

R And I look at that like I hope I'm not like that down when I'm 80 you know. She has cardio doc and a gastro doc and this doctor or that doctor

PI: Yeah

R She sees a doc – you know and my dad before he died he saw all these doctors, eye doctors and hearing doctors and all that and um I know that that might be down my road but I hope I don't rely on that so much

I want my Medicare to, you know, peoples hard earned money, to pay for my, you know I just wanna continue on without having a lot of health issues.

R And uh it's just it – it's just a very tranquil setting so it just gives you a nature outlet.

PI: Yeah.

R and uh you know so like my husband we have friends who travel, they go to Europe, they go here and there and um we've gone to Bermuda with them a few times and Bermuda is a beautiful, beautiful country and but I know there's a lot of beautiful countries but I don't need to see them, I'm happy right where

Associates with active people

Values: Outdoors

Personal narrative:  
Aging well,  
Linguistic—  
Distances self from aging peers  
Linguistic—  
Distances self from aging peers  
Values little contact with doctor

Concern regarding health problems  
Natural beauty of environment, Values: Outdoors



I am.

PI: Yeah

R And its gorgeous everywhere

PI: that's a good feeling

R Yeah. I don't need to uh, I'm very content.

PI: Hmm

R I guess is what I should say.

PI: Mhmm.

R Being content in where you are I think raises your health and how you manage it.

I like my doctor. I think he's a very good listener.

Appreciates HC professionals who listen

besides my family doctor I would definitely try and get a recommendation. Or two.

Informed consumer of healthcare

Um what would you say the qualities of the relationships are with these health care professionals that make them good relationships?

Appreciates HC professionals who listen

R Well I, one, they are good listeners.

PI: Um what would you say the qualities of the relationships are with these health care professionals that make them good relationships?

Appreciation for CMC

R Well I, one, they are good listeners.

PI: Mhmm.

R You know they know their stuff so to speak. Um they've given – they've made good decisions in your healthcare in the past. So you have confidence in them. Um they are likable people.

Table E8.

*Excerpts and Initial Codes from Interview 8*

<u>Excerpt</u>	<u>Initial Codes</u>
<p>I have a very supportive family I don't feel old</p>	<p>Values: Family Body ages faster than mind, Discourse on aging--"I don't feel old"</p>
<p>I don't feel my age.</p>	<p>Discourse on aging--"I don't feel old", Body ages faster than mind</p>
<p>I do a lot for the church, I'm the chair of the Democratic Party in [town name], um I'm a hospice volunteer. My position at church involves different ministries; I go to hospitals and nursing homes to give communion and say the rosary.</p>	<p>Volunteering, Human relationship, connection with older generation, Supporting older generations</p>
<p>As I've gotten older, what helps me go on is my faith. My faith is very important to me and a strong part of my life. Well I think, ah, I don't want to put myself up on a pedestal, but if you just talk to me for a little bit I'm very positive.</p>	<p>Faith/Spirituality Faith/Spirituality Positive attitude</p>
<p>I have a neighbor who is 85 years old and she's smart as a whip. She doesn't feel that she's old.</p>	<p>Discourse on aging--Cognitive decline</p>
<p>In July of '14 my health insurance was \$80 a month. Excellent coverage. Included prescriptions. When I turned 65, it went up to \$500. Now this to me is not in tune. I mean when you get older you should have certain discounts, certain, you know, maybe it should have been the reverse. Um, I need hearing aids, they're not covered by anything. Um, dental insurance, since AARP came out with this dental plan, well they only, you gotta pay as a single person \$850 a year.</p>	<p>Financial challenges</p>
<p>R: I've come to understand myself more, I used to have problems uh, "Gee your 65 and you're just learning? Why didn't you learn this when you were 24?"</p>	<p>Ongoing personal development, Acceptance</p>
<p>PI: Like what? Any examples come to mind?</p>	
<p>R: Parenting. Uh, personality. You know I – I always had to be right.</p>	
<p>PI: Yeah?</p>	
<p>R: Always had to, you know, be in charge. It's not important. I spend a lot more time with my grand children. And they have my unconditional love. And I am on a more special level with my children. I have two sons and a daughter.</p>	<p>Values: Family</p>

R And you have to have this problem a year. So the first year they're going to pay you nothing and you have \$850 invested in it. The second year you pay another \$850 out and now you can have your crown done, right. They're only going to give you \$1000 for the whole year.

Financial challenges

PI: Wow.

R So it really does not pay to have dental insurance.

PI: Yeah. Huh.

R So I would say that the insurance aspect for the elderly is not, just not there.

PI: Yeah. Yeah.

R You're dealing on a fixed income and everything goes up.

PI: Right.

R We get an increase with social security but at the most it's \$20 a year.

PI: That's crazy.

R Mhmm. And my rent went up \$20. So.

I think I'm healthier mentally, spiritually, I'm in charge of my own time.

INT1.Q4.a (Life better): More time,  
INT1.Q4.a (Life better): No schedule,  
INT1.Q4.a (Life better): Healthier spiritually,  
INT1.Q4.a (Life better): Healthier mentally

PI: Ok. In what ways would you say life has changed for the worse as you've gotten older?

R Oh, my body (laughs)

PI: Yeah?

R I have an artificial left knee and hip. I have vascular disease. And I do need a new right knee. But I'm postponing that, maybe until the fall.

INT1.Q4.b (Life worse): Physical limitations,  
INT1.Q4.b (Life worse): Health issues

I have a set income, my pension is never going to go up and social security goes up a minimum. And I make too much to qualify for any assistance, but not enough to say 'oh I'd like to eat out lunch today' you know.

INT1.Q4.b (Life worse): Financial situation

PI: Yeah. Yup. Ok. How do you suppose someone in their forties would describe you?

R Um, an active person. I don't judge. Non-judgmental. I'd say I was interesting.

INT1.Q5.a (40s) Active, INT1.Q5.a (40s) Non-judgmental,  
INT1.Q5.a (40s) Interesting

I'm very young for my age.

Discourse on aging--"Young for my age"

My experience with people who are younger, I am saying something but they are not listening.

Young people don't listen, lack of respect from younger generation

The only one I can depend on is me. Or you know the Lord God.

Faith/Spirituality

R Um And I don't have any expectations so I'm never disappointed.

Acceptance, Ongoing personal development

PI: Hmm.

R And I had to learn that.

PI: Yeah

R And that has taken a big monkey off my shoulder.

R: I used to expect a lot from my children. Well I gave birth to them, I gave them food and clothing, shelter, they went to art class, gymnastics, hockey, softball, soccer? You know they went to church. Um religious instructions, I took them wherever I went and they won't even call me on a weekly basis? I don't expect anything from them and I'm getting more.

Acceptance

PI: How do you think you'll be remembered?

INT1.Q5.c (Be remembered): Not by many

R: I was talking to my daughter last week or the week before about my future. Um, I want to be cremated and I want to rent a casket from the funeral hall, they put their own liner in. Because I want my body to be brought into the church so I will have to be cremated. Um, no, not cremated, what is it?

PI: Embalmed?

R: Embalmed. And then I don't want them to spend money on a headstone. I want them to go looking for a nice stone in the woods or you know how some people used to have these uh granite posts to tie their horses up on? One of those, and just put my name, date of birth and date of death. And to use the plot that we have. The family has a plot. But yes something very simple. I don't know if people are going to remember me.

R I think today they're all concerned, they're tunnel, their vision is very small, their tunnel is very small in diameter. And they're still concentrating on themselves.

Great quotes: As you get older your scope gets wider

PI: Hmm. You think – do you think that's something that has changed as you've gotten older also? I mean so I'm 50. And I'm the one who wrote the question. And suddenly I'm thinking 'maybe the fact that I wrote the question is a reflection' of my own, what you called, kind of still too narrow scope on myself perhaps.

R As you get older, your scope gets wider.

<p>R They could leave a message. Or they could try again. But I don't want other people interference of my time. Like there would be people who would be sitting with you who would not turn their cell phone off.</p>	<p>Respondent does not understand technology</p>
<p>PI: Right. R I don't know how to turn them off so</p>	
<p>So, getting back to the question of how you think you'll be remembered, you said you don't think a lot of people are going to remember you?</p>	<p>INT1.Q5.c (Be remembered): Not by many, Personal Narrative: Don't care what others think, Generativity</p>
<p>R No I don't. PI: And that surprises me a little bit only because of the number of lives you must touch in your work and your volunteer work.</p>	
<p>R Well maybe that a comment is tainted with the fact that I don't have to be remembered.</p>	
<p>PI: Ok. It's not important to you?</p>	
<p>R No, it's not.</p>	
<p>PI: Ok. Alright.</p>	
<p>R I left my mark. And the person wants to do with it is up to them.</p>	
<p>Well I go for all of my visits, I go to the doctor, my physical once a year, my pap and mammogram, the dentist every six months for cleaning, um the eye doctor once a year. I take all my medication faithfully, I'm compliant. Um, the other thing that I can improve is my exercise but with this knee and hip after the recovery it sort of threw me behind the eight ball</p>	<p>Proactive in health care</p>
<p>R Um I don't think that they follow their doctor routine. Now maybe because they weren't in an environment when they were growing up that it was important to them. But it was important to my parents so it's just something that I had you know throughout my life. Um, also exercise. I think that's why I needed an artificial hip and knee, because I used to run.</p>	<p>Receiving guidance from older people</p>
<p>Um, also exercise. I think that's why I needed an artificial hip and knee, because I used to run.</p>	<p>Stays physically active</p>
<p>PI: Oh. Ok</p>	
<p>R I do the Nordic track. There's not many people where exercise is an important part – if you notice we're getting fatter.</p>	
<p>my PCP, or primary care provider, retired.</p>	<p>Frustrated with high turn-over rate at CMC</p>
<p>PI: Mhmm</p>	
<p>R SO another PCP took her place, or assumed her patients. Took me awhile to adjust to her because everybody has a different manner of you know teaching and talking and doctoring.</p>	

R But when I got to know her I found her to be very thorough.

PI: Mhmm.

R And when I see another doctor for something I make sure she is in on the know so she knows how to treat or diagnose me. She is an OD, not a MD.

PI: Mhmm

R And an OD takes care of the whole body. You come in with the palpitations she's going to help examine your whole body to see why you have palpitations. She's not going to send you for an EKG, or maybe she would, just do heart exams, diagnostic testing.

R Um, I hear it a lot. Even as a nurse when I was younger, 'well you know Dr. so and so didn't tell Dr. Judy that I had this test and she wants to do it again and I told her I already had it and she doesn't have the results of it' You hear this all the time.

PI: Yeah

R And this just turned a lightbulb on in my head, say hey, if the system is not doing it, you gotta be proactive yourself.

R I have more time. More time, more interest, more concern. Because I am getting older. Skin is getting thinner, um, you need less calories, you've got to keep that blood working, got to watch your joints because the cartilage is starting to get hard. Your lens of your eyes starting to get hard. You know you just start to wear down.

PI: Has that changed as you've gotten older? The relationship you have with doctors, dentists, nurses?

R I don't think so. Becase of my background.

PI: Ok.

R I was always honest with them, um, if I had a question I didn't hold it back even if it was you know a dumb question, I don't think theres anything as a dumb question.

R I think every body, every physical body, gives off energy.

PI: Mhmm

R And I just have a good energy feel with all of my providers.

HC Professionals are clear, informative, thorough

Proactive in health care

Proactive in health care, Physical issues/limitations

Positive relationships with HC providers, Expects to be taken seriously by HC providers, Appreciates HC professionals who listen, Appreciates wholistic relationship with HC providers Human relationship, Positive relationships with HC providers

R But it's also the selection of doctors too, some people may pick someone who is just not a people person.

PI: Right. And I get the impression that if you chose somebody like that you would probably make a change.

R I did. I did with my eye doctor.

PI: Ok.

R So, uh, the new one that came in didn't examine me well, um, so I changed.

PI: Yeah

R And I've very happy with the one that I have.

---

Informed consumer of healthcare, HC Professionals are clear, informative, thorough

Table E9.

*Excerpts and Initial Codes from Interview 9*

<u>Excerpt</u>	<u>Initial Codes</u>
And so I quit my full time job to become a mom and then I followed my artistic interest	Pursued interests over job, Artistic, Quit job to become a mother
We moved here, not yet 2 years I guess we've been here mostly for 8 year old girls 'cause they love my dolls and my bags	New to NH Connection to younger generation(s)
So that's what keeps me busy, keeps me off the streets. I've always been involved in some type of retirement living setting.	Stays active--"art" Has worked with older adults
Yeah, they were always with my husband's job.	Benefits of husband's job
R: We just love the fact that he's kind of on and all and so is the staff and although we see the same high genus, this is a small office so you could hear what's going on. And everyone appears to be all very much all the same and so that's very comforting for us. For me, you know, I love that relationship. I love medical relationships. I just don't like it when a doctor is at the hospital and he just feel like you're just filing through a thing which I think is unpleasant.	Appreciates wholistic relationship with HC providers
he is understandable	Appreciates clarity from HC Prof
and you know what else he does? He really--you know we've had others do this in the past but he really takes an interest in us beyond, you know, what's the teeth in our mouth. He's got this ability to and he is not a young man maybe that's some part of it too but he's got this ability to take it all in, the whole person he knows about our kid back at state college he knows about our kid taking his gap year and, you know, that means a lot to us.	Appreciates wholistic relationship with HC providers
He's got this ability to and he is not a young man maybe that's some part of it too but he's got this ability to take it all in	
spent the majority of my working career in retirement living, working as a rec therapist in a health center of CCRC in South-eastern Pennsylvania.	Has worked with older adults
I'm self employed	
My extended family, we have a lot of older adults that mostly men. My family died young, but a lot of the women, a lot of the older women in my family were all very healthy and kept busy, kept active, if not physically with when you travel and taking classes, so that was always something that I could easily grasp onto.	Values: Family, Values: Older generations, Values: Staying active, Values: Travel, Values:



I was raised Jewish

We had 4 boys, my 2 step-sons and our 2 boys. So this is a terrible generalization, but our boys were always active and always on the go. And I was always interested in keeping up with them, you know, doing whatever they did, whatever they were interested in, and I always had to be there. So just kept our lifestyle very active and, I think, very healthy. So, you know, for what it's worth, I think that when I look at myself compared to some of my friends, not so many friends here, but friends that are away, we are much more active and I'm one of the oldest in a group of friends. I'm one of five girlfriends with whom I've been friends since I was in my early 20's. They were 3 to 5 years younger than me.

And we're all still friends which is a long, long time,--

I'm not the most active one, but I think I'm the most healthy of all of them. They all have many more issues than I do and I've just turn 60 in January.

And they have many more issues health wise than I do

Well, my mother was one of 5 children, and her sister, she had 2 brothers and she was one of 3 girls. And my aunts all lived to a very old age. My mother just died last summer at 87. And my grandmother with whom we're very close and she lived around the corner from us. We lived in the city and we were all very close. She lived through late eighties. I don't remember exactly what. So it was very natural for me to have, you know, for a lack of a better way of saying, old women around all the time.

How do people know? Well, when we moved to Keene we bought a house in town because we have never been able to walk downtown, to take advantage of that. You have to get in the car. And our next door neighbor is interesting because they always say in New York, "Are you off again?" And so they make that kind of comment. They're younger than we are, but when we were loading our skis in the car this winter or ... They said it more than a couple of times, "You know, you can get someone to plow your drive way. You don't have to shovel."

But some of these women who take these classes, and we've gotten into talking a little bit. Sorry. We've gotten to talking a little bit while we're, you know, at these classes and these women are amazing. We talked a lot about the classes that we're taking and how difficult some of these classes are, a lot of cardio, a lot of core strength training. And these women are in amazing shape and they're beautiful, their skin is so smooth. It's just amazing to me.

Education

Faith/Spirituality  
Stays physically active

Linguistic—  
Distances self from aging peers

Long-time friendships  
Linguistic—  
Distances self from aging peers  
Linguistic—  
Distances self from aging peers, Sees self as healthy  
Intergenerational connections

Stays physically active

Receiving guidance from older people

And when I said to them they'll say, "You know, you'll get there." Because they're near their 70's.

It's an interesting core of women. But I guess, I don't know many women. I don't have many friends in town so it's why I really love reaching out to the class of The Y.

Human relationship, Great quotes: "People dont stay inside here"

And the one friend that I have made in town, she's a year or two older than me, but is a competitive cyclist and canoer and she's insane. Her upper body strength is amazing, and so we talk a lot about staying active. And shortly after we moved here our connection is through our husbands, but shortly after we moved here she said, "People don't stay inside here just because it's raining or snowing, and you'll see that quickly." We had skis and those snow shoes, but we do all of that now. And it's true, people don't stay inside here.

Well, living here, I think, it became very obvious to me when I started going to The Y so much. Absent my going to The Y, you know, I walk downtown a lot and specifically I walk downtown cause I have my stuff at Hannah Grimes, so when I walk down to Hannah Grimes the women there always, you know, we always get into conversation, the fact that I walk down they'll say, "How far do you live?" I said, "I only live half mile from central square."

Linguistic— Distances self from aging peers

But it's always with this concern that, you know, "Are you okay walking home?" "Well, yeah, I'm really okay walking home." So that kind of exchange with those women that work there that are much younger than me.

PI: Would you call your positive view on aging is typical?

R: Well, again living here I think it's very typical.

Positive view on aging is typical for this area

PI: Most of your friends are younger?

R: Yeah. Except for this one friend here, but most of my friends from away are all younger.

Most friends are younger

PI: When you hear the term baby-boomer, what comes to mind?

R: Me, yeah, I mean, I'm around the crust I know. But a lot of my friends are all younger and they all think that me as the baby-boomer, my come back to them is, you know, guys I'm the youngest baby-boomer.

Personal Narrative: Resisting aging.

I'm certainly not the oldest ones. But yeah, I kind of like it. I love being 60. I love being a baby-boomer and being 60. I think it's great. I still feel like I'm in my 40's.

Personal narrative: Likes getting older Body ages faster than mind

PI: So what does it mean to you to be a member of this generation?

R: What does it mean to me? Well I rather like it. Not that I didn't like my 50's. But my 50's certainly weren't the happiest time of my life. I think at 60 I just feel this ... like release of, "Who cares? I don't care what you think of me." And I've become not shy about saying so.

So standing in line and in the store there are 3 registers and someone was having a problem with customer service, the first register, and I was in line like the 5th or 6th or 7th, the long line is painfully slow. And the 3rd register was not open. So there were people who were huffing and puffing and getting all upset. I thought, "You go then put yourself down and leave and come back and don't get yourself so upset."

I didn't say anything to them, but someone came to open the last register. And he didn't say anything like, "Can I help the next person in line," or anything to sort of qualify who should serve, so I thought, "Screw it off. No one else is moving. I'll walk up." And the woman who had been in front of me in that long line said, "We're all waiting here" to me, so I turn to her and I said, "We have been." And I looked to the woman in front of her, and I said, "Would you like to go?"

And I thought, "Did I say that out loud?" 'cause I was a little surprise that I did. And the woman said, the young woman said, "No, I'm fine. I'm fine." So I thought, "Screw it." So I win. And I would never have done that, but I thought, "You know what? If she's going to say that to me. I'll just lay it out there." And I did, and it embarrassed me a little bit, but, you know, okay. I don't think I would have done that before I was 60. But I'm doing it now.

See, that's interesting. I'm not sure that I would have said I like the fact that I'm getting older. But I don't mind that I'm older. And I guess when my friends, my younger friends who are in fact still in Pennsylvania, I don't think any of them are 60 yet. There are some that will be 60 at the end of the year and the rest are all in their 50 still. And they just, I think they had a harder time of, you know, the word 60 than I did. Certainly didn't bother me,--

I don't have to be some place in any given time and function accordingly to whatever it is that's around the realms of my job.

I take a great effort in keeping in touch with my friends because they don't.

So I take great pride to the fact that I still stay in touch, but I'm the one who just checks in and how are things, are you okay kind of stuff. And that's more time consuming, it takes me away from what would be preferred to be doing. But I take that as a big important part of my week, just because I would hate to lose them. I had a big core of friends that

Personal Narrative:  
Enjoys being 60,  
Personal Narrative:  
Don't care what  
others think

Personal Narrative:  
Don't care what  
others think

Personal Narrative:  
Doesn't mind being  
60

No schedule,  
(INT1.Q3.a) What  
does retirement  
mean: No schedule  
Human relationship

Human relationship

aren't nearby anymore.

R: My sense of identity, well, you know I haven't really reported to anybody for a long time. So I don't feel like I've got to check in or be checked up on kind of thing.

Independence

PI: Kind of empowering?

R: Well that individual piece, yeah, I really love, cause it's up to me, you know, if I don't get it done then it doesn't get done. If I feel like pushing and doing a lot more of my work at the end of the day, you know, I do feel better and I'm able to look at both those things and I love that.

Yeah, I hate to come back to The Y, but it is such a focus of mine --

Stays physically active  
connection with older generation,  
Linguistic—  
Distances self from aging peers,  
Receiving guidance from older people,  
Discourse on aging:  
Staugy

Well, the women who go to the knitting milk on Thursday mornings are all in their 70's and early 80's. So they look at me like, you know, some kid. And I don't deny that to them, I love it. It's kind of cute. But there are things that we do as we're knitting that they have said to me, you know, "Show me again how you cast it on that stitch cause I don't get it." And so that to me was amazing, cause I don't know nothing compared to what they know. They're just fountains of knowledge, wealth of knowledge. But I like them. They're funny, and they're stagy, bunch of stagy old women. And they were not very welcoming at all at the beginning. But I was having troubles with these patterns and so I initially went down to the woman who works there, who I think she's 10 years older than me, she's the next youngest person.

So I love the flexibility of being able to get up in the morning. I mean, I get up in the morning, go to the Y every morning, and I feel like that's my schedule. I just feel like I've got to get there before this 9:00 class and this 10:15 class, so I do have that.

Stays physically active, Personal narrative: With age comes greater internal locus of control, No schedule, Stays active--schedule  
Stays active--schedule

Well, there's a lot of mental illness around that type of thought because my boys don't take that at all. So I don't know... but I didn't pass that onto them. But I think there's a piece to not having that but yet still in my mind retaining the steps to get me through my day, and I don't mean that in a laborious type of way. I just say that for me it's easier when I have hour and schedule out my day. But I will allow myself, you know, 2 hours or so to finish this one piece of a project before I need to go and start dinner, for example, I'll come back and, you know, it's spraying and putting a garden and I'll have to sort of schedule that out too. And that's just easier for me to keep up with that, that kind of pace. But I don't think, give me a second. I was going to say I don't think that will change once my husband retires. But retirement won't come easy to him

although he says , you know, every week, “Gosh I wish I was retired and didn’t have to go into work today.”

He’ll probably spend the majority of his spring, summer, and fall at the golf course and that’s fine with me, cause you know, don’t bother me. I am busy, which happens a lot in the weekends, you know?

during the week. I mean, I’m there 4 days a week. I give myself Thursdays off because there’s a knitting group that I enjoy Those women are just amazing. But it’s at that little knitting store on the circle, at knitting milk.

And we go and we knit together for a couple of hours Thursday mornings. So that’s the only, but I guess it’s another core of women. So that’s really interesting, I haven’t really thought about that.

Sure! Where I worked was a Quaker based community. My husband did work once, I was still working -- no, I think I was home with kids then, he did take a job with the CCRC that was for profit and he was there for five years and he swore he would never do that again and I agree. I mean I really questioned why he was taking that job to begin with but it was a good job, it was a good leap for this next movement through but the for profit atmosphere, the whole arena of for profit mentality just isn’t what I’m comfortable with. I knew it wasn’t what he was comfortable with but again it was a good jump but from that job he went right back to not for profit, private not for profit.

All religious based, Rivermead does not have a religious base but Quaker religious based and Methodist? I don’t think it was Presbyterian, it was Methodist, religiously based, one of his communities but I was always involved in the Quaker not for profit communities and I just think it’s a -- might have changed but I think it’s just a more healthy, more looking at the whole picture and from a healthful standpoint instead of what I felt the for profit was looking at a not very healthy, always wondering where the money was going, because it certainly wasn’t going to patient care or facility care, I didn’t think. So that’s what I think. That’s what I suspect that we’ll do.

PI: In what ways would you say your life has changed for the better as you’ve gotten older?

R: Well, I guess my first thought would be that there are more of us --

PI: More of us?

R: More people 60 or more, you know, late middle age, early retirement age. It just seems like there are many more older adults these days to me than there do seem to be 20 something kids --

Stays physically active, Stays active--schedule

Human relationship, Stays active--schedule  
Prefers not-for-profit over for profit work

Prefers not-for-profit over for profit work

INT1.Q4.a (Life better): There are more of us

Well, you know, for lack of a better word, power in numbers, I guess. It just really... We went to a political event downtown last evening and of the 20 people sitting round the table I think one looked like he was in his late 20's or early 30's, the rest were all, you know, our age. It was really interesting... I mean, again, I don't feel 60, so I'm saying this while not feeling 60, but on the same side of the coin I feel like I've got a lot of company and I like it.

INT1.Q4.a (Life better): There are more of us

PI: Why do you think that is?

INT1.Q4.a (Life better): There are more of us,

R: Why do I like it? Validation maybe. Just knowing that I've got -- even though I'm saying this and really hearing it I don't feel people are terrifically warm here or accepting and welcoming at all but at the same time on the same hand, I do feel like there are so many of us here or I guess I felt the same way when we lived in Pennsylvania although we lived in a town in Pennsylvania, we lived where, we lived in the town where Penn State is and there were college kids everywhere.

INT1.Q4.a (Life better): Validation

But I still didn't feel like I was in a minority age wise. Everything we went to whether a football games, basketball games, whatever events we were going to in town or on campus there were a lot of grey hair in the audience and in the stands.

Personal Narrative:  
Don't care what others think,  
INT1.Q4.a (Life better): Validation

So there just seems to be so many people who don't -- I don't mean to say don't care but like that woman was like "I didn't care", what she said she wasn't my age and I wasn't going to let her say that to me without me coming back at her.

And so I think that, you know, I don't think I'm going off the deep end but I also don't think that people see me as -- I hope that people don't see me as a quiet older dodder, late middle aged adult who just sort of let things happen. I don't see people doing that.

Discourse on aging:  
Quiet, passive

In Pennsylvania, we were going through a big and actually we're still going through it, a big issue of a building plan for a high school and there were so many -- and they've got a big retirement community in the place where my husband worked back in State college and the people there just were not stepping up and say anything meanwhile it was their tax dollars that was going for this school. Come on people let's talk about this.

Older people still involved politically

And I didn't really see that that much there. The same thing happened here? I think the people would be, people in town here would be just all over that and maybe that's the New England thing as opposed to the Central Pennsylvania thing that -- I don't know why that was.

Yes, so it takes on a very different life when you've been part of that all of you life for the past 22 years anyway, I was 38 when our son was born and 40 when our youngest son was born and I guess it wasn't until -- so we moved our younger son to do his senior year in high school so he was 17 when we left state college which ... and he was four when we moved there, so he spent his entire young life there and I didn't feel old just because all of his friends and I was 40 when he was born and all of his friends' parents they were our friends and even though we were clearly 15 to 20 years older than all of them and we moved here and I felt, I did feel old here and I don't mean old in a bad way but when you move to a town that's about half the size of where we left and I don't mean that in a bad way, I mean it's okay, but when you don't have your kids' friends' parents to kind of seek out for questions or just stuff it quickly, quickly translates into, "oh my God I am old. I am older", let me say older, that was very, very obvious to me.

Yes, still and I wouldn't want to go back there. I wouldn't want to be 40 and I wouldn't want to go back to live there because this is where we are now and I feel much healthier here age wise.

New social  
environs highlight  
aging

Separation between  
generations,  
Wouldn't want to  
be 40 again, Great  
quotes

Yes, I mean you could stop at the word changed and not put the word worse in there because I don't really think it's worse. My knees hurt so I can't run anymore, that's pretty terrible obviously. I wish my knees didn't feel as badly as they do when I run but I've learned that I can't run anymore so that's not fun but I can still ski and I can still snow [inaudible 15:23] that's good.

Stays active--  
skiing, Concern  
regarding getting  
hurt

PI: I don't think skiing would be part of -- I wouldn't make that would

R: And not downhill, just cross country skiing, I don't do downhill skiing.

PI: Oh, I see.

R: I'm not that stupid.

PI: Because that's a lot of strain on the knees, right?

R: That is yes, my husband did go skiing, he went skiing with our younger son, he went skiing with him last winter to Okemo, which is not a sissy kind of hill. I think he hadn't been on skis in 30 years.

PI: How did he do?

R: Well, he didn't break anything so I consider that a win, but ... I made him promise me that he wouldn't do that because I wouldn't come see him in the hospital. I'm not going to do this. I'm not putting you back together but he did that whatever that is going back and forth but I thought he was crazy. But we do our fair amount of cross-country skiing and that's great fun. Anyway, to answer your question, I don't know if I feel worse I just, you know I miss my mum, it just brings back the people that have died and I won't ever talk to them again and in 30 years I'll probably be dead too so, yeah.



PI: How do you suppose someone in their 40's would describe you?

INT1.Q5.a (40s)  
Friendly

R: That I know or that just observes me or sees me?

PI: However you want to answer it. I guess when I put the question together I was thinking of someone just observing you, yeah, or someone knowing of you as opposed to a close friend.

R: I would hope that they would see me as approachable and nice because I try to smile a little more than I did when I moved here because I didn't smile much at first for six months to a year --

PI: Maybe it was you not smiling that made those old ladies not giving out that smile.

R: I didn't go there then, not now that might have been then. I definitely don't feel like I have become as much a New Englander as what I thought of New Englanders as we moved here. I saw people as being very harsh and unkind and short tempered and kind of dismissed and I don't feel like I'm that way, I feel like I was becoming that but I feel like I'm not that anymore.

Wow! Well, let's see. Creative and kind. I hope I'm kind. At least I try to be kind and worthwhile, did my worthwhile work, and had a worthwhile effort to ...in the way that I look or approach things. I'm looking at this not from being dead but looking at when we move away from here because I'm quite sure that we'll move from here once my husband retires. So I'm thinking in words like that. So, let's use those for that if I were to die tomorrow, well, caring because I do care a great deal for the friends that are in my life, and my family. I mean I'm not the glue that holds the family together certainly but I'm the one who reaches out the most. I'm the youngest of three and they're just tend to keep to themselves, my brother and sister. So I do kind of pull them further together. Fun, we do a lot of fun things. I have to say we do laugh a lot.

Human relationship

my birthday was in January and I can see that things, you know, that I am changing my outlook on things or so it seems and so I make it more of a point to talk with people

Ongoing personal development

And I guess the whole thing that comes to mind is that and I don't know how to put this into a concise word, a survivor, there has been a lot of shit in my life and, you know, I'm still here.

Personal Narrative:  
I'm a survivor

The physical peace of 60 and I think my husband and, you know, speaking for my husband too just knowing what we do to take care of our physical health, especially around the medical side of that. We are very much in touch with the workings and goings on physically and emotionally and if we need to reach out to a professional, it's not done with like a lazy fare kind of thing. I mean, we definitely do our home work and ask a lot of questions and look at medications, not as a ... not to be a pain in the ass of the doctor but neither my husband nor I take medicine very well or willingly and so we make a point of finding out what the deal is with a lot of stuff. So we definitely take an active role. A checkered health past for me just made it very--just a requirement for me to ask questions and find out more.

Positive relationships with HC providers, Informed consumer of healthcare

It's... well, the doctor that I have here or I think I'm on a fourth doctor now, the first doctors, all three of them left the practice which was kind of more troubling but okay so you get to know a lot of different styles and that's just really like just under two years, I'm in my fourth doctor. Very weird but maybe because of that she turned my last appointment, "I think we need to up your blood pressure medicine", I said "no, no we don't" and she is "well we have to because he doesn't know", and I'm "we don't, I'm not going to, I'll make other arrangements to sort of bring my blood pressure down. I'm not taking any more medicine."

Frustrated with high turn-over rate at CMC

And she said "well you can take the second one." "No, no, I'm not doing that either." So, you know, on one hand it could be a liability in terms of the doctor/ patient relationship but there are other ways of staying healthy in terms of doing that, I think, for me any way, it's right for me.

Pride in being on few meds

you know my younger friends back in Pennsylvania, they're way more into medicines than I am, it's amazing to me

Pride in being on few meds

you know my younger friends back in Pennsylvania, they're way more into medicines than I am, it's amazing to me and I don't question them, I just figure. My sister and I, I do ask my sister kind of ask because she's on way too many medicines too but that's what she does.

Younger generation more open to meds

Well, I don't suspect that we will be any less active once my husband retires and once we are new into that type of lifestyle. I don't see that our physical activities will cut down at all. It might even increase a little bit.

To each their own, Acceptance

Okay, but I don't know that retirement will... I mean we eat ridiculously healthy. It's a little obnoxious, I think. Well, you know, we don't go out for dinner a lot because neither of our – we just don't have that much interest. It's fun every now then but once your system starts to get used to like a very routine kind of healthy regimen, you go off the while a little bit and you pay for it like a day, it's my guts and nuts, so it is unpleasant.

Stays physically active

Yes, it is not and so I will do the high maintenance thing and it cracks my husband up and when we're with other people he'll have to say, just let her go, but I'll say please don't add any butter. Please saute it in olive

Diet

Diet

oil and I will be able to tell the difference so please don't add any salt and it's obnoxious but it's exactly... it's either I do that or I don't go out. And so there are some restaurants in town that do that so it's great. The Stage is one of our favorites because they will just do it down to the "t". Physically more often, yes I can definitely see us doing that. Yes, definitely. you know, hiking more and biking more and he'll be on the golf course more but I don't golf but I definitely see him doing that.

Stays physically active

Good, we are not there a lot. We see out dentist more often than we see our, you know, family -- do they even call them doctors anymore?

Regular dentist appointments

Yes, we see our dentist, we do the dentist thing every six months, religiously. I mean I like the doctors. I injured my shoulder. We were climbing [inaudible] and I tripped on the way down and did a face plat, down on one of those, gently sloping but flat so I didn't like go tumbling. But to keep my face from hitting, I hit on my hands and I bruised my palms and I tore my anterior labrum, which goes around the back of your rotator calf. Well, that was awful! I mean it was bad enough because the pain was horrendous but the number of doctors I had to see just to get it back to be able to a range of motion was insane. I mean I never want to do that again. I never want to injure something to have to go through that kind of nut case, rigmarole. It was crazy! I mean from one doctor to the next doctor and, you know, who has charge of my case here? I mean it wasn't even surgical, you know? It was just crazy.

Confusing HC service when injured, Concern regarding getting hurt

But the doctors, I mean, they were doing their jobs, health care these days is nuts.

Confusing HC service when injured

Well, I'm sure he is not average. I'm sure he is very, very smart and very, very talented in his practice but he lays things out. you know, this is what we could do. Here are few options kind of thing if we need that kind of stuff. Yes, the office atmosphere and we had the opportunity to... when we were in our formal health in Pennsylvania to go to a dentist that none of us really liked and, you know, just walking into the office was just unpleasant, weird. Here is the exact opposite. Everyone is, excuse me, happy and polite and pleasant and so is he.

HC Professionals are clear, informative, thorough, HC Professionals are down-to-earth

Table E10.

*Excerpts and Initial Codes from Interview 10*

<u>Excerpt</u>	<u>Initial Codes</u>
<p>My wife worked in a retirement community in southeastern Pennsylvania. I spent a lot of time in the community with her. She was Director of Therapeutic Recreation. So I would go with her to programs and spent time with her friends and just thought the combination of the interaction with the residents and also just the people that she was working with that I really enjoyed and there was a certain mindset with those folks, so I decided to change careers. So I started knocking on doors and it will be 25 years late this year that I was able to get my first job working with older adults in a retirement community in Wilmington, Delaware. I've been doing it ever since. So that was October of 1990.</p>	<p>Has worked with older adults, Supporting older generations</p>
<p>Personally and professionally I think it shows up. Professionally, it shows up in my belief and it's a pretty firm belief that there is an ability for us to contribute to someone's wellness no matter what level of care they may be residing in at any given point in time. So whether it's a very independent person, we try to do things that will contribute to someone's wellness whether it's a varied meal program that offers healthy choices or whether it's an environment that encourages people to get up and about and be on the move. We have an exercise and wellness specialist and we have all sorts of programs from weight training to balance to all sorts of things. We have programs that stimulate the mind for residents at all levels of care and we just try to do things that are going to contribute in some positive way to the quality of life for folks.</p>	<p>Values: Staying active, Values: Staying sharp (Mentally)</p>
<p>Even though you're not often sure what might be connecting with someone, you do it with the belief that there's quality in their life. I feel pretty strongly about that.</p>	<p>Human relationship</p>
<p>We're in the midst of doing some master planning. We're trying to figure out ways that we can do even more to provide an environment that's conducive to that whether it's an intentional or unintentional, depending on your perspective, intersection in the building where peoples' paths cross so that they have socialization and whether they're thinking that they're socializing or not, we look at things like that. How to connect to people. Because typically when people connect, there's something positive that comes out of that.</p>	<p>Human relationship</p>

The interaction in the relationship. So it contributes to wellness. I've felt that way all along, as long as I've been doing this and it worked and I've been involved in programming as well as being involved in the physical environment and making changes to the physical environment to make these kinds of things happen. So I think it's really important. For example, in the planning we're doing now, we're trying to reconfigure our dining rooms so that it creates more interaction with people. You can do that in a lot of different ways in a lot of different venues. Inside one community you can create situations where people are connecting. I feel pretty strongly about the importance of wellness. No matter how frail somebody is, I believe that there's a way that we can help to create a healthy environment for them.

Human relationship

Personally, we actively enjoy the outdoors, exercising a lot, going to the Y or making the winter time enough snowshoeing and cross-country skiing and hiking and doing all those kinds of things. We eat healthy. We talk about that every now and then. "This is a healthy meal." So we try to keep all those kinds of things in mind.

Stays physically active, Diet

just one small example is with eating lunch almost every day when there's time anyway at work, my lunch consists of salad, fruit, what I would consider to be healthy choices with occasionally maybe not as much, but it's a very noticeable thing to the group that I eat with of maybe six or eight people, if I'm not eating soup, salad and fruit. So I think they know that.

Diet

People there, it's where I spend most of my time when I'm not with Sally, people there in conversation they know we're exercising and we're outside. People share stories and discussions about what do you do on the weekends kind of discussion, what are you doing with your free time. Ours often revolves around some level of exercise.

Stays physically active

I'm a firm believer that age is just a number and I think I've always thought that way.

Personal Narrative:  
Rejects discourse on aging, Personal narrative: "Age is just a number"

So I look at it from that way also, that age is a number and the people that I worked with and work for every day are amazing with what they accomplish in their 80's and 90's and some who are over a hundred. That's my mindset.

Personal narrative: "Age is just a number",  
Receiving inspiration from older generation  
Positive attitude

You can age positively with wellness, gracefully, all those kinds of things I think are very, very possible.

I do believe that life time it's my given path, not always obviously

Faith/Spirituality

I'm surrounded by people who are fiercely determined to remain independent and who want to be healthy.

Associates with active people,  
Spends time with positive people  
Positive attitude

Yeah, I think we have a pretty good outlook that if you care for yourself, your mind, your body and everything else then you can have a...even if you die at a younger age, the aging process can be pretty positive I think.

I think it's great. There are so many opportunities and there's so much that's going on in the world around this whether it's the small world right here in this area or in a broader sense. There's just tons of opportunities. I think it's fantastic.

Personal narrative:  
More opportunities,  
Positive attitude

we can volunteer and give back to the community in many ways  
Whether it's from an exercise standpoint, like we talked about and being able to do what we're able to do or nutrition, advancements in health care, all these kinds of things are terrific in many, many ways. So it's great. It's really wonderful. What I think? We're pretty healthy, I'm pretty healthy and so is Sally, I think that it offers us more opportunities either to take advantage of and participate in the things that are going on around us or we can volunteer and give back to the community in many ways, things like that. I just think it's wonderful. We're right at the edge of being the empty nesters with our youngest son going off to college and there's certainly some emotion that wraps around all that, it's kind of nice to be at that point of where you can pack up and go and not really worry about it too much and know that the kids are launched. They're on their way.

Volunteering  
Positive attitude,  
Personal narrative:  
More opportunities,  
Aging as an adventure

They stay on their way and go on the right path.

INT1.Q4.a (Life better): Successful children

Wow. I think it just means going in a different direction. We actually have had some really interesting conversations at work of whether we should change the terminology.... Does retirement hold the same meaning today that it did 20 years ago, 25 or 30 years ago? To me, it just means that I wouldn't be working the same way that I'm working now. But it doesn't mean that I or we are going to just sit back in an easy chair and not do anything. To me it means new opportunities, different kind of energy, and different kind of experiences. It doesn't mean stopping and not continuing to live. It just means doing more actually. It's doing more and doing different.

INT1.Q3.x  
(Retirement): New opportunities,  
INT1.Q3.x  
(Retirement):  
Change, Personal narrative: More opportunities,  
Ongoing personal development,  
Discourse on aging--Removed from mainstream society, Discourse on aging: Quiet, passive

Wow, that's a great question. I haven't really thought about that. I think it certainly would affect it in my position. I'm blessed to be in the position I'm in and in the town of Peterborough, we're one of the larger employers. I happen to be the CEO of a well-regarded organization in a way that people hold our organization in very high regard. Being the person who is fortunate enough to be in the CEO position, I reap the benefits of some of that sometimes. So if I'm not in that position anymore as being the CEO or identified as the CEO, then yeah, in some ways I have to carve out another identity. Being in my position opens up doors for me to do a lot of different things. Invitations to be on the boards. I'm on the board of the Monadnock Community Hospital and I'm on the board of the Chamber of Commerce. I've been invited to participate in a number of different things that are a result of my position.

INT1.Q3.x  
(Retirement): Will need to carve out new id, INT1.Q3.x  
(Retirement): New opportunities,  
Personal narrative: More opportunities,  
INT1.Q3.x  
(Retirement):  
Change

So as I see it because we feel pretty strongly about volunteer work, I have to carve out a place that's based upon my continued interest to volunteer, but it would be more on a personal level. I say this very humbly, I think I have been invited to do the things that I've been invited to do in the community, that volunteer work at the hospital on the board or the Chamber or I've been on YMCA boards before in other places where we've been and a bunch of other boards, I'd like to think that because of my experience and my background professionally and personally, that I would continue to get those invitations. But the reality is that people look at different businesses and say who is inside of that business who might be a good person to have on the board.

INT1.Q3.x  
(Retirement): New opportunities,  
Personal narrative: More opportunities,  
Volunteering,  
Discourse on aging--Removed from mainstream society

<p>Well, certainly there's the financial piece of it and one thing, needing to be really mindful of income. That certainly is going to change. We try to do a good job of planning for all that but there's no question, once you retire, that cash flow is going to change.</p>	<p>Retirement-- Financial focus, Financial challenges</p>
<p>So I think overall we have a pretty good outlook on that too. Knowing it can change, but also there are ways that you can be doing an awful lot of things without spending a lot of money. So it's not always that money or lack thereof is going to interfere with your ability to have a healthy, enjoyable retirement.</p>	<p>Positive attitude, Acceptance</p>
<p>It doesn't cost me any money to go hike Monadnock. I could see us doing that as long as we can get up the mountain and back down again.</p>	<p>Values: Hiking, Stays active--hiking</p>
<p>It doesn't cost me any money to go hike Monadnock. I could see us doing that as long as we can get up the mountain and back down again. Without calling the ambulance.</p>	<p>Concern regarding getting hurt</p>
<p>I'm surrounded by people who for the most part those people are models for what you can do through aging. I see people almost every morning and I'll miss it today, but in this weather there's a person that I see almost every morning loading his golf clubs in his car and he would always ask and the timing is often when I'm coming in to work. His routine and my routine are almost matched to where he's headed out to play golf and I'm headed to work. He's always asking me if I want to go. So I think it's that kind of an environment that I've been in for so many years that helps me to put it into a different perspective that it doesn't need to be a big rush.</p>	<p>Receiving inspiration from older generation, Personal narrative: Aging is interesting, Ongoing personal development</p>
<p>I think I have been more appreciative and even though I'm in the position I'm in that has a lot of responsibility, a fair amount of stress, I think I still been able to figure out a way to dial it back or at least look at it from the standpoint that I'm more appreciative of where I am, not where I might be.</p>	<p>Ongoing personal development, More time. Not rushed</p>



I'm at an age now where I'm not climbing the corporate ladder so to speak. At younger age, there's more pressure to achieve and to be successful. I went through that phase. The importance of people seeing that you're on a career path and that you can accomplish different things. I admit I'm driven, but I've always figured out a way as I've gotten older how to put all that into perspective. It helps me in my interaction with different people whether it's residents or staff or board members or family members or whatever. I just think as I've gotten older, I've figured out I don't have to keep proving myself. I don't mean that to mean that I don't have to perform.

Ongoing personal development,  
Personal Narrative:  
Don't care what others think,  
Independence

But I think as I've gotten older, I have understood better that you just have to be comfortable with what you're doing and whatever happens, happens. You don't have to prove to this person or that person or another person that you got it figured out or you got it going on or whatever the case may be.

I'm really fortunate. I've achieved a level of accomplishment to where I'm more appreciative of what it is that comes from that for the people that I work with and work for rather than here's another step up the corporate ladder. I took a turn in there somewhere. I'm not even sure where it was...

Is a model for others

As I've gotten older, I've realized that it's not about progressing. Now I'm in the mentoring mode.

Generativity,  
INT1.Q4.a (Life better): Acceptance  
Generativity,  
Intergenerational connections,  
Connection to younger generation(s),  
Works with younger generation

Where I am fortunate to be surrounded with and working with people who have a great deal of interest and concern about what they're doing. They are looking to me for advice, experience, wisdom, I guess. So transitioned into this role in addition to being the responsible for the organization and the position I'm in, it's kind of nice that people who are.. that I'm on the other side of the fence that I'm viewed as I have something worthwhile to offer to the younger folks. It's great. It's really wonderful.

One of the most noticeable things is I just don't have the energy that I used to have.... I think I'm in pretty decent shape from a strength standpoint trying to maintain strength and conditioning and balance and all those kinds of things that we try to focus on. I think I'm in pretty good shape, but I don't have the energy that I used to have. It's a recognition that you just have to figure out how to work within whatever capabilities that you have.

INT1.Q4.b (Life worse): Less energy, INT1.Q4.b (Life worse):  
Physical limitations,  
Acknowledges limitations,  
Acceptance

I'll get up and do it again. But it's not necessarily negative, it's just the reality that I don't have the stamina that I used to have. Sally would say, why don't you go to bed? Well then, I can't watch Jimmy Falon.

Positive attitude,  
Acceptance

I think with the positive, I have a positive outlook. I try not to get down and you know, to be the funk and whatever the situation is. There's got to be a path out of this. Whatever that we're dealing with on a day to day basis personally or professional. There's a way to figure it out.

INT1.Q5.a (40s)  
Young, INT1.Q5.a  
(40s) Positive,  
Positive attitude

Interviewee: Maybe the same way. We have a lot of friends who are in their sixties who are not nearly as active. I think they would probably describe me as being energetic, again optimistic, enthusiastic.

INT1.Q5.b (60s):  
Don't act my age,  
INT1.Q5.b (60s):  
High energy,  
INT1.Q5.b (60s)  
Positive,  
Linguistic—  
Distances self from  
aging peers  
Great quotes

life should be fun, work should be fun. It doesn't mean it's all fun and games, but there should be enjoyment. Maybe enjoyment is a better word than fun.

No, I'm looking at it a couple other ways. I think I'll be remembered as a person who had vision, who had focus, who is a mentor, who is a good leader, who embrace the people that he worked with. I try to... that I would be a collaborator. It's important for me to work with, to be...one of my all time... there are tons and new tons of books that you can read about leadership and management. One of my favorite books is Servant Leadership is the name of the book.

INT1.Q5.c (Be  
remembered):  
Leadership

I think that I would be remembered as somebody who valued all the people who I work around, the residents and staff in this environment today. Somewhat personally and professionally, I think I would be remembered as somebody who gave back as much as he could to the community. I was raised in a family that did a lot of volunteer work in the church and in the community, in the small community where I grew up. That's part of what I think and believe that you need to do that. I've continued that. I do a ton of volunteer work. Even today, in the short-time we've been in New Hampshire, I'm still connected in ways to organizations and to do things to give back to the community whether it's an hour here and there or it's serving board or whatever the case may be. Certainly in the town that we lived in before we came here I was very active in doing volunteer work. I think I would be remembered that way; somebody who is very community minded and puts the well-being of others high and in the order of priorities.

INT1.Q5.c (Be remembered):  
Loving, caring, happy, INT1.Q5.c (Be remembered):  
Volunteer, giving

I think this is true personally and professionally also that I value the importance of the people that I'm with and it's not about me. That's another one of those transitions that you make as you age and become wiser. It's not all about us as individuals, it's about other people. I'd be viewed that way. Let's hope. We can only hope.

Human relationship

I see both sides of it. It's okay. I mean, it's their choice. I don't try to impart my beliefs on people that we socialize with whom I think are just headed down the wrong path as far as what I think that they're doing with their bodies. The reality is their cholesterol could be 12 and mine's 150 or whatever it is right now. I don't know, but yeah, I just try not to judge.

To each their own,  
Acceptance

I used this expression the other day when I was having some meetings at work. It was quite a contentious subject and difficult subject to be talking about. There were some people who were upset about it, some residents who were upset. In this meeting I didn't really think that I was being treated very well, yet I was trying not to react to that. What's more important for me, for the residents to see and also I'm surrounded by other members of the leadership team of the organization. So how I was going to handle this situation was really going to be pretty telling. While my mind is saying, well, you ought to just say this, I was trying not to. Part of my response or part of my reaction was based upon something that my mother used to say all the time that is, you can't control everybody else's behaviour but you can control your own. Some of that is true in response to your question because who am I to say, if somebody wants to have burger why not have a salad or whatever. People make their choices and it's okay. It's okay.

Acceptance

That's a challenge for me to figure out the downside of not being able to do what I used to do and keep it in and still keep it in a positive proper frame of reference. Acceptance

R: Although I have great concern about the cost of healthcare and I will face that every day at work. I happen to think that healthcare is pretty terrific. If you think about what is available to us and what research has done for us, it's pretty amazing to me what is possible. I think I probably have a more.. it's balanced I have to say. I think it's horribly expensive about this. Systems that we have in place is just mind boggling sometimes, but overall the care that's available, I think it's pretty amazing. I see it all the time. I see people, they go and have a hip replaced and they're walking down the hallway three days later. I know people who have gone in and had both knees replaced at one time and I see them walking the stairs in a week. It's incredible what is possible. Appreciate Health Science technology, Positive attitude

PI: How do you think this compares to others? I mean, do you think that others your age share this perspective?

R: I think they do. I don't really have...I can't say we have too much conversation about it, but yeah, I think they do. As far as the possibilities that exists. I think it cross and I do too, they cross into a different discussion when you get into healthcare plans and the cost of all these sort of things. That is like a train wreck. But what's available itself, I think it's pretty incredible. We see people with eye surgeries and everything else that goes on. It's just absolutely amazing. I've never gone the road of Laser surgery, but I know people who have and their vision is amazing compared to what it used to be. Really? That's incredible.

I think what we're doing today is preparing us to have healthy retirement years. I don't see our lifestyle changing once I stop working. I think we're going to be still active in some way, shape or form. We're going to adapt. I mean, we're adapting now. I can't run the way that I used to. I used to run all the time. Now, I have problem with my one foot, plantar fasciitis. I've had it for a year and a half, going on two years. It has not improved to the point where I can go out run five miles. Acknowledges limitations

Yeah, she did. She has issues with her knees. I have one surgery on my one knee. It's in pretty good shape, but my other foot is problematic. If I run too much, then I'm feeling it. There's no need to be in pain all the time. We got aches and pains all over, so we adapt. We go to the Y, even though it's a beautiful evening. Five years ago, we probably would have gone out for a run. We go to the Y and I use an elliptical machine or rolling machine in order to get my aerobic exercise or we might go biking in the evening when we have a little more time. We adapt to it. I think that in retirement, we just continue to adapt in order to stay healthy because our mind-set is being healthy and being able to enjoy things for as long as we can enjoy them. We make a connection between our physical and mental health and our ability to enjoy whatever it is we're going to face in years to come. I see those people who are in their 90's just having a blast and really enjoy themselves and I want to be there.

Acceptance,  
Receiving  
inspiration from  
older generation,  
Positive attitude

We could go on for hours. Get me started on this. Communities like Rivermeade, some people still look at that as nursing home. We fight this from a business standpoint, but you're constantly fighting to overcome the fact that people are still stuck on, even though continuing care community has been around for a few years now, it's still relatively new product if I can call that, but at the same time, people don't have any idea. People move to a Rivermeade and it's not just a nursing home where people are lined up and down on the hallways in wheel chairs. Not at all. Actually that's smaller, very small percentage of our residents are in that setting. And so from a healthy aging stand point, these people are models. That's just as far as I'm concerned. What they can do and what they can enjoy in later years. Socialization is key there.

Human relationship

there are people who look at aging in a negative way. "I'm getting older, I can't do what I did before" and they go into a downward spiral or slide rather than saying, "hey, embrace what you can embrace and run with it or walk with it. I can't run anymore."

Discourse on aging  
being challenged,  
Discourse on  
aging--"Give it up  
and be old"

Good. I think collaborative. I think of how I describe it. I mean, this in a positive way, but questioning. I don't go into...I only go to the doctor when I need really. If I have to go to the doctor, and then I'm not feeling very well because I admittedly, I'm in versed to going to the doctor. My relationship with doctors is all sort of doctors over the years has been I am and just buying anything you're telling me. I'm going to ask you a bunch of questions that's more collaborative where I want to really understand what it is that they're saying.

Informed consumer  
of healthcare

I take a cholesterol medication. That's it. And vitamins. I resisted taking that cholesterol med for years because I figured, I was determined that with lifestyle and eating habits, I can get my cholesterol where I need it to be. I wasn't quiet accepting to the fact that there's some genetics that comes into play. I have a good relationship with doctors. I don't know that well here yet. But it's collaborative.

---

Pride in being on few meds,  
Informed consumer of healthcare

**Appendix F***Social Discourse and Personal Narrative Codes Rated Positive or Negative*

<u>Social Discourse</u>	<u>+/-</u>	<u>Personal Narrative</u>	<u>+/-</u>
Acting one's age	-	"Age is just a number"	+
Give it up and be old	-	"I'm not the typical old person"	+
I don't feel old	-	Aging is interesting	+
Remarkable for their ages	-	Aging well	+
Young for my age	-	Being treated as if I'm fragile	-
Cognitive decline	-	Doesn't mind being 60	+
Demeaned	-	Doesn't think about age	+
Dementia	-	Don't care what others think	+
Denial	-	Enjoys being 60	+
Dislikes "old" language	-	Feels disrespected	-
Fragile	-	Gained Humility	+
Lose control of body functions	-	"Not so bad after all"	+
People are hung up on aging	-	Greater wisdom	+
Removed from mainstream society	-	Always looked forward to being a grandparent	+
Will be totally dependent on others	-	I'm a survivor	+
It's a label	-	Likes getting older	+
Quiet, passive	-	Mindfulness, Buddhism, Yoga	+
Stodgy	-	More extroverted than when younger	+
		More opportunities	+
		Receiving greater respect	+
		Rejects discourse on aging	+
		Resisting aging.	-
		Shared experiences with peers	+
		View on aging has changed	+
		Greater internal locus of control	+