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**AGEING IN PLACE IN AGEING COMMUNITIES:
ELDERLY WOMEN'S ACCOUNTS OF GROWING
OLDER IN RURAL SASKATCHEWAN**

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Ph.D.
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1999



DECLARATION OF ORIGINALITY

I declare that I conducted the research presented in this thesis and the report was composed entirely by my own hand.

Patricia Anne MacKenzie

DEDICATION

For Mary Christina MacDonald MacKenzie

of

Daliburgh, South Uist and Red Jacket, Saskatchewan

1909 - 1994

This thesis makes a family connection between Scotland and Saskatchewan. Thank you for giving me a passion for both places.

ABSTRACT

Only a handful of studies have examined the lives of older rural women (Cape, 1987; Shenk and McTavish, 1988; Shenk, 1991; Keating, 1997, McCullough and Kivett, 1998). No studies that focus on the experience of rural older women have been completed in Saskatchewan, a province in the central agricultural core of Canada and the consummate rural location.

The purpose of this study was to explore what it is like for older women to experience ageing in place in rural prairie communities. The study presents information from interviews conducted with 18 elderly women who were living alone in six non-urban proximate villages within the Central Plains Health District of Saskatchewan, Canada. A community resource inventory of three of these rural communities is also presented in the study. The analysis of the narrative text produced several categories that were used to describe and interpret the data. These categories include: **the relationship of health to living alone, attitudes, receiving help, kinship, peer networks, non-peer/family supports, the importance of spirituality, attachment to place, and worries over rural sustainability.** These principal categories were synthesized into the two core categories of **CONNECTEDNESS** and **RESILIENCE**. These themes are used in the report to describe both the resiliency noted to be present in individuals and communities and the sense of connectedness to both people and place that was found to exist in most cases. The themes of resilience and connectedness were used to describe the conditions that contributed to the ongoing well being of the older rural women in this study. The research report presents a conceptual framework that ties the findings together and describes how the women managed their lives and coped with ageing in place. The research report identifies the factors that were found to enhance the quality of life for these older women as well as describing the particular challenges they face as rural dwellers. A discussion of the personal and environmental conditions needed to support effective "ageing in place" and recommendations for programs and service delivery systems to benefit older rural residents are made in the final chapters of the report.

ACKNOWLEDGMENTS

This thesis bears my name yet there are so many others who made valuable contributions. It is difficult for me to curb my praise for the women who participated in this study. To the 18 women who opened their doors and shared with me a glimpse of their lives, I give my thanks. Your commitment to family, community, and to each other was a joy to behold and touched me deeply. I was privileged to spend time with you and my study is enriched by the experiences you so willingly shared.

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PREFACE

This thesis presents an account of a study about rural older women that was conducted in east-central Saskatchewan in 1995 and 1996. The thesis is organized into ten chapters. The beginning two chapters provide background information that is designed to provide a context for the study. Chapters Three and Four describe the operational aspects of the study including the procedures that were followed for the gathering and analysing of the data. Chapters Five through Seven present the findings from the study. These chapters include profiles of both the respondents and the communities that were visited during the course of the study and outlines the similarities and differences that were noted to exist between them. Chapter Seven also describes and discusses the themes that emerged from the analysis of the interview themes and the relationships that exist between the themes. The chapter ends with the presentation of a conceptual framework designed to summarize the experiences of the women who are "ageing in place". Chapter Eight connects the research findings to the existing literature and Chapter Nine identifies the implications for policy, program development and future research. Chapter Ten is a reflection on the methodological issues that were encountered in the course of doing the research. The limitations of the study are also reviewed in this final chapter

CHAPTER 1

INTRODUCTION

One goal of social science research is to explore changes in specific segments of society. The rapid increase in numbers and proportion of older people living to advanced age is one such change. The numbers and proportions of elderly persons throughout the world have been increasing since the turn of the century and all evidence suggests this trend will continue (Phillipson and Walker, 1986).

The magnitude of population ageing in Canada is now talked about as much in the newspapers as in academic journals. Canada's ageing population is a major social phenomenon that will continue well into the next century. Whether or not Canada is considered to be demographically old depends on the perspective used to interpret Canadian data and on the country or region of the world that is chosen as a point of comparison. Relative to the world's demographically oldest countries such as Sweden, West Germany, or the United Kingdom, Canada is quite youthful. However, in comparison to many countries in Africa or Latin America, Canada is old (McDaniel, 1986). In comparison to what Canada was like at the turn of the twentieth century, the nation has

become much older. At the turn of the century, fewer than 6 per cent of the total Canadian population were over 65 years of age. Between 1961 and 1991, the number of seniors increased by 127 per cent while the total population increased by only 48 per cent. By 1995, 12.1 per cent of the Canadian population were aged 65 and over. This proportion is expected to rise to almost 25 per cent by 2031 when there will be 6.9 million citizens over the age of 65 years (Marshall, 1994).

The age demographics of Canada closely parallel the experience reported by researchers in other countries, most notably the United States and Australia (McDaniel, 1986). The ageing of the population in both the United States and Australia is widely recognized as a significant demographic trend (Siegel, 1993; Williams, 1991). Both the United States and Australia share some common experiences and concerns related to the demographic shifts reported by Canadian census data.

Interestingly, both countries also contain geographic regions that share some of the same social history as Canada such as migration, settlement patterns and "homesteading". Like Canada, the prairie states of the U.S.A. and regions of western Australia have also historically relied on land-based economies such as farming and ranching in rural areas. As well, both the

United States and Australia have areas of the country that contain small rural communities that are separated from each other by many miles. Threats to the sustainability of their respective rural communities is becoming an increasing concern in many parts of the world but are particularly evident in Canada, the United States and Australia (Joseph and Martin Matthews, 1994; Coward and Krout, 1998; McCallum 1990).

Data from the United States, Australia, and Canada suggest that many rural elders live in communities that have suffered depopulation and job loss as their economies have struggled to survive in a changing global marketplace (Bull, 1993; Chers, 1990; Martin Matthews, 1988). There are shared concerns in rural regions of the United States, Australia and Canada that many rural communities in all three countries are no longer able to provide the services and resources that are needed by rural residents (Coward, Dwyer, and Seccombe, 1993; Humpheys and Rolley, 1991; Keating, 1986).

While stereotypes often portray "the elderly" as a single, static population group, older people are probably more diverse than any other "age" group. Not only do the terms "senior", "elderly", and "older" include persons whose ages span more than four decades, but older persons vary greatly in terms of income,

educational attainment, health, functional abilities, living arrangements, access to support services, and world views. It has been noted that research has often encouraged a narrow and limited focus on the pathologies of old age and the circumstances of very old people who live in special residential care homes or institutions (Peace, 1990). However, only 7 per cent of people aged 65 and over in Canada live in institutions (Chappell, Strain and Blandford, 1985). In 1991, men aged 65 and older could expect to have severe disabilities for just the last two years of their life and women for only their last four years (Health and Welfare Canada, 1998). For most of the older years, people are disability free. About three-quarters of seniors aged 65 to 74 and two thirds of those aged 75 and older rate their health as good, very good, or excellent (Cockerham, 1997).

Essentially, the vast majorities of seniors live independently and do not require help with daily tasks. Most seniors under the age of 75 live in their own homes with a spouse (Fischer, 1993). However, the picture changes for the over 80 age group. Population figures show that women predominate among the elderly and the numbers of women who live alone in late life are increasing (Kaden and McDaniel, 1990; Collins and Paul, 1994). In Canada, women constitute 65 per cent of the

population aged 80 and over and 69 per cent of the population aged 90 and over (Statistics Canada, 1996). Women's issues have been tied to both population ageing and individual ageing in both Canada and the United States (Chappell, Strain and Blandford, 1985, Shank and Lough, 1989; Krout, 1994). For example, more than one-half of women aged 65 and over had incomes below the poverty level established by Statistics Canada. On average, families headed by a senior receive about 60 per cent of their income from private pensions, investments and earnings, and 40 per cent from government pensions and benefits. However, closer examination of these data show that older men who live alone rely on government pensions and benefits for just 46 per cent of their income while older women who are living alone rely on government pensions and benefits for 62 per cent of their income (Statistics Canada, 1996).

In the United States, elders in rural areas have been described as disadvantaged, both in terms of community and individual resources, when compared with older residents of urban centers (Coward, 1987; McLaughlin and Jensen, 1993; Glasgow et al, 1993; Black et al 1994). While only limited research has examined the experiences of rural Canadian seniors, the work that

has been done highlights issues that are similar to those witnessed in the American studies (Joseph and Martin Mathhews, 1994). While many elderly Canadians live in an urban or suburban environment significant portions of the total population over 65 years of age live in rural communities (Stone and Fletcher, 1986). In particular, a number of small towns, villages, and outlying areas of Canada have high proportions of elderly residents in the general population (Joseph and Cloutier, 1991). For example, Canadian census data indicates that settlements of 1,000 to 4,999 residents had 12.9 per cent of their population aged 65 and over, compared to 9.7 per cent for the country as a whole. At the same time, these communities had a high proportion of persons aged 80 and over - 2.9 per cent compared to the national figure of 1.9 per cent (Statistics Canada, 1991).

Saskatchewan has a higher proportion of seniors than any other province (Saskatchewan Women's Secretariat, 1996). In 1995, 14.7 per cent of the provincial population was age 65 and older. Saskatchewan also has a large proportion of seniors over the age of 80. In 1995, 27 percent of the over 65 population were in this age category, compared to the Canadian average

of 22.7 per cent (Saskatchewan's Women's Secretariat, 1996).

In this province, 57 per cent of all seniors are women. Sixty three per cent of all persons over 80 are women. The trend that women will live longer and will wish to maintain their independence is expected to continue (Johnson, 1991). According to population projections, the average life expectancy of Saskatchewan women by the year 2002 will be 83.5 years, compared to the Canadian average of 82.9 years (Statistics Canada, 1991). By the year 2000, there will be more than twice as many women aged 80 and over than men (Health and Welfare Canada, 1998). This demographic shift has been described as the "feminization of later life" (Arber and Ginn, 1991) and indicates a need for a specific examination of what ageing means for women.

Communities that provide the social setting for individual ageing have been reported to have difficulty in developing or retaining adequate resources to meet the needs of older people (Cape, 1982; Joseph and Cloutier, 1991). In Saskatchewan, 33 per cent of senior women live in rural areas (Statistics Canada, 1996). These rural communities have both a high congregation as well as a high relative concentration of elderly citizens. Congregation considers numbers of elderly

people without reference to the remainder of the population. In contrast, relative concentration refers to the number of elderly people as a proportion of the total population in a community (Joseph and Martin Matthews, 1994). In rural Saskatchewan the economic viability of small towns and villages is becoming increasingly precarious. Many of these villages have become places that are ageing. For the most part, the older residents of small towns and villages in Saskatchewan have "aged in place". Unlike the ageing of communities which occurs in some parts of the country due to immigration of retired people, these communities have grown older due to the out migration of younger populations from rural communities to larger centres. It is in rural communities that the social and health implications of population ageing are keenly felt. While the phenomenon of rural ageing has been examined to some extent in the United States and Australia (Bull, 1993; Williams and McHugh, 1994) relatively little research has described the experiences of ageing in a Canadian rural community (Keating, 1991).

RESEARCH AIMS AND OBJECTIVES

The extent to which rural-urban differences are relevant to the care of elderly individuals has been

debated in the gerontological literature (Taietz, 1975; Goland, 1979; Joseph and Martin Matthews, 1986). Much of our current knowledge of elderly rural women has been generated from census data and quantitative studies. In particular, there has been relatively little attention paid to understanding how rural older women experience ageing in their home communities (Cape, 1987; Kasper, 1988; Coward, Lee, Dwyer and Seccombe, 1993; Magaziner and Carigan, 1988). Cohen (1984) suggests that rurality brings a third element of risk to the known hazards of being old and female. While the gendered nature of ageing is evident in urban areas as well, recent studies of rural ageing have reported a dramatic change in the gender ratio with commentators suggesting that small towns and villages may increasingly become centers of very elderly women (Hodge and Quadier, 1983).

While we know some demographic facts about women and ageing, much of the information that currently exists is rarely broken down on a gender basis (Finch, 1991; Gee and Kimball, 1987; Aaronson, 1991). Gee and Kimball (1987) suggest that significant theoretical improvement in the area of women and ageing can only be accomplished when variations among women are described and explained. If it is generally true that the elderly often lead "invisible lives" (Unruh, 1983), older rural

women may be considered one of the most hidden of all sub-groups of seniors. Given the fact that women form more than 60 per cent of the population over the age of 80 years, it is important to conduct research that provides a perspective on their experience.

This research project attempted to discover how elderly women who live alone experience the phenomenon of growing older in a rural community. The study utilized a qualitative research methodology designed to examine the phenomenon of "ageing in place in ageing communities". The data gathering strategy involved collecting information directly from older rural women. In the interviews, the women describe their involvement with social networks and explain the strategies they use to remain well and independent while growing older in a rural community. Efforts were made to discover how each woman was connected to and involved with social support systems. Data gathered from the study were sorted and collated using the **Q.S.R. NUD*IST** (1990) computer software package. Theme analysis, using coding techniques similar to the constant comparative method (Strauss and Corbin, 1990) of the interview text led to the discovery of core categories in the data. These core categories have been synthesized into a conceptual

framework that describes the significant findings of the research.

RESEARCH QUESTIONS

Little research has been done which asks older rural women who live on their own to define their social worlds, describe the nature of their involvement with their informal and formal social networks, and discuss their experiences of ageing. Saskatchewan is located in the central agricultural core of Canada and is the consummate rural location. Despite this, no other studies on rural older women have been carried out in the province.

The primary purpose of this research project was to obtain the feminine "native viewpoint" (van Maanen, 1988) on "ageing in place in an ageing community". Interviews with 18 women over the age of 80 were conducted. While the interview format was quite unstructured, attempts were made to seek replies to the following research questions:

- How do older women living alone in non-urban settings manage the activities of daily living and describe their experience of living in a small rural community?

- How do rural older women define and describe their indigenous social network? Who do they say is involved and in what way?
- What formal supports do older women in rural settings use and do they perceive them as adequate?
- Do these women experience particular challenges to growing older in an ageing community? For example, do factors such as access to local resources (eg. shops, transportation, or home maintenance) or changes to health services affect their daily lives?

In order to understand the environmental context of the experience of "ageing in place", the research design also involved gathering demographic data and preparing community profiles for the rural villages that I visited during the data collection process.

RESEARCH VENUE

There has been little research on ageing in non-urban communities in the agricultural core of Canada. The demographic profile of Saskatchewan suggests that both urban and rural communities are ageing rapidly (Saskatchewan Women's Secretariat, 1996). The population of Saskatchewan tends to become more elderly

as one travels from the southwestern range-lands to the northeastern grain belt. With few exceptions, the towns (between 1000 and 5000 residents), the villages (between 250 to 1000 residents) and the hamlets (under 249 residents) function as service centers for the agriculturally based economy of southern Saskatchewan. The older adult population in the smaller municipalities is significantly higher than the provincial average. For example, while only 12.8 per cent of the total provincial population are over 65 years of age, 21.3 per cent of towns and 18.3 per cent of villages or hamlets are seniors (Nilsson and Weaver, 1991).

Engaging in research to examine the social supports of older rural women residents of the province is very timely. There are concerns that the net effect of the ageing of rural communities results in older residents of the province having fewer available supports (Saskatchewan Women's Secretariat, 1996). Little information is available which describes how either individuals or communities are coping with these changes. Knowing who the older residents of these rural communities consider to be available, suitable and accessible in a social network provides important information. These data can be invaluable when planning

new or revised services as communities respond to the health and social service needs of an ageing population.

Saskatchewan is an ideal base for this research due to its definitive rural characteristics, demographic data, and the particular challenges faced by the elderly rural citizens of the province. These residents are faced with long harsh winters, inadequate public transportation, significant distance to larger urban service centers and fewer proximate community supports.

Saskatchewan is a large province of just over 651,000 square kilometres. It has a population of just over one million people. Having few people spread out over such a large area makes Saskatchewan truly rural, with a geographically dispersed population. The northern portion of the province contains Precambrian rock, innumerable lakes and rivers, large areas of muskeg (boggy areas) and approximately 80 million acres of forest. The southern two-thirds, which accounts for most of the settled territory, is a relatively level plain. Agriculture is the province's largest single source of income, with about 46 per cent of the total land area devoted to grain/oilseed production or the raising of livestock. The province is also one of the world's largest known suppliers of potash and uranium, contains vast amounts of fresh water, millions of acres

of timber, and has abundant coal, natural gas and crude oil deposits.

Despite this rich resource base, the province has had difficulty in combining this with the necessary human resources and capital to develop a more industrialized economy. In addition, Saskatchewan's dependence on export markets has resulted in extreme vulnerability to outside economic forces, as the recent economic crisis sparked by the downturn in agricultural markets has demonstrated.

Saskatchewan's community structure is characterized by a large number of very small settlements, spread over a large geographic region. The province has a relatively recent history of non-aboriginal settlement. It was just at the turn of this century that large numbers of immigrants arrived in the province from overseas to acquire homesteads. Towns and villages were established to provide the commercial and social infrastructure for farming families. The towns and villages were organized into rural municipalities when the province entered the Dominion of Canada in 1905. One interesting feature of the province is the continued presence of a large number of these original communities. Although many of these small hamlets and villages are now in a state of decline, the province

still contains just over 1200 separate communities. However, only thirty-one of Saskatchewan's urban centers have a population of over 2000 residents. There are two larger cities (with populations of 200,000 residents each), 8 smaller cities (with populations between 5000 and 25,000 each), and several towns (with populations ranging from 2500 to 5000 each). The remainder of the population is spread among the numerous villages and hamlets (with populations between 50 and 2500) which dot the prairie landscape. The average population of the communities with 2000 or less in population is 425 persons (Nilsson and Weaver, 1991).

Concerns about the survival of Saskatchewan's rural communities can be traced back to the 1930's and the devastating impact that the Great Depression had on all of Saskatchewan. During the depression, a rural exodus occurred, reversing the trend of in-migration that had begun in the late 1800's. Following the end of World War II, rural depopulation and the rural to urban population shift continued. From the late 1960's to the present, successive provincial governments have been concerned about the problems of rural depopulation and the lack of economic activity in rural Saskatchewan. Hence, the topic of rural community viability (usually described only in economic terms) is a familiar one in

this province. There have been numerous studies that have examined various aspects of rural community viability and various program initiatives dealing specifically with rural communities have been undertaken through the years (Diaz and Gingrich, 1992). There have been some attempts at rural industrialization through economic development programs, and virtually every new government and every new budget has discussed the concerns over rural sustainability. However, the concerns persist.

A study based on Canadian census figures indicates that, between 1976 and 1996, only Saskatchewan and Newfoundland saw a drop in their rural populations (Statistics Canada, 1996). This same study goes on to suggest that the decline in Saskatchewan may be due in part to technological advances in the agriculture industry. Producers have been using bigger equipment (and fewer people) to farm more land than their predecessors. The result of this trend is fewer farm families. Fewer farm families mean there are fewer people to support local businesses and services. This has caused people to leave rural communities in search of work and better business or educational opportunities. In particular, many young people have

been forced to leave the family farm and home community in search of work.

These economic pressures have become public issues. These public issues translate into private troubles for the many residents of the province who remain in rural settings. It is becoming increasingly difficult for rural people, both individually and collectively, to manage with diminishing resources. While there has been tremendous out-migration of the young, these rural communities are increasingly populated by older, life-long residents.

Over the past twenty years, many small Saskatchewan communities have lost health care resources, schools, post offices and many of the commercial outlets providing the basic amenities of life. These changes have occurred to some degree in many parts of the world but have had a particularly profound effect on the lives of the older residents of rural Saskatchewan. One initiative driving the changes to rural health care services is the Saskatchewan Health Renewal Plan.

SASKATCHEWAN HEALTH CARE RENEWAL

Saskatchewan's history of providing for the health of its residents is a legacy rich in cooperation and innovation. Medicare is a publicly funded, universal

system that removed the previous financial barriers to health care. Various forms of this government-sponsored plan were introduced as provincial programs from the 1930's through to the 1960's. The Saskatchewan model was eventually adopted across Canada, culminating in 1966 with the introduction of the federal Medicare Act, a nation-wide, tax supported health care insurance program.

Saskatchewan people are proud of the high quality health system they have built over the last sixty years. However, there is growing recognition of the limitations of the current approach to health care delivery in Canada. In many provinces and territories, health systems are being reviewed and reformed to ensure they can meet the changing needs of the population. In this province, the review led to the Saskatchewan Health Care Renewal Plan (1992). Reference to the plan is provided here to provide a backdrop for the study and to enable the reader to understand that recent changes to the delivery of health care services within rural communities have occurred.

Throughout the 1900's, values impacting the provision of health care services in Canada have undergone periodic and significant changes. At the start of the century, public responsibility for the

"poor and indigent" was very limited and echoed the prevailing sentiment that those in need should be cared for by their families. Needs and risks were considered private and individual, with welfare being the primary responsibility of the family, church and voluntary organizations. By mid-century, a more formal care system developed and "the professionalization of elder care occurred in the context of placing greater value on public responsibility for all citizens" (Keating and Fast, 1997 p. 23). Care programs for seniors developed around a medical model and residential services. These institutions were called "nursing homes" and health professionals or para-professionals provided most of the care. Although family was definitely considered to be the best source of support for seniors in the community, they had little input into the planning and provision of care to seniors who were in residential care. The residents were referred to as "patients" and basically expected to passively receive the services provided. The mid-century push into professional residential care resulted in "an undesirable combination of the medicalization of ageing and separation of frail seniors from their families and communities" (Keating and Fast, 1997). This also proved to be very expensive.

Prior to 1992, nearly 60 per cent of Saskatchewan's health care dollars were spent on hospitals and long-term care facilities. Another 15 per cent went toward physician services. Prior to 1992 the following trends were noted by Saskatchewan Health (1992):

- The province had the most hospital beds per person in the country and more hospitals than any other province in Canada except Ontario
- Areas outside of Regina and Saskatoon had 64% of the population but only 35% of the total number of physicians
- Canada had more special-care home beds than any other country, and Saskatchewan has the third highest number of such beds per person over age 75 in the country
- 67 hospitals had fewer than 10 funded acute-care beds with an average operating cost of \$750,000 per year
- There were over 400 district health boards in the province governing health facilities and programs (p.3)

Saskatchewan's Health Care Renewal Plan subscribes to the contemporary values of "care within community". Saskatchewan Health clarified that the supportive service framework seeks to put wellness principles and goals into action for the population's most vulnerable members. Within the context of supplementing and enhancing, rather than replacing support from families, friends and communities the model emphasizes a "close to home" approach. Concerning elder care, the following thoughts are expressed in the government documents (Saskatchewan Health, 1995):

People want to be healthy and independent as much as possible, for as long as possible.... Two out of three persons over 84 years of age - often thought of as the frail elderly- continue to live in the community. About one in four receive home care services. It is our challenge to provide the right support at the right time - letting people direct their own futures. Health renewal is a necessary response to changing...demographics and expectations. The province has an ageing population, in the future...more and more of us may require support to continue to live at home...or to return to home as soon as possible (p.4).

In particular, the Health Renewal Plan (Saskatchewan Health, 1992) promised to:

- create a health system that is responsive to community needs by placing control and management responsibilities at the local level
- Balance the health systems' current focus on treatment by emphasizing disease and accident prevention, consumer information, health education, health promotion and early intervention
- Eliminate inequities in the health system by responding to the needs of women, families, the elderly, persons with low incomes, and others with special health needs
- Make the health system more effective and efficient by integrating institutional, community based and preventive programs, and by reducing waste and unnecessary duplication at all levels.
(P.10)

Implementation of this new health care plan resulted in the creation of thirty Regional Health Districts within the province, with the regions based on geographic areas. The Regional Health Districts are given decision-making authority regarding the expenditure of each health care dollar and have the

responsibility for all health service delivery within their region. The Central Plains Health District (the venue chosen for this research project) is one of these regional districts.

At the time it was announced, the government claimed this new model would

"eliminate inequities in the health system by putting in place a community based, client centered system that was to be responsive to the needs of women, families, the elderly, persons with low incomes, and other special health needs" (Saskatchewan Health, 1992).

After a few years, Saskatchewan Health began to publish documents as evidence that some of the objectives of the Health Care Renewal Plan were being met. These documents indicate that:

- Home care services have increased 61% between 1992 and 1996
- Between 1992 and 1996 there was a reduction of 1628 hospital beds
- comparing 1992 to 1996, respite beds have increased 92% and respite days in nursing homes have increased 54%
- additional community options are providing alternatives to nursing home placement for the elderly; 4% fewer clients in special care homes between 1992 and 1996
- Saskatchewan's nursing home bed ration has dropped from 158 beds to 143 beds per thousand people over 75, getting closer to the national average of 129 beds per thousand over 75
- 82% of health district budgets in 1996 will go to institutional services (hospitals and nursing homes), compared to 89% in 1992; the difference has been directed to home and community services

- 51 health centers in rural Saskatchewan have been created which bring together a broader range of services, more responsive to the communities' needs than the former small hospitals (Saskatchewan Health, 1996 p.5).

The Health Care Renewal initiatives led to significant changes in the delivery and availability of health care resources by "rationalizing services". This has led to the closure of many small rural hospitals and the amalgamation of long-term care facilities. Increased funding for home nursing/homemaking programs in the rural regions of the province has also occurred. However, questions remain over the impact of the closure and/or amalgamation of rural long term and acute care facilities and whether enhanced community-based services will be sufficient to meet the needs of rural elders and their families. Assessing the merit and relative success of the Saskatchewan Health Care Renewal Plan in meeting the goals set forward in 1992 goes beyond the scope of this research report. However, these changes were noted to have an impact on the lives of the respondents of this study. The implications of these changes will be discussed in Chapter Nine.

CHAPTER TWO

LITERATURE REVIEW

This particular chapter of my thesis presents a review the literature that I examined during my first two forays into the library. Additional literature was examined at the third stage of the research process and is presented in later in the thesis.

Part One of this chapter discusses the literature I reviewed during the period of time that I was planning the thesis. I returned to the literature at two additional times during the course of conducting the study. The second examination of the literature occurred while I was in the early stages of analysing the data I had collected. This literature is reviewed in Part Two of this chapter. The final examination of the literature occurred when I was writing up the thesis and wanted to examine and discuss the relevance of the findings of my research project to the existing literature. At this point, I made the decision to search the literature once again after the data analysis had been completed. I wanted to compare and contrast the relevant literature with my findings and weave these comparisons into the conceptual framework I developed and present in Chapter Seven of this report. This latter review of the

literature is presented and discussed in Chapter Eight of this report.

PART ONE - PLANNING THE RESEARCH

Throughout the literature on qualitative research methodology, there is considerable debate about how thorough the review of relevant literature needs to be prior to entering the fieldwork phase (Chenitz and Swanson, 1986; Cresswell, 1994; Miles and Huberman, 1994; Patton, 1990; Rothe, 1994; Tutty, Rothery and Grinnell, 1996). A comprehensive literature review is not always recommended. Patton (1990) expresses concern that it "may bias the researcher's thinking and reduce openness to whatever emerges in the field". Strauss and Corbin (1990) make further reference to this by stating that:

You will come to the research situation with some background of the technical literature and it is important to acknowledge and use that. However, there is no need to review all the literature beforehand (as is frequently done by researchers trained in other approaches). Because if we are effective in our analysis, then new categories will emerge that neither we, nor anyone else (sic) had thought about previously. We do not want to be so steeped in the literature as to be constrained and even stifled in terms of creative effort by our knowledge of it! Since discovery is our purpose, we do not have beforehand knowledge of all of the categories relevant to our theory. It is only after a category has emerged as pertinent that we might want to go back to the literature to determine if this category is there, and if so, what other researchers have said about it. (P. 50)

According to Strauss and Corbin then, it is clear that in the beginning stages of research, the literature is to be used "to enhance theoretical sensitivity, to stimulate questions, and to provide an initial direction for the inquiry". This was my approach for reviewing the literature during the beginning stages of this study.

The initial review of the literature was completed during the thesis proposal and research design stage. Most of the information presented in the introduction to this report was obtained at that time. Therefore, part one of this chapter will identify themes and issues in existing literature that guided the construction of the research project.

This early literature review focused on three main areas. Central to the original objectives to the study were the concepts of the changing nature of rural communities on the Canadian prairie, the engendered nature of Canadian ageing and the role of social support in older people's lives.

In summary, the literature review done in the early stages of the research project was completed in an effort to examine what was already known about the phenomenon of ageing in place in ageing communities. My

objective was to build a rationale for the importance of doing this study in this particular place, with this particular population, and at this particular time.

RURAL AGEING AND AGEING IN PLACE

Ageing in place is now the dominant process at virtually every geographical scale in Canada, although it interacts with migration in different ways in various parts of the country (Keating, 1986). There are significant differences across Canada in both the distribution and rates of growth of the elderly population. The main causes of the differences in distribution and rates of growth are regional disparities in economic opportunity, which generate strongly age-selective migration flows (Statistics Canada, 1996). The greatest rates of ageing can be found in areas of the country where ageing in place has been augmented by in-migration. Migration effects include the out-migration of the young from some communities as well as the in-migration of the elderly to areas that are popular as retirement communities.

Migration from rural to urban areas has been a significant element of change in the distribution of population in Canada for the last 150 years (Marshall, 1987). This movement has been highly age-selective. The implication is that less mobile older people tend to

accumulate and increase the rate of population ageing in those areas where out-migration is strong, while those areas receiving significant in-migrant flows will tend to maintain younger populations.

Migration affects ageing differently in rural areas than in urban centers. Since the structure of migration effects is strongly associated with the economic performance of local communities, any significant shifts in the economic attractiveness of communities is likely to produce marked changes in the rate of local ageing. A Saskatchewan study completed several years ago suggests that a rural environment can be a difficult place for an older person to live alone (Nilsson and Weaver 1991). Many Saskatchewan communities are non-urban proximate, poor, contain large numbers of seniors and are experiencing population decline.

One factor that makes it difficult to evaluate the pluses and minuses of village life for older women is the lack of specificity in present definitions of rurality and debates over the nature of "community". Rural is often seen as a residual concept (whatever is small is non-urban). Such descriptions have been criticized as simplistic (Martin Matthews and Vanden Heuval, 1986; Krout, 1994; Beggs et al, 1996). Rural towns and villages can differ in ways that have little

to do with population size. In order to understand the complexity of ageing in a rural community it is important to acknowledge the heterogeneity of the environments in which rural Canadians find themselves growing old.

While some authors assert that it is impossible to identify the key factors that distinguish rural from urban, others have proposed models to follow. Joseph and Martin Matthews (1994) propose three discriminating factors to assist in the definition and study of rural communities. These three factors are population size, urban proximity and migration experience. Population size and urban proximity are easily understood ideas but the concept of migration experience requires further elaboration. Essentially, communities that have aged primarily through out migration of the young or "ageing in place" are believed to be substantively different from those that have become populated by an in-migration of seniors late in life. Most of the recent studies that examine ageing in rural areas tend to describe the concept of community in terms of urban proximity, migration experience, population size and other factors that may make each community "rural".

According to Bartlett (1990), the urban bias of research and the assumption of the presence of a rural

culture which exists in only one dimension have not allowed for differences to be explored between and within rural communities. Society tends to classify where people live as either urban or rural and significant portions of research on the rural elderly are conducted from this perspective. This simplistic dichotomy blurs the variations that may exist within either setting. Rowles (1984) theorized that the rural elderly might live in very diverse environmental contexts even within a very small geographical area. Significant differences in the experiences reported by the rural elderly have been found to exist. These differences appear most notably in the areas of access to various commercial or health resources and in the use of formal and informal support (Coward, 1987; Coward and Lee, 1985; Krout, 1988). There has also been some suggestion that the rural elderly as a group do not fare well economically. Those who are old and poor have been described as experiencing a double jeopardy (Krout 1986; Coward and Krout, 1998). Coward (1987) maintains that while rural communities are often thought to be homogenous places, socio-economic variations within the rural populations do exist. He suggests that, when it comes to financial indicators, far greater differences

might exist within rural areas than between rural and urban regions.

Cape (1987) suggests that "rurality, added to incapacity, may lead to premature institutionalization for older women" (p.51). Given the greater life expectancy of women, it is reasonable to expect that rural widowed, divorced or single women are particularly vulnerable since rural communities with diminishing populations may not be in a position to offer all needed supports and services.

AGEING - DEMOGRAPHICS AND GENDER

The changes faced in the latter years of life raise a broad array of concerns for men and women alike. It is not the intent of this thesis to ignore the realities of ageing for men. However, I did want to stress the fact that the challenges of ageing are often more pronounced among older women. Although men and women share a range of common experiences in later years, women are more likely to be affected by a variety of adverse repercussions, as they grow older. Older women are the fastest growing age group in Canada. Compared with men, elderly women are more likely to be widowed or living alone, and are more than twice as likely to live in poverty (Gee and Kimball, 1987; Keating, 1992).

Twenty-five per cent of the total Canadian population are projected to be 65 or over in 2031 (McDaniels, 1986). Demographically, there will be more elderly women than men, more of the elderly population will be 80 or over, and dependency ratios will be higher than they were in 1991 (McDaniel, 1987). Geographically, the patterns that existed in 1991 will likely become more defined (Gee and Kimball, 1987). The relative concentration of elderly in the high-amenity areas of southern British Columbia and Ontario are a result of in-migration of seniors to those regions. In Saskatchewan and Manitoba, the relative concentration is seen to be a result of both out-migration of the young and the ageing in place of older residents. The proportion of the population aged 65 and over varies substantially among the Canadian provinces and territories. Among the provinces, Saskatchewan leads the way with 12.6 per cent of the male population and 15.7 per cent of the women over the age of 65. At the provincial level, Quebec, Manitoba, Saskatchewan, and the Atlantic provinces are projected to see their elderly female populations grow to over 17 per cent of the total female population by 2011, compared to a national average of just 15.8 per cent (Saskatchewan Women's Secretariat, 1996).

Not only has the Canadian population been ageing steadily, the internal composition of the 65-plus group has itself changed. The growth in the elderly population has an engendered character. If we are to respond appropriately to the demographic changes ahead, we need to be aware of the gender differences in the ageing population. The female elderly population grew steadily and rapidly during the postwar period, while the male population, particularly that 80 and over, saw a marked decline in the rate of growth in the middle decades and has only recently met the female growth rates (Stone and Fletcher, 1986). As a result there are significantly more senior women, particularly among the very elderly. Among the female population aged 80 and over, Saskatchewan stands well above the national average in the proportion of female residents who are aged 80 or over (Saskatchewan Women's Secretariat, 1997).

As has been pointed out by Peace (1986), the impacts of the very different life course experiences of men and women do not magically disappear in later life and living longer doesn't necessarily mean living better. Men and women experience all stages of the life course in fundamentally different ways. Statistics on income, marital status, and living arrangements confirm

the different experiences and circumstances of older men and women (Phillipson, 1992; Chappell, Strain and Blandford, 1986,). Despite the predominance of older women in population statistics, the field of ageing has been criticized for failing to account for gender differences (Gee and Kimball, 1987; Arber and Ginn, 1995). Research is needed that provides various perspectives of what the experience of growing older means to women.

SOCIAL SUPPORT- THE RESPECTIVE ROLES OF THE INFORMAL AND FORMAL SYSTEM

In 1996, Statistics Canada reported that 60.4 per cent of women between the ages of 65 and 74 lived in family households whereas only 43.2 per cent of women aged 75 and beyond lived in such circumstances. The data show that 45.7 per cent of women aged 75 and over lived in non-family private households and 38.4 per cent lived alone. Women in this age group are also more likely to live in poverty and are twice as likely to have no living children (Fischer, 1993). The problems of ageing are further complicated for women by the fact that they often outlive their helping network of family, friends and neighbors. An older person's ability to

remain in the community is threatened when there is an absence or erosion of such social supports.

The body of literature on social support and social networks has grown in recent years. Social support has been found to be important in promoting health and well being and buffering stress (Gottlieb, 1981). Vaux (1988) suggests that an individual's social network may be best understood as "a set of personal contacts through which the individual can receive emotional support, maintain social identity, obtain material aid or services and access new social contacts" (p. 33).

Interaction with social support systems occurs at both the person-to-person and at the social level. The benefits of intact and consistent social supports for promoting physical, social, and emotional well being have been well documented (Brody, Hoffman, Keben, and Schoonver, 1989; Lee and Shehan, 1989; Wilson, Moore and Rubin, 1990). In fact, Gottlieb (1981) suggests "social systems of support, if defined broadly as structured human attachments among kin, neighbors, friends, and members of voluntary associations", may represent one of the largest form of health care. Supporting factors that make for an effective and healthy caregiver/care receiver relationship include feelings of closeness, mutual respect, security and comfort in the interaction.

Previous research has examined the relationships between available social support systems and a number of health factors. These studies have concluded that having readily available social support systems is essential to the well being of elderly people, particularly elderly women (Litwin, 1995; Chappell and Badger, 1989; Ezell and Gibson, 1989).

Social gerontology has begun to move from providing mere descriptions of the structures of the social support systems and be more concerned with understanding the relational aspects of how social support systems actually work. Various attempts have been made to measure levels and types of social support available to older people in an attempt to link the presence (or absence) of social supports to a variety of factors including life satisfaction, stress, mortality or health utilization patterns. Measures of social support have been developed to assess both the quality and the quantity of interpersonal relationships (Kahn and Antonucci, 1980; Vaux, Phillips, Holly, and Thompson, 1986). A number of studies used standardized interview schedules as well as self-completion questionnaires (Beckman and Syme, 1979, Blazer, 1982, Barrera, 1986; Vaux et al, 1986). Most approaches make attempts to describe the structural characteristics of social

support systems. O'Reilly (1988) provides a comprehensive review of the conceptual basis and reliability and validity of twenty-four measures of social support and nine measures of social network. Most have been criticized as neglecting to control for gender, ethnicity and tenure (the period of time an individual has lived in a given community). Qureshi (1990) suggests that most studies have offered little enlightenment on how social support actually operates and neglect to investigate the differential quality of informal and formal care.

Formal and informal care of elderly women raises other concerns since the availability of appropriate services is not only a concern for elderly women, but for women in general. The available literature of family networks and family supports of the rural elderly suggests most aid is provided in a family-based environment. As noted by Keating (1991), the provision of aid by family members, although appealing, involves cost to both caregivers and recipients. Typically, women are on both sides of the care-giving equation (Kivett, 1990). As older women age, responsibility for meeting their escalating need for assistance is likely to fall to another women - usually daughters who are ageing themselves.



Many authors have criticized as unrealistic and ungrounded the belief that informal social support systems contain untapped resources that individuals can activate at the drop of a hat (Finch 1990; Gee and Kimball, 1987; Aronson and Neysmith, 1997). Questions are beginning to emerge in the literature concerning the way interdependency, equity and obligation enter into the "give and take" of supportive networks (Black, 1985; Aronson et al 1988; Keating and Fast, 1997). The relationships among persons in any given social support system are dynamic and complex. The precise nature of the connections between supportive social networks and the well being of older individuals are not well understood.

Any shift from public to private or personal responsibility for health or social care and subsequent reductions in public supported programs have significant gender and age specific implications. Recent critiques of the underlying assumptions of community care policies (and politics) have called for an examination of the circumstances under which "caring" takes place (Braithwaite, 1990). An effort needs to be made to develop an understanding of the meaning of care giving and care receiving for women (Ungerson, 1990). Over the last ten years there has been growing interest in the

issues surrounding the division of responsibility for care giving between the "family" or private sector and the "state" or public sector. The increasing proportion of older adults in the population has spurred policy-makers to support the development of innovative programs of health maintenance and promotion. The concept of "care in the community" has been actively promoted in Canada by both federal and provincial governments primarily as a cost cutting measure, but also due to the acknowledgment of the benefits of healing within home and familial surroundings. As noted by Keating and Fast (1997), increasing emphasis began to be placed on keeping seniors in the community. The goal of government has become helping seniors to remain at home and involved with their informal networks. Aronson and Neysmith (1997) point out that:

Over the last twenty years...health and social services for elderly people have stressed the importance of moving from institutionally based provision to community based care. This shift (is) explained in both humanitarian and economic terms: elderly people are thought to prefer being cared for in their own homes and care in the community is...thought to be less expensive than in hospitals, nursing homes and chronic care facilities. As governments have been increasingly driven by deficit reduction and cost-cutting objectives, community care has been embraced with mounting urgency...it is presented as an uncontroversial, sensible way of responding to elderly people's needs while also averting demographic and fiscal crisis. (p. 37-38)

Van Wormer (1997) is concerned that decreased spending on social programs by governments creates situations that marginalize older persons. She is of the opinion that this age of economic restructuring and devolution of previously available safety net programs creates anxiety and suffering for those elderly who are without accumulated assets and non work related incomes. Van Wormer and others claim that governments are actually cutting down their financial obligation in this area by shifting responsibility back to the family and informal care-giving partners (Van Wormer, 1997; Keating and Fast, 1997; Aronson and Neysmith, 1997).

Professional care continues to be the exception rather than the rule when it comes to the provision of day to day support and basic care giving. The likelihood of an older person requesting access to formal care is mediated by many factors. These include "intrinsic" factors such as the views people hold on the acceptability of asking "whom" for "what kind" of assistance, delivered in "what way". Other factors are more "extrinsic" and include household structure, socio-economic circumstances and the nature and availability of a "user friendly" formal and informal social support system. While it is recognized that disease and frailty are not inevitable for the very old

and that substantial numbers of very elderly people are vital and active, it remains true that among the non-institutionalized elderly, there are reports of high levels of health and functional difficulties. Many studies have reported that older women rely on both public and private sector services for health care, practical support in the home, housing and opportunities for socialization. Women over the age of 75 are much more likely to be widowed, to live alone and to reach old age with chronic health conditions and limited financial resources (Arber and Ginn, 1995; Hooyman, 1997).

Approximately 80 per cent of elderly persons have at least one living sibling. However, the availability of a brother or sister for support does not necessarily translate into actual provision of aid (Cicirelli, 1985). In actuality, the role of siblings in the support network is to provide a sense of security rather than to provide concrete assistance (Coward, Horne, and Dwyer, 1992). Non familial informal support also exists for large numbers of elderly people. Such support can confer social, emotional, and functional benefits to elderly women. Non-familial informal supports are most commonly friends and neighbors, but also include clergy and social acquaintances. As well, formal service

providers such as home health aides, social workers, and local merchants may participate in the informal network of an elder by providing social support or concrete assistance that is not integral to their formal or customary roles (Bleizner, 1989).

Although families, friends, community groups and agencies provide an array of supports to the rural elderly, additional data on the composition and nature of such support systems is required (Krout, 1994). Stoneall (1983) found that little research has been conducted on differences in community size and informal support systems. In addition, the use of friends for assistance among the elderly has been studied very little (Cantor, 1979). Other studies have found that, while the rural elderly seem aware of formal services, their use of these services may be quite minimal (Ehrlich, 1985; Korte, 1990). Windley (1983) found that distance from formal services is a major concern for the rural elderly, particularly when coupled with terrain, weather, and the lack of public transportation systems. In another study, Krout (1988) discovered that the rural elderly was less knowledgeable about available social services.

In summary, current literature on social networks and social support tends to both encourage and question

the notion that the social environments of seniors contain untapped resources that can be harnessed to meet social needs and relieve social distress. Rural spouses and adult children are likely to have other kin members available to assist them with care giving duties (Keating, 1991). However, these primary caregivers have been found to face personal costs similar to those of urban caregivers such as high levels of stress, a decrease in social network size, lack of respite services, and feeling of guilt and loss (Martin Matthews, 1988; Johnson and Catalano, 1983; Corin, 1987). Gottlieb (1981) points out that "we know far too little about what factors influence who does, and who does not, ask for and receive help and that practitioners need a more sensitive and informed approach when intervening in the lives of older people" (p.64). As well, there is little data that reports exactly who the senior client would choose as the most suitable resource to meet any unmet need. Older women have rarely been consulted about what they think of existing resources, how to improve current programs or how to meet new needs.

From this review of the literature in the early stages of the research project, it became evident that

health and social needs of this rapidly growing sub-population require further exploration.

PART TWO - ANALYSING THE DATA

Part two of this chapter will discuss the literature that was reviewed after the data had been collected and was being analyzed. The interpretation of the data was aided by making specific reference to a number of concepts and theories found in the existing literature on this topic.

Once the data from my study had been collected and analyzed, I identified some early themes in the research data. Strauss and Corbin (1990) point out that at this stage it becomes important to compare emergent themes with existing literature in order to improve both internal validity (construct definitions) and external validity (by establishing the domain to which the study's findings may be relevant).

In order to make sense of the data and the study and to add to the interpretation I made of the data, the research results were reviewed in the reflective light of the following literature:

- social networks, particularly social network type (Wellman et al, 1981, 1988; Litwin, 1995; Wenger, 1989, 1991, 1994)

- convoys of social support (Kahn and Antonucci, 1980; Antonucci, 1985; Antonucci and Akiyama, 1987, Antonucci and Jackson, 1990)
- equity and resource exchange theory (Weiss and Lowenthal, 1975; Foa and Foa, 1974; Roberto and Scott, 1984), and
- theories from social psychology, most notably symbolic interactionism (Blumer, 1969)

SOCIAL NETWORKS

The findings from my study do support the general notion found in the literature that older people are involved in significant ways in a variety of socially and personally supportive relationships. Over the past few years, increasing numbers of researchers have sought to gain better understanding of those factors that contribute to successful ageing. The research has consistently documented the positive influence of the availability and use of social supports by older adults. The results of the study suggest that the older women interviewed in the study were involved in social networks of a particular type.

The classification of network types is a relatively new development in the study of support networks. Various studies have attempted to describe the characteristics of interpersonal ties and network structures in both rural and urban settings (Wellman et al, 1988; Walker et al, 1993; Smith-Lovin et al, 1993). For example, Wellman et al (1988) found that, compared to their urban counterparts,

1. Personal networks in rural settings contain intense ties, where intensity signals intimacy, frequent contact, and durability (long duration).
 2. Personal networks in rural settings contain ties that are multiplex or multi-stranded in one of two ways: They are conduits for exchanges of more than one social resource, or more than one role is present.
 3. Personal networks in rural settings are based on kinship and neighborhood solidarities rather than on friendship.
 4. Personal networks in rural settings are small.
 5. Personal networks in rural settings are dense.
- (p.23)

A growing body of literature suggests that examining network constellations may provide useful means for predicting patterns of service utilization and for tracing both the development of, and shifts within, social networks. Litwin's (1995) research on elderly people in Israel produced six different network types. Each type is distinguished from the other based on gender, age, education, years of residence in the

country, and the health status of the elderly person.

His six networks are:

- 1) diversified,
- 2) friend and family,
- 3) narrow family focused,
- 4) attenuated,
- 4) religious family focused, and
- 5) traditional extended family support networks
(p. 132).

Social networks for elderly people have generally been reported to involve family, friends, neighbors, community groups and, to a more limited extent, professional caregivers (Keating, 1994). Clare Wenger (1984; 1989; 1991; 1994; 1997) has conducted extensive research on social networks and the elderly. Her work indicates that the social network mediates the search for support or help. She found that the use of formal services and the articulation of formal and informal care of seniors might be related to the particular network type of each senior. Wenger argues that the particular distribution of support networks may be a better social or service need indicator than single demographic variables such as age or gender. Her research proposes that elderly people are involved in one of five distinct network types. These types are distinguished from each other based on the following factors:

1. the proximity of close kin

2.the proportions of family, friends and neighbours involved; and

3.the levels of interaction between the old person and their family, friends, neighbours and community groups (Wenger, 1989)

In her research, Wenger (1994) goes on to summarize the five network types as follows:

1) *The family dependent support network* - this form of network is relatively small (less than 4 members), is comprised of nearby kin and is characterized by close family relationships with only a few peripheral friends and neighbours. As Wenger suggests, older persons with this network type are statistically more likely to be female, over the age of 80, possibly sharing a household with adult children or to have moved short distances after retirement.

2) *The locally integrated support network* - this form of network is quite large (8 + members), is comprised of family, friends, neighbours and other community members and usually indicates that the elderly person has lived (and been significantly active) in the community for an extended period of time. Individuals with this type of network are typically under the age of 80, and have children and/or siblings within a 5-mile radius, with whom they have at least weekly contact.

3) *The local self-contained network* - Unlike the previous network types, this form is less focused on extended involvement with family but does require some reliance on neighbours. The proximate kin in this network type is more likely to be a sibling, niece or nephew with whom the elderly person has only infrequent contact "as needed". Individuals with this network type are often single, childless and living alone.

4) *The wider community focused support network* - Friends and neighbours make up the majority of the membership of this network type and absence of local kin is common. Older persons with this network type are more likely to be newly relocated to the community after retirement, living with a spouse, whose children who live over 50 miles away.

5) *The private restricted support network* - Recent migrants to rural communities or elderly people who have outlived their peer network were found to have social networks, which fit this type. Both kin and

long term friends are non-proximate and involvement with neighbours or other community contacts is minimal or of a superficial nature. (p. 4-6)

Wenger's propositions rest on the assertion that knowledge of the comprehensiveness and availability of particular social network structure in any given community can provide valuable information to those responsible for developing policy and providing service to elderly people. I found Wenger's network types to be extremely helpful for assessing the social support systems of the women in my study. Her network types were incorporated into the research report to describe the structure of social networks found to be present for the women in my study. This discussion is presented in Chapter Five.

THE CONVOY MODEL OF SOCIAL SUPPORT

Most of the women had life-long relationships with age peer friends. This long-term involvement in each other's lives seemed similar to the convoy model of social support originally described by Kahn and Antonucci (1980). The "currencies" used by older women to maintain their social exchanges in these non-kin social relationships were the provision of practical aid, companionship and a sense of shared history. The "currency" exchanges in kin relationships appeared to be

related to sharing of both tangible resources (money and other goods and services) and a sense of belonging or kinship.

Kahn and Antonucci (1980;), Antonucci (1985) and Antonucci and Akiyama (1987) argue that social relationships should be viewed from a life-span perspective. They propose that social relationships develop over time and that normally, there is both continuity and stability to many aspects of social relationships. As people move through their own personal development and their interpersonal interactions with others, they are connected to a convoy of social relationships.

The convoy model identifies the three types of support that are given as affect, aid, and affirmation. The original convoy model proposed a theoretical framework within which to view all social relations. Kahn and Antonucci make the effort to point out that relationships in social networks are not static and monolithic. Rather, social network interactions are dynamic and involve action and reaction on the part of individuals. The specific people who make up a social network may change over time. Forces such as changes to role responsibilities, finances, residential mobility and the personal properties of the members of the convoy

(age, gender, health status) all interact to shape a support convoy. All of these factors jointly determine both a person's requirements for social support at any given time and the adequacy of the convoy to respond to such demands.

Kahn and Antonucci believe that convoy memberships initially develop over the life span through the performance of roles such as spouse, parent, worker, friend and neighbor. A central proposition of the convoy model is that social support is an important determinant of well being, in terms of both the direct contribution and the ability to moderate the effects of stress.

RESOURCE EXCHANGE AND EQUITY THEORY

A major theme that emerged from the research relates to the older woman's experiences with age peer friends. Many expressed the view that these non-kin social networks worked well because they contain large elements of mutual "give and take". As a result, I tried to discover what various authors have said about older adult friendships and the concept of reciprocity in the social relationships of older people.

Research conducted by Adams (1986) concluded that many ageing women had particular needs for friendships with others among their peer group and that interactions

with friends improved the psychological well-being of the older women studied. The perceived appropriateness of resource exchange may differ according to the length of time an older person has been resident in a particular community. The equity of friendships, as well as the availability of such supports, plays an important role in the value of the relationship. Most definitions of friendships imply that without a mutual sense of give and take, friendships might not exist. Roberto (1994) suggests that the theoretical explanations of this assumption emerge from the work of Homans (1961), Blau (1964), and Adams (1965). Each of these early authors developed an exchange theory based on the premise that, in order for a relationship to be successfully maintained, what is given (the cost) cannot outweigh what is received (the reward).

Foa and Foa's (1980) theory of resource exchange further examines the concept of reciprocity. Foa and Foa conceptualized friendship as "a freely chosen bond based on mutually rewarding exchanges" (p.78). They suggest that all interpersonal encounters involve an exchange of six classes of resources: love, esteem, information, services, goods, and money. In order for exchanges to take place, an individual must perceive a need for one or more resources and must believe both

that the other person can provide needed resource(s) and that she also has resources to offer the other person in exchange. Women age 65 and older who benefit from a relationship as much as their friend and those who give more help than they receive in return were found to have a higher morale than women who are primarily recipients in a social dyad (Roberto and Scott, 1984, Roberto, 1994). Although those with close friendships report that these relationships become closer with age, the actual number of close relationships has been found to decrease (Bleizner, 1989). However, Adams (1986) reported that many older women compensate for this attrition in their friendship network by steadily making new friends garnered from among acquaintances in the neighborhood and from social and recreational activities.

SYMBOLIC INTERACTIONISM

In general, those theorists who discuss the concepts of symbolic interactionism have tended to ignore ageing. However, the principal constructs of this theory were helpful in understanding the relationship dynamics that were found to exist between rural older women and various members of their social networks. The nature of relational exchanges between these actors appeared to have elements of symbolism or

have "symbolic meaning". This was particularly true when the respondents explained what it was like for them to ask for or receive help.

The goal of symbolic interactionism is to study the meaning and influence of symbols in order to "shed light on what is most important to people, what will be most resistant to change, and what will be most necessary to change" (Patton, 1990 p.78). Patton (1990) goes on to suggest that symbolic interactionism asks, "what common set of symbols and understandings have emerged to give meaning to people's actions"? The anticipated outcome for studies that adopt this perspective is on *Verstehen* or understanding.

The theory of symbolic interactionism can be traced to the ideas of James, Dewey, Thomas, and Cooley. However, George Herbert Mead (1886-1931) is generally regarded as the individual most responsible for the development of the theory. A major interpretation of Mead's work is found in the writings of Herbert Blumer (1969). Blumer coined the phrase "symbolic interaction" by which he meant "the peculiar and distinctive character of interaction as it takes place between human beings" (p.78-79). Blumer's writing highlights Mead's analysis of how social action works by identifying the five features of interactions between people and their

social networks. These five features include; 1) the self, 2) the act, 3) social interaction, 4) the object, and 5) the joint act. According to Blumer, Mead believed that the self of a person is formed and continually developed as a result of social interaction and experience with other people; thus the self is a social product derived from a person's relationship with others in society. The second concept in Mead's analytical model is the concept of the act. Mead believed that people do not just respond more or less automatically to a given social influence but are able to interpret and define their own particular situation and organize their behavior to meet their circumstances. Blumer (1969) explains that:

"in order to act, the individual has to identify what he wants, establish an objective or goal, map out a prospective line of behavior, note and interpret the actions of others, figure out what to do at other points, and frequently spur himself on in the face of dragging dispositions or discouraging settings" (p.89).

The next concept in Mead's analysis is social interaction, whereby people interpret and define both actions and objects based on the symbolic meanings of that action or object. According to Mead, objects do not possess inherent meaning but become what they are defined by people who are interacting with each other. Thus, people act toward an object based on the meanings

that object has for them. Mead's final concept of joint acts suggests that people need to feel they are joint participants in any social interactions that occur. As such, each member of this interaction brings his or her individual social act or line of behavior to a situation.

The strength of symbolic interactionism to my particular study of older women is the capacity of this perspective to explain how people perceive social situations, events, or other people and then define a particular course of action. In my study, I made particular use of the concepts of symbolic interactionism to understand information given by the women on how they negotiate asking for and receiving help.

In summary, the literature review on social relationships in late life has been used in the study in the following way. The **structures** of the social networks that were found to exist for the respondents of this study have been described using adaptations of Wenger's (1994) social network type. The concept of social support convoys helped me to understand the **characteristics** (such as durability and multiplexity) of the social support systems of this group of older rural women. My observations and interpretations about the

nature of the way older women interact within these social networks and the **meaning** such interactions have for them has been influenced by the concepts found in the theories of resource exchange, equity and symbolic interactionism.

CHAPTER THREE

RESEARCH DESIGN

CONCEPTUALIZATION

Qualitative research views natural events in their ongoing context, with theory emerging from research findings Rienharz (1979). Qualitative research strategies are most often used when little is known about an issue, when the researcher suspects that existing knowledge or theories may be biased, or when the research questions pertain to understanding and describing particular phenomena (Patton, 1990; Morse and Field, 1985). Qualitative strategies encourage researchers to enter into an investigation with a broad interest "rather than prematurely delimit the study with a narrow research question. Narrowness distracts the researcher from seeing the whole picture" (Morse, 1992 p. 7). A qualitative approach is suited to uncovering the unexpected and exploring areas that have previously been left unexplored or has not been thoroughly understood. As such, qualitative inquiry demands a high degree of flexibility so that data gathering can respond to an increasingly refined research question (Patton 1990; Glaser, 1992).

Older women's roles and status in society have operated to reinforce and enhance the subjective and qualitative dimensions of their lives. As I believed that older women's opinions have not been adequately heard, I intentionally structured the research to provide opportunities to hear their voices. My primary research objective was to develop an understanding of the phenomenon of women growing older in an ageing, rural community. Readings in feminist research methodology (Gee and Kimball, 1987; Smith, 1987, Finch, 1991; Aronson and Neysmith, 1997) encouraged me to examine the lived experience of older rural women from a point of view that sees them as members of a historically silenced and marginalized group. As I read about and talked with older women, I became sensitized to not only the effects of historical restrictions and oppressions on their lives, but also their individual and collective strengths.

According to van Maanen, Sabbs, and Faulkner (1982) qualitative research requires attention to the following five principles:

1. Analytic Induction: Qualitative work begins with close-up detailed observation. To the degree that the investigator is initially uncommitted to a particular theoretical model, the more ideal the uncovered data. Generalizations are to be built from the ground up and only tentatively offered on the basis of their ability to fully contain the data in hand.

2. Proximity: Importance is based on concrete occurrences and occasions, not on reports of such. The investigator should witness first hand that which she proposes to understand.

3. Ordinary behavior: Topics for qualitative study are to be located within that natural world of those studied. Qualitative research is interested in everyday activity as defined, enacted, and made problematic by people going about their normal routines. Whatever interrupts or otherwise alters and perhaps distorts ordinary activity is to be minimized.

4. Structure as ritual constraint: Recurrent patterns of social activity are essentially arbitrary, a result of custom, present circumstance, and ongoing interaction. There is no primal social order or set of functional environmental conditions against which a "natural deviation" can be defined. Human actions are intentional, mediated by what people think they are accomplishing. To ignore these meanings and contexts within which they are situationally relevant is to impose structure rather than to discover it.

5. Descriptive focus: Qualitative work involves ontological inquiry. This is a fancy way of saying merely that, at root, qualitative work seeks a description for what is occurring in a given place and time. "What is going on here?" is the most elementary qualitative research question, yet the most difficult to adequately answer. The aims of revelation and disclosure take precedence over explanation and prediction (p.276).

My research project attempted to follow the principles identified above. Although my study did not witness the "first hand" experiences of older women's experiences of living in a rural community, the study is based on their accounts of this experience. To further explain the approach taken in this study, I will outline the three research approaches that influenced my work.

These include phenomenology, ethnography and grounded theory.

In qualitative research, the ontological assumption is that reality is subjective. This assumes that there are multiple realities that individuals create through their understanding of the natural world (Guba and Lincoln, 1989). In this sense, realities are dependent for their form and content on their interpreters (Schwandt, 1990). The axiological assumption taken in this study is that research is value-laden and biased. With regard to epistemology, qualitative research proposes that all "facts" are theory laden; that is, one's perception of reality is influenced by, and will vary according to, one's preconceived theories, concepts, and ideas. A further epistemological assumption is that the researcher interacts with those being researched. This assumes a monist, rather than a dualist, approach to inquiry (Lincoln, 1990). From a monist perspective, the inquirer and inquired-into are merged into a single, interactive entity (Guba and Lincoln, 1989). Such a monist stance assumes that data are created as a result of the interaction between the inquirer and the inquired-into, rather than the inquirer being objective and independent of the knowledge creation process. This requires a hermeneutic approach

to constructing knowledge in the sense that data are solicited and refined based on an interactive process between and among the investigator and the respondents (Lincoln, 1990). Additionally, this research orientation uses the rhetorical assumption that the language of research is informal and evolving. The methodological assumption is that qualitative research is an inductive, rather than a deductive process. Basic to this concept is the premise that experience provides understanding. Developing relationship and having a personal presence with those being interviewed has been reported as facilitating the development of a "rich, concrete, complex, and....truthful account" (van Maanen, 1988 p.3).

As has been said, three schools of thought from the qualitative tradition influenced the approach I took to my study. These three strategies are phenomenology, ethnography, and grounded theory. These strategies are congruent with the research assumptions noted above and are the strategies described most often in the literature pertaining to research of this nature. Each strategy has its own aims and each lends strength to the blended approach I have taken in this research.

The aims of phenomenology are different from the aims of ethnography. According to Rothe (1994),

ethnography's quest is to determine "why the actor thinks it is doing what it is doing....it is different from...phenomenology's efforts at discovering how the actor articulates the experience of whatever it is experiencing" (p.186).

The aims of phenomenology are also different from the aims of grounded theory. While phenomenology focuses on describing what an experience feels like, grounded theory tries to uncover and understand the social processes underlying the construction of that experience (Morse and Field, 1985). I found merits in each of these qualitative approaches and will explain the contribution of each in the section below.

Phenomenology as a qualitative research methodology provided me with an opportunity to design a study that allowed the experiences of women to emerge. Phenomenology is both a philosophy and a method, within which several schools of thought have developed since the initial work done by Husserl. Methods based on the phenomenological tradition are utilized in order to gain rich descriptive data from which the essence of the experience then emerges (Patton, 1990).

Since phenomenological studies typically endeavour to acquire descriptions of what people experience and how it is that they experience what they experience,

this perspective seemed particularly suited for my purposes. The phenomenological perspective requires that we try to understand events and experience in a relational context and view people as interrelated and interdependent with their worlds. Phenomenological inquiry "does not offer us the possibility of effective theory with which we can explain and/or control the world, but rather offers us the possibility of plausible insights that bring us in more direct contact with the world" (van Manen, 1991 p.73). The researcher becomes a link between the world of experiences of those living the phenomenon and the world of those who receive the study. Phenomenologists believe that there are multiple ways of interpreting experiences. It is this meaning that we assign to our experiences which constitutes our reality and guides our behavior.

In phenomenological research, questions are raised as to how people think, believe, remember, anticipate, decide, or choose. Researchers in this tradition also ask why people engage in certain actions and what relevance those actions have to the individual. Phenomenologists recognize that people's consciousness is always a "consciousness of something" and people have reasons for acting the way they do. These reasons are often describe as "in order to" or "because of" motives.

An "in order to" motive involves as measure of planning on how a goal is to be achieved. The learning that has occurred from an already experienced event generates a "because of" motive. In phenomenological research, there is an assumption that people experience the world as an "inter-subjective" rather than "private" and that people possess a stock of knowledge which helps them negotiate social interaction (Patton, 1990).

To do phenomenological research, researchers need to put aside their own biases and beliefs about the phenomenon and attempt to try to grasp what the phenomenon means for the individuals who are experiencing it. According to Denzin (1989a) "bracketing" is necessary action on the part of the researcher and "allows the researcher to converse with participants without attempting to validate their own presuppositions and beliefs" (p.42). Prior to beginning fieldwork I attempted to "bracket out" my own pre-conceptions about what the experiences of women growing older in rural Saskatchewan might be like. Engaging in the intellectual exercise of "bracketing" did not mean that I set aside all of my prior experience of rural settings or my current knowledge of the literature about the phenomenon under question. Bracketing has to be balanced with theoretical sensitivity (Strauss and

Corbin, 1990) to the phenomenon. In other words, I had to find a way to allow my "...previous education and practice to form guidelines and reference points...to deductively formulate questions that may then elicit data that leads to inductive concepts being formulated later" (Glaser, 1978 p. 390).

The goal of this research project was to uncover the meaning of the day to day realities of the respondents. I did this by asking broad questions such as "what is your experience as a woman who is growing older in a rural community?". Replies given by those experiencing this phenomenon provide rich, descriptive accounts directly from the principal actors who were engaged in this inherently social act of growing older in a rural community.

In summary, the contribution of the phenomenological approach was to focus the inquiry on older rural women's experiences of ageing in place in ageing communities by "attempting to understand the essence of their acts and interactions....and by examining how they construct their social realities" (Patton, 1990 p.407). A phenomenological focus helped to guide my study by constantly seeking descriptions about what the phenomenon of growing older in a rural community was like for these women.

Ethnographic approaches also influenced the design of the study. There are many classifications of ethnography. However, all ethnographic approaches to research are informed by the concept of culture (Morse and Field, 1985; van Maanen, 1988). Social interaction and human behavior cannot be understood without reference to the culturally induced meanings and purposes attached by human actors to their activities. Social science research has been criticized for failing to provide adequate accounts of non main-stream lives (Smith, 1987).

Qualitative research that uses ethnographic approaches can be useful for discovering these accounts. Ethnographies approach knowledge development from the emic or "native's point of view", that is, one which is "informant oriented" rather than "observer oriented" (Kottack, 1982; Atkinson and Hammersley, 1994). In contrast, the observer oriented or etic perspective usually requires the researcher to analyze and compare the informant's impressions against observed societal views (Morse, 1992). The emic approach elicits meaning, experience and perspective from the participant's point of view. The ethnographer writes about others. Ethnographers tend to seek answers to questions about the nature of the day-to-day events and activities in

the lives of others. Thus, findings from ethnographic studies usually explain aspects of social patterns or observed conduct using what has been called "thick description of those events" (Geertz, 1973). The development of an initial interview guide and my style of interviewing were influenced by ethnography's approach to the construction of probing questions. Probing questions (such as "what is it like for you to ask for help or to rely on others for things.") were developed in an effort to facilitate the respondents' consideration and articulation around their explanations of exactly how their social support systems worked. In addition, ethnography guided my decision to create case studies of respondents and to compile community profiles of the villages where the respondents resided. The case studies situate the respondent within her particular socio-cultural system. The community profiles pay attention to the history and particular "rural culture" of each place.

I also used the research strategy of triangulation to make sense of the data. In research terms triangulation usually means that researchers use different sets of data, different types of analyses, different researchers, and/or different theoretical perspectives to study one particular phenomenon (Denzin,

1989c). These different points of view are then examined in to order situate the phenomenon and locate it for the researcher and reader alike. In this case, it was not feasible to involve another researcher in the project. Instead, I used both the observational field notes and the reflective journal as a set of "second eyes" (a point of triangulation) when collecting and analyzing the textual data. In this way I was continually critically assessing whether the analytic process seemed true to course or was drifting away. In my study, I made a literal interpretation of this concept and used triangulation as a locator device. By this I mean that, when constructing the case studies and the community profiles, I was continually locating the respondent in her respective physical, social and cultural environment. In this way, I attempted to conduct the study as an ethnographic, as well as a phenomenological exercise. Hence, my analysis of the data included an assessment of the relevance of the particular "culture" or place on the lives of these rural women.

Finally, my study was influenced by the principles of grounded theory, especially those that guide the constant comparative method of data analysis. Grounded theory is a general methodology for generating

hypotheses and developing theory from any qualitative data that has been systematically gathered and analyzed (Glaser and Strauss, 1967; Chenitz and Swanson, 1986). It has been used in combination with ethnography (Hammersley, 1992), and with phenomenology (Charmaz, 1990; Skodol, and Hutchinson, 1991). Grounded theory is concerned with experiences of everyday life and aims to further understand the social processes by describing the social and psychological processes underlying or shaping life experience (Glaser and Strauss, 1967; Glaser, 1992; Strauss and Corbin, 1994). Researchers using grounded theory search for the meaning of the lived experience, seeking to know how participants construct their social reality (Stern, 1994). Both pragmatism and symbolic interactionism provide a theoretical foundation to the grounded theory approach. Wuest (1995) suggests that:

“symbolic interactionism focuses on the meaning people attribute to events through experience or interaction..... the symbolic interactionist perspective, therefore, is dynamic and procedural rather than static and structural...grounded theory is a method of uncovering the basic social and structural processes of a situation at both the symbolic and interactional level” (p. 126).

When using this perspective, the researcher attempts to “understand behavior as the participants understand it, learn about their social world, learn

their interpretations of self in action, and share their definitions" (Chenitz and Swanson, 1986, p. 7).

As a method, grounded theory has evolved over the years and different interpretations associated with this method have emerged. The originators of grounded theory are Barney Glaser and Anselm Strauss. Each has taken the approach in different directions since their initial collaboration in the mid-1960's. Glaser provides a detailed account between the two approaches and argues that Strauss prescribes rigid canons for an excessively structured and somewhat prescriptive approach to analysis (Glaser, 1992). Strauss, on the other hand, argues that his structured approach to coding results in more dense and precise theory (Strauss, 1987; Strauss and Corbin, 1990). Strauss and Corbin (1994) argue that, as with any general methodology, the application of grounded theory procedures has varied with "the specific of the area under study, the purpose and focus of the research, the contingencies faced during the project..."p. 276). Despite the obvious split within grounded theory, both the originators and their followers would agree that, in essence, "grounded theory is rooted in data" (Glaser, 1978 p.3). The underpinnings of grounded theory rest on those basic tenets of symbolic interactionism that reflect an ingrained

respect for a person's subjective interpretation of social experience as a source of knowledge. Grounded theory studies do not generate a theory prior to engaging in fieldwork and then subsequently test it. The generation and development of concepts, categories, and propositions in grounded theory research is described as an iterative process in which theory;

...is inductively derived from the study of the phenomenon it represents. That is, discovered, developed, and provisionally verified through the systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis and theory should stand in reciprocal relationship with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge (Strauss and Corbin, 1990 p.23).

Researchers in a variety of fields have argued for and employed purist approaches to grounded theory procedures (Charmaz, 1990; Baker, Wuest and Stern, 1992). Others have promoted and used grounded theory approaches in combination with variations of other methods (Clarke and Fujimura, 1992; Jensen and Allen, 1994). Wuest (1995) has recently proposed an integration of grounded theory and feminist theory. She suggest that grounded theory is "consistent with postmodern feminist epistemology in the recognition of multiple explanations of reality" (p. 126). Wuest supports grounded theory as a research approach since it

promotes women as knowers and supports the notion that their experiences are legitimate sources of knowledge. I liked this interpretation that linked grounded theory with a feminist perspectives to research.

In summary, the intent of my study was to collect information about what is going on in the everyday lives of elderly women residents of several small Saskatchewan communities. While apparently simple, this task turned out to be quite complex. As a result, I required a methodological approach that would facilitate an understanding of the women being studied, capture the environmental context of their lives, and examine the relationship between "ageing women" and "ageing places". I wanted to understand the pure phenomenon as much as I could. I wanted to do this without prejudicing the discovery of the phenomenological nature of that phenomenon with prior assumptions. I also believed it would be important to get some sense of the "culture" or environmental context of the particular "ageing place". This influenced my decision to use data gathering strategies from both the phenomenological tradition and an ethnographic approach.

As a novice to qualitative research, the specificity and rigor associated with applying the constant comparative method of grounded theory to data

analysis helped me to develop analytical rigor. Engaging in the discipline of coding and memo writing also provided a reliable audit trail to my study by recording the analytical decisions and interpretations I made of the data.

THE ROLE OF THE RESEARCHER - Theoretical Sensitivity

Qualitative research stresses the socially constructed nature of reality, acknowledges that a relationship exists between the researcher and what or who is studied, emphasizes the situational constraints and values that shape the research effort (Becker 1993). The qualitative tradition also acknowledges that research is never a value free undertaking (Smith, 1987). I have had an interest in both women and ageing and rural communities for many years and feel very personally connected to this study. Pauli, (in Bernard and Meade, 1993) states:

When we ask for a chance to live our old age in comfort, creativity, and usefulness, we ask it not for ourselves alone, but also for you. We are not a special interest group. We are your roots. You are our continuity. What we gain is your inheritance (p.6).

Theoretical sensitivity is a concept used by Strauss and Corbin (1990) to stress the importance of acknowledging that all phases of the research process

can be influenced by the researcher. The personal qualities, background preparation (such as work or life experience), and an understanding of relevant literature can be both an asset and a liability when the time comes to assign meaning to the data.

I was born and raised in a small town in Saskatchewan and have always been interested in the life stories of older women. Twenty-five years of working as a gerontological social worker and social work educator on the Canadian Prairies furthered my curiosity about the lived experience of older rural women. In my role as a faculty member with the School of Social Work at the University of Regina, I often found myself commuting to small rural communities to teach courses to students who were unable to complete the course in the city. After teaching these evening classes, I would drive anywhere from 100 to 200 kilometers to return to my home in Saskatoon. During these long evening drives, I would pass through numerous small towns and villages along the highway. Invariably, many of these towns would appear to be mere shadows of their former selves. Most of the businesses were boarded up and they appeared to have few consumer conveniences or service amenities. I was curious to note however, that despite no obvious evidence of commercial vibrancy in these small villages,

often there were numerous homes that were lit up in the night sky. I frequently wondered who continued to live in these "disappearing" places "in the middle of nowhere". When the opportunity arose to engage in a long-term research project, I remembered my curiosity about this phenomenon and decided to look at some of the population statistics for Saskatchewan. The demographic data (Nilsson and Weaver, 1991) showed that these small communities were home to significant numbers of ageing citizens of the province. Furthermore, the demographic data indicated that many of these residents were women over the age of 80 years and living on their own. This information seemed like a natural fit with my previous interest in women's issues, rural communities and ageing.

My inquiry was also rooted in a concern that the life stories of our elders (and therefore parts of the history of rural Canadian women) are being lost and need increased attention. There has been both professional and personal value in doing this study. Professionally, the study adds to the knowledge base on women and rural ageing. From a personal point of view, the research project gave me the opportunity to reflect on my own experience as a rural dweller. Although I am about to leave Saskatchewan to take up a new teaching and

research position with the University of Victoria in British Columbia, I would like to return to a small Prairie village to retire. One day, I'd like to be an older resident of a rural community myself. In short, my professional commitment to this study was tinged with self-interest.

I found my own theoretical sensitivity to be an asset that helped me to have some insight, curiosity and affinity for the experiences of women living in rural communities. However, I found it important to keep a balance between this affinity and the need to really "ground" the findings in what I saw and heard, not what I assumed or expected might be present. Theoretical sensitivity became a liability when I was tempted to make broad assumptions and generalizations about the incidents I was observing. When I tried to force my own hasty interpretations on the experiences described by the women, I had to consciously correct myself. At times, I found it difficult to keep my own preconceptions about what life in a small rural community might be like for older women firmly within the "bracket" required by phenomenological research. I quickly learned that the research act becomes faulty if one enters the field with preconceived notions of what will be present in the data or gets so caught up with

making profound interpretations or building analytic models that were not grounded in the data. In my case, I found the use of a research journal to be a good tool to help me reflect and guard against the tendency to impose own presumptions on the data.

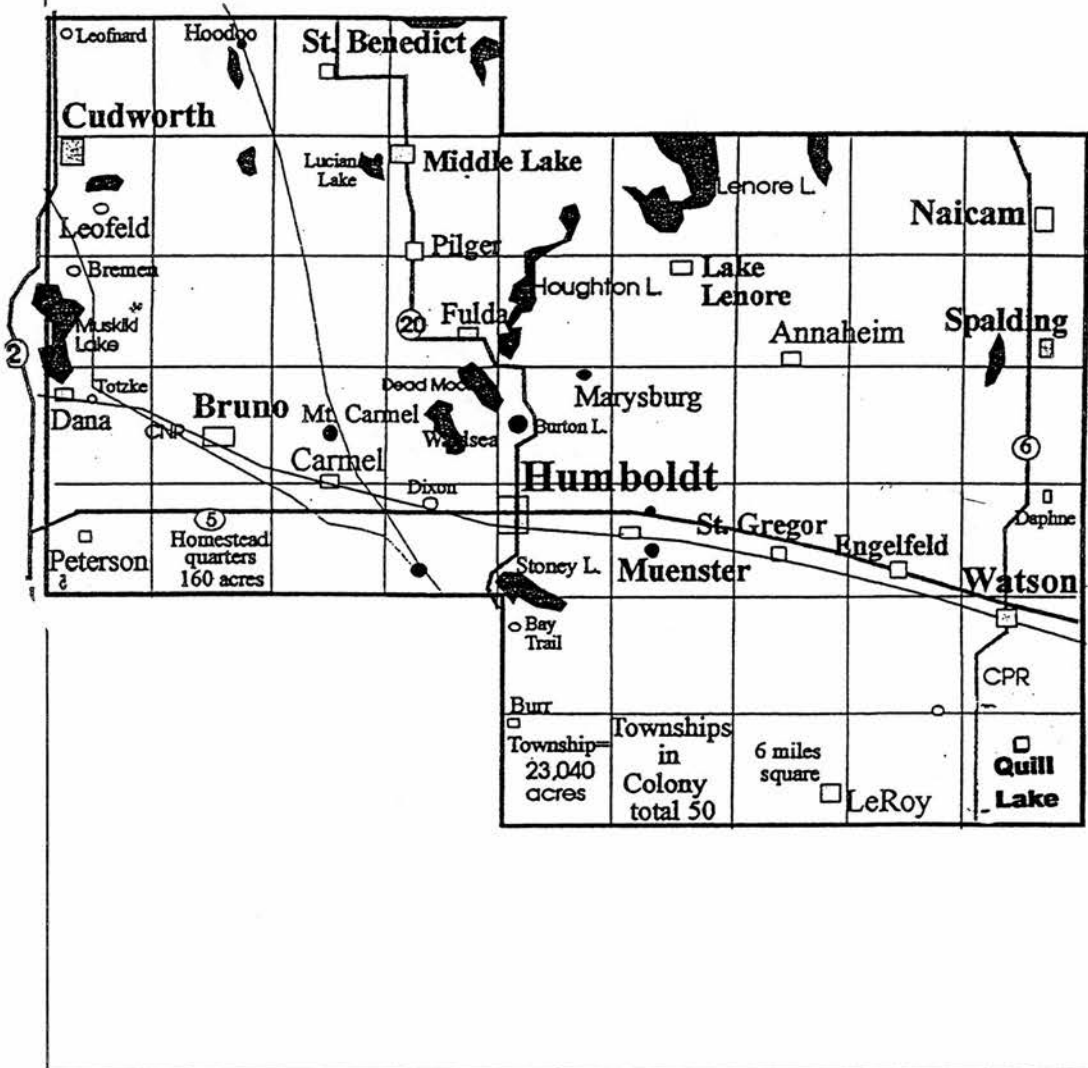
IMPLEMENTATION

Saskatchewan was geographically divided into 30 Regional Health Districts in 1992. I decided to select one particular Health District as a location for the study. The Central Plains Health District has just over 21,000 residents. Close to 21 per cent are over 65 years of age, about 6 percent over the provincial average (Saskatchewan Health, 1992). The district contains a number of non-urban proximate communities, each with a population of less than 500 residents. The district has two hospitals, five community health centers, and five nursing homes. A number of these communities report a relatively high percentage of women over the age of 80 years of age. Several of the smaller communities in this District have lost many of their local resources. Some communities in the District are experiencing population decline. As the intent of the study was to examine ageing in place in ageing communities, I determined that locating my study in this particular district would be

logical. Focusing on this region of the province would allow me "examine the phenomenon where it is likely to exist" (Corbin and Strauss, 1990). In addition, several of the rural communities in the Central Plains Health District (see Figure One) were reasonably easy to reach from my own home. I knew of a number of local individuals who could help me gain access to potential respondents. The selection of the specific study sites, therefore, was based on the belief that information rich cases would be easily and conveniently accessed.

By engaging in first hand interviews, I sought to examine the ordinary lived experience of these older women. My research questions focused on the subjective, personal experiences of older rural women and their social context - a small town or village on the Canadian Prairie. The interview format was flexible and organized along the lines of a structured conversation. This data gathering strategy offered the opportunity to cover a wide range of topics while maintaining a focus on the strategies used by older village women to feel connected to their community, maintain independence and have a sense of personal well being.

Figure One - Research Venue - Central Plains Health District, Saskatchewan, Canada



SAMPLING STRATEGY

Sampling within qualitative research studies aims to select information-rich informants who provide in-depth descriptions of their experience (Glaser and Strauss, 1967). In qualitative research, the sample size should have adequate numbers to provide a source of rich and informative data.

My initial intent was to follow the procedures of the constant comparative method originally proposed by Glaser and Strauss (1967) and let theoretical sampling guide the data collection process. They recommend that one follows a "process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and then decides what to collect next and where to find them" (p.45). At the early stage of the research process however, I was too unsure of myself to just start with one or two respondents and then have to search for others. I was concerned that I would either get too few or too many referrals for the study. I knew that in theoretical sampling, size is determined by the information obtained and that one needed to wait for redundancy of information before stopping the sampling process. I was apprehensive that I would not be able to recognize such redundancy very easily. As a result, I opted to gather a number of potential

respondents right at the beginning of the study. My thought was that I could decide as I went along how many to actually interview. Therefore, non-probability, purposive sampling was the specific sampling strategy employed for this study.

This strategy is also referred to as judgment or criterion sampling. Judgment sampling involves selecting informants according to a number of criteria established by the researcher (Patton, 1990). This sampling strategy requires that the researcher establish a set of criteria that participants must meet. A search for participants that match the specific characteristics is then conducted. According to Guba (1990) purposeful sampling "is not intended to be representative or typical...but is intended to maximize the range of information covered" (p.78).

My research involved recruiting informants who were female, were aged 80 or over, and lived alone in a rural community of less than 1000 people. I had various ideas about advertising in local newspapers for subjects, recruiting subjects from attendees at senior centers, or finding one or two subjects and using the "snowball" approach from that point forward. Each of these sampling strategies was discarded as impractical, too slow or too unpredictable. Instead, I decided to

approach a group of individuals who I assumed would be reliable referral agents. From my previous work in the district, I was aware that these referral agents (general practitioners at a regional medical center) hold regular "clinics" in the health center in several small villages within the Central Plains Health District. I believed they would be familiar with a number of older women who lived alone in these communities. This proved to be an accurate perception. Using them as referring agents turned out to be a reliable way to quickly access a number of respondents.

Meetings between the researcher and members of the medical staff at the Medical Clinic in Humboldt, Saskatchewan were arranged during the summer of 1995. The purpose of the meetings was to explain the objectives of the study to the physicians, seek their support and obtain an agreement from them to refer appropriate individuals to the study. At the meetings, all members of the physician group claimed to know of women in late life who were living alone in ageing village communities. A brochure describing the study was designed and the physicians agreed to both distribute the brochure and directly approach those patients on their patient lists who met the criteria. A

referral form with a stamped return envelope was provided to assist physicians in making referrals.

The first referrals arrived in late September 1995 and by October 31st, 1995 a total of 23 referrals had been made. Fortunately, no additional referrals arrived after that date and I made the decision to try to interview all the women who had been referred.

The interviews took place in the homes of women who resided in one of six small villages located within the Central Plains Health District of east Central Saskatchewan, Canada. The home communities of the respondents were typical of many agriculturally based Prairie villages with a high relative concentration of people aged 65 or over. All villages were relatively small communities with a population base of less than five hundred people. All villages were "non-urban proximate" with the nearest large urban center (with a population greater than 5000), at least fifty miles away. In addition, each village has "aged" primarily through out-migration of younger cohorts and the "ageing-in-place" of life long residents rather than through in-migration of large numbers of older citizens. As such, these villages fit the definition for rural communities by meeting the three criteria proposed by Joseph and Martin Matthews (1994). These criteria are

population size, urban proximity, and migration experience.

CONTACT WITH RESPONDENTS

Individuals referred by the physicians were contacted by telephone to confirm their willingness to participate in the study, and to arrange suitable interview times and places. From the initial sample of twenty-three, two refused an interview and one died shortly after the referral was made. Two additional referrals were discarded from the sample after an initial contact, one due to concerns about cognitive capacity and one due to language barriers.

The eighteen women who women chose to be interviewed asked to be seen in either their own homes (twelve of the eighteen) or in the home of a friend (six of the eighteen). Written consent from each respondent was obtained at the point of interview.

Table One - Sample size

Total # of referrals	23
# refusals	2
# deceased	1
# discarded	2
# interviewed and total	18

Contact with the remaining eighteen respondents began in October 1995 and continued until June 1996. Inclement winter weather and poor road conditions extended the data collection period. Twelve of the women were interviewed individually. At their suggestion, two women were interviewed together in the home of one of them. Four women asked to be interviewed as a group after their weekly canasta game, again in the home of one member of this quartet. The latter arrangement turned out very well. This group interview tended to have more of a feeling of participant observation session rather than an interview. The group interview allowed women to respond and react to each other as well as to me as the interviewer. This four-way interview was the highlight of the research project for me and contained the broadest array of rich and detailed data related to the research question.

The majority of the women were interviewed only once, with interviews lasting anywhere from ninety minutes to two hours. However, I did do a second interview with three of the respondents. This occurred once at my request because I felt there was rich information still to be explored with the respondent. A second interview also occurred once when the respondent did not feel up to continuing on the first day but

wanted to talk again at a later date. The third instance of arranging a second interview occurred when a respondent seemed really keen on the study and specifically asked me to return for a second session. I also spoke with two of the respondents on the telephone when they called after the interview to thank me for coming by and to offer words of encouragement!

DATA COLLECTION PROCEDURES

The primary tool behind the acquisition and processing of information was myself as the researcher. Guba and Lincoln (1989) explain,

the naturalist prefers humans as instruments, for reasons such their greater insight, flexibility, and responsiveness...the fact that they are able to take a holistic view, are able to utilize their tacit knowledge, and are able to simultaneously acquire and process information" (p. 149).

I used a number of procedures for gathering and recording data. In addition to making audio recordings of the interviews, I kept a book of observational field notes, and a journal of personal reflections.

While I did prepare an interview guide, information was elicited by engaging the women in a fairly unstructured way. An unstructured approach allowed me to begin the interview by weaving open-ended questions into the course of an ordinary conversation. The questions were designed to elicit the experience of

growing older in rural communities in the respondent's own words. The information that was gathered included how they manage their daily lives and how they interact with their social networks. The aim of the research interview was to encourage respondents to talk about their experiences of growing older in a rural community in their own words with as little influence from me as possible. During the preamble of each interview I again explained who I was, what the objectives of the study were, and checked to make sure they did not mind having the interview recorded. I reiterated to the respondent that she could choose to withdraw from the interview at any time. I also ensured that each respondent read, understood and signed the consent form. After these introductions and the usual pleasantries (the offer and acceptance of tea/coffee and cake!), my initial queries began. A copy of the initial interview guide, consent form and correspondence is included in the appendix of this report.

The actual interviews usually began with open ended questions such as, "tell me what your life is like here"; "how you manage things on a day to day basis"; "what sorts of things do you do"; "who do you see most often"; "who would you identify as your principal supports". As the interview progressed, I would move

on to more probing questions in an attempt to understand details and to explore the meaning of activities and interactions to the respondent. More than twenty-five hours of interviews resulted in over five hundred pages of transcribed data.

In addition to recording the interview, part of the data collection process also involved constructing social network maps for each subject. As each respondent described her involvement with the people and systems in her life, I would sketch out a small diagram in my observational notebook. After the interview was over I re-constructed these diagrams into social network maps. I found these maps to be helpful tools for gaining an understanding of the reciprocal transactions that exist between these rural women and various elements of their social support systems. For example, interactions within these systems involved family, age peer friends, neighbors, local merchants, home helps and various community programs and services. The social network maps helped to clarify the involvement of each respondent in a variety of social networks. The maps allowed me to note who (or what service) was present, as well as who or what was not. This way of keeping track of each woman's personal situation proved to be very helpful when it came time to construct the case studies

(see Chapter Five). I also found the social network maps to be useful when assessing the each respondent attempted to access available resources in both her immediate and distant environment.

All interviews were audiotaped to allow for the translation of spoken words into a written text for further study. I transcribed the tapes as soon as possible after each session and printed out hard paper copies to read through. Numerous back-up copies of everything were saved on floppy computer discs. In order to protect the anonymity of the respondents, all identifiers were removed from hard copies and computer files by making up reference names for the transcripts (for example 053095HWE.row). The key to this reference code was kept in a locked file cabinet in my home office, as were the original tapes of recorded interviews.

I found personally transcribing the interview to be an important process. Listening to the tape allowed me to reflect on both the content and process of the interview session. I made notes during and following the transcription process in my reflective journal. These notes allowed me to examine both the content and the process of each interview and make an early assessment of the key themes that emerged from it. The

field notes were descriptive and the journal was reflective. Notes made in the field book provided a written account of other observations I made during the data gathering process. For example, these notes recorded my own observations about the respondent's living arrangements and my impressions on how she seemed to manage the activities of daily living and relate to those in her social networks. The reflective journal recorded my general impressions about the interview process, identified the emerging themes and served to record important decisions I made about what to look for in the next interview. The reflective journal also recorded my personal reactions to the women's narratives, and allowed me to create an audit trail and a system of "checks and balances" for myself when noting and recording themes early in the data gathering and analysis process.

COMPUTER ASSISTED DATA MANAGEMENT - QSR. NUD*IST (1990)

From very early in the research design stage, I realized having a large amount of qualitative data could make the coding exercise using a "cut and paste on paper" technique very cumbersome. As a result, I decided to manage the data and do the theme search and coding process using the **QSR*NUD.IST** computer software package. **QSR. NUD*IST** stands for **QSR Non-numerical**

Unstructured Data Indexing Searching and Theorizing

(Qualitative Solutions and Research Pty Ltd., 1996).

QSR.NUD*IST creates a computer generated environment to store and explore data and ideas, to minimize clerical routine, maximize flexibility, and to discover new ideas and build on them. Specifically, **QSR.NUD*IST** claims to create a data base which allows users to:

- create, record, store and explore the categories for thinking about the project;
- index data contained in the document database at particular categories;
- manage the categories in an index system using an unlimited number of categories; and sub-categories organized in index "trees";
- modify the index system any time to suit changing ideas in a project;
- search the index system to find links between categories and data
- create new categories for further analysis from the results of searches of document text or indexing (Qualitative Solutions and Research, 1996 p.3).

The verbatim transcripts of interviews with all respondents were imported into the **QSR.NUD*IST (1990)** software package as on-line documents for sorting and coding. The principal advantage I found for of using a software program is that it simplified and speeded up the mechanical aspects of data analysis without losing any data. The software was convenient, user friendly and allowed me to spend more time thinking about the project rather than managing mounds of paper.

I found **QSR.NUD*IST** a useful way to gather data together and work with it. However, I found that I had to stop periodically and re-read hard copy transcripts from beginning to end to get a sense of the "whole story" for each interview. In essence, I used the computer package for keeping track of which portions of text were placed under which codes. However, I sorted out the relationships between these codes on paper through the construction of "cut and paste" columns of data or by drawing diagrams. As a result, I cannot claim to have done the analysis of the data with **QSR.NUD*IST**. Tesch (1991) suggests that computer assisted qualitative data analysis programs, while handy tools, still require researchers to use other tried and true strategies for making sense of the data. He reports that "the thinking, judging, deciding, interpreting, etc. are still done by the researcher. The computer does not make conceptual decisions, such as which words or themes to focus on, or which analytical step to take. These analytical tasks are still left entirely to the researcher" (p.9).

COMMUNITY INVENTORIES

As I have lived in Saskatchewan for a long time, I was somewhat familiar with each of the villages in which each of the respondents lived. However, I chose to spend some additional time during the data collection process gathering information about these communities. This data collection process involved reading local newspapers, reviewing the village history books, "hanging around" the village center (usually the cafe), reading the notice boards in the senior center or post office, and generally observing village life. I also collected demographic data about the village from Statistics Canada. All of this information was recorded in my observational field notebook and is presented in Chapter Five of this report as community inventories. These inventories include the various social, health and recreational resources available in each village. As can be seen from Table Two, although I actually visited six different communities during the data collection process, the majority (fifteen out of eighteen) of the respondents lived in just three of the villages. The remaining three respondents lived in each of three different villages. With the exception of the visit I made to these communities for the interviews, I spent little time in these settlements. As a result, I chose

to focus most of my description of the "ageing places" on the three villages that housed the majority of the respondents.

TABLE TWO - LOCATION OF RESPONDENTS BY VILLAGE	
Quill Lake	8
Leroy	3
Muenster	4
Bruno	1
Englefeld	1
Watson	1

CHAPTER FOUR

METHOD OF DATA ANALYSIS

As was explained in Chapter Three, I chose to use a blend of concepts from phenomenology, ethnography and grounded theory to provide the methodological foundation for this research project.

The pure phenomenological researcher claims that the analytic process can only begin after the researcher reviews all the data in its entirety. Patton, (1990) states that there are three phases to this data analysis:

Horizontalization is the process in which the researcher identifies all significant and relevant statements within the data. Cluster of meaning is the next step as the researcher clusters the statements into themes. The clusters of meaning are then reduced to narrative descriptions. These descriptions are both the textual (what is experienced) and structural (how it is experienced). In phenomenological research, the narrative descriptions derived from the data are then compared to the previously published literature either confirming or adding to it. The researcher then can make statements speaking of the implications for practice, research and theory (p. 408).

While the data analysis procedures of phenomenology appeared straightforward and promising, I chose not to follow them for this particular project. The actual data collection process took place over several months. I was very curious in the early stages to see what sort

of themes and patterns might emerge from the data. Therefore, in the early stages of the study I wanted to examine the data as soon as possible, that is, analyze what was coming in as I was collecting it. I therefore decided to follow the analytic procedures used in a grounded theory approach. As a result, the data analysis procedure I used for this study was the constant comparative method.

The method of generating conceptual abstractions grounded in data is frequently referred to as the constant comparative method. Glaser and Strauss (1967) developed the constant comparative method as a method of generating theory from data rather than verifying theory with data. This method combines explicit coding of data with the simultaneous organization of categories that emerge from that data. According to Strauss and Corbin (1990) "the process of coding represents the operations by which data are broken down, conceptualized, and put back together in new ways" (p. 57). Guba and Lincoln (1989) describe this analytical procedure as a strategy that combines inductive category coding with simultaneous comparisons of all observed social incidents. The method is analytical to the extent that the researcher must reflect on the meaning of the data while categorizing it to ultimately reach an

understanding of the essence of the categories. The themes that emerge from respondents stories are pieced together to form a comprehensive picture of their collective experience. However, as has been pointed out by Leninger (1985), "the coherence of ideas rests with the analyst who has rigorously studied how different ideas or components fit together in a meaningful way when linked together" (p. 60).

Like most theories, the three basic elements of grounded theory are concepts, categories, and propositions. Concepts are the basic unit of analysis since it is from conceptualization of data, not the data per se, that theory is developed. Corbin and Strauss (1990) reinforce this idea:

Theories can't be built with actual incidents or activities as observed or reported; that is, from "raw data". The incidents, events, happenings are taken as, or analysed as, potential indicators of phenomena, which are thereby given conceptual labels (p.7).

Concepts in the data are noted and recorded using a coding framework through the process of "open coding". Open coding refers to that part of analysis that deals with the labelling and categorizing (coding) of phenomena as indicated by the data. The product of labeling and categorizing are concepts.

The second element of grounded theory is categories. Corbin and Strauss (1990) define them in this way:

Categories are higher in level and more abstract than the concepts they represent. They are generated through the same analytic process of making comparisons to highlight similarities and differences that are used to produce lower level concepts. Categories are the "cornerstones" of developing theory (p.7).

Categories are developed or refined during the axial coding process. When open coding fractures the data into concepts and categories, axial coding puts those data back together by grouping codes into main categories. The third element of grounded theory is propositions. Propositions are developed during the selective coding process. Propositions involve building conceptual relationships that indicate connections between a category and its concepts (codes) and between discrete categories. Selective coding integrates the categories that have been developed, thereby building a conceptual or theoretical framework.

The remainder of this chapter will demonstrate how procedures from the constant comparative method were used in this study.

OPEN CODING

Open coding was used in the beginning stage of analysis and progressed to axial coding (Strauss and

Corbin, 1990). The principles associated with open coding guided my first, fumbling efforts in the analytic process. As the raw transcripts were imported as on-line documents into the **QSR.NUD*IST** software, I began by reading through the raw data (transcripts only), word for word, and line by line to discover the most salient portions of the interview. Although I was cognizant of Leninger's (1985) caution to make distinctions between patterns and themes, I chose to think of the two terms as interchangeable.

I began looking for significant statements in the data and initially believed the analytic process would be nothing more complex than finding patterns that seemed to be common and obvious. Hence I rushed through the data as quickly as I could in order to find them, name them, and order them with the indexing function of **QSR.NUD*IST**. In my initial enthusiasm, I leapt upon the most obviously significant statements and wound up proposing a very pretty "theme tree". This theme tree was made up of several categories with words or phrases I constructed myself. At this stage, I must admit I thought I had the analysis done! When I was challenged by colleagues to "ground" the tree in the data however, I realized that my method of searching for themes was problematic and hasty. I found I was running the risk

of "forcing" the analysis by only seeing things in the data that would support the "pretty picture" I had constructed. Once I sat back and looked at this process again, it dawned on me that I really did not know for sure what a theme might look like nor, for that matter how I would "prove" that what I saw as a significant portion of data was reasonable and reliable. This was very depressing. I agonized over this for months, going through the data set with **QSR.NUD*IST**, building more and more node indexes, all in an attempt to "master" the data, put a framework together, and say something profound with it all. At this point it became clear to me that I was letting the creation of "product" get in the way of the research process. I returned to the qualitative research literature and taught myself how to recognize, deconstruct, reconstruct, and contextualize themes.

In the literature, themes are defined as "units derived from patterns such as conversation topics, vocabulary, recurring activities, meanings, feelings, or folk sayings and proverbs" (Taylor and Bogdan, 1989, p. 131). Themes are identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leninger, 1985, p. 60). This process of thematic analysis led me

to closely examine the raw data more closely and to think about the abstract ideas imbedded within it. Love (1994) suggests that utilizing the following features of significance can help to identify themes:

1. Repetition within and across interviews. Ideas, beliefs, concerns, and issues that...are discussed repeatedly throughout the interview
2. Levels and nature of affect. This includes emotion that is evident through nonverbal cues such as a sudden rise in vocal volume, change in facial expression, and other bodily movements all noted concomitantly with particular content lend significance to that content or theme.
3. Historical explanations, descriptions and interpretations. Stories of the past that explain and justify present behaviors and meanings are considered significant (p.123).

I found the suggestions offered by Love (1994) to be particularly helpful in getting back on track with thematic analysis. I re-read each interview using Love's framework to guide my discovery of "statements of significance" in the text. As "significant statements" were identified in the text, I again began to develop a list of initial codes that related to these statements. I was careful this time to ensure that the codes had "internal homogeneity" and "external heterogeneity". By this I mean that all data placed within a particular code could belong to it alone, and all the codes were sufficiently distinct from one another. Code names were assigned to each new idea (meaning unit) that appeared in the raw data. For some of the data the previous code

seemed to fit, for other data, a new name seemed more accurate. At this point, I recognized that accurately identifying a "meaning unit" and depicting it as significant was more important than giving it a name or drawing pretty pictures about the data. I chose to start calling these statements "meaning units" (Tutty et al, 1996). Once I got back into the data after this period of reflection and further self-study, I began to feel more comfortable with my understanding of the mechanisms of open coding.

As the analytic process continued and similar themes were observed and understood more fully from additional data sources, the "code name" assigned to important portions of the data was often changed. These changes were done when I thought the new name would reflect the essence of the idea imbedded in the data more accurately. Figure Two illustrates the process of open-coding using lines of data from a particular interview (HWEeng050696 - page 10, lines 567-588). In this example, the conceptual codes follow the meaning units they represent and are highlighted in a bold superscript font. As each meaning unit was discovered, I assigned labels (codes) to these meaning units again using the node system of **QSR.NUD*IST** to track and order the codes. This time I used two types of codes. These

codes were either verbatim statements (indigenous codes) made by the women or my paraphrases (researcher constructed codes) that reflected the essence of what the respondents said.

Figure 2: Example of Open Coding

reluctance	concern for others
Well, I don't really like it...you know, putting people out	
	inadequate public transport
and all but,..... there is no bus or nothing so I need to	
dependency	
ask some one to get me..	
	attitude toward seeking help
....still, I hate asking and always insist on	
exchange of resources	returning favours
paying for the gas...the least I can do for them.....and	
	reciprocal
helps me to feel like I am doing my bit	

I ensured that definitions (the properties and dimensions) of both the "researcher constructed codes" and the "indigenous codes" (those that use the verbatim statements of respondents) were recorded in concept memos. These codes were also recorded in the **QSR. NUD*IST** (1990) node index system, with the relevant textual data referenced for each, providing a solid data audit trail. With every transcribed portion of more interview data, additional meaning units in the women's accounts were recorded and coded, again using the **QSR. NUD*IST** (1990) node indexing system. The next step in this thematic analysis was to identify all data that related to the already classified patterns. Hence, additional interview data were examined with this tentative coding framework and the original codes were revised, deleted, or merged together. Data that seemed significant but did not fit into an existing code led to the creation of a new code. Any new codes that emerged were then examined again with all interview data. Continuing with the process through the remainder of the transcripts. A partial listing of these codes is provided in Figure 3.

Figure 3: Partial Listing of Initial Codes

<u>my family is near</u>	<u>faith is essential</u>
<u>family help me</u>	
<u>I see my daughter most often</u>	<u>I pray</u>
<u>I see someone every day</u>	<u>we say the rosary</u>
<u>they phone</u>	<u>the church is my strength</u>
<u>we are very close</u>	<u>I always relied on God</u>
<u>I wish we were closer</u>	
<u>my family does it for me</u>	
<u>losing my husband was hard</u>	
<u>losing my man</u>	
<u>good mother, good citizen</u>	
<u>like my independence</u>	<u>good worker</u>
<u>do for myself</u>	
<u>make my own decisions</u>	
<u>have a positive outlook</u>	
<u>I just tell myself to do my best</u>	
<u>I avoid asking</u>	
<u>I absolutely won't ask</u>	
<u>I just HATE it.... asking</u>	
<u>asking is OK if I can help in return</u>	
<u>I want to be in control</u>	
<u>don't like to be a burden</u>	
<u>need to feel it is balanced</u>	
<u>watch tv</u>	
<u>do crafts</u>	
<u>we play cards</u>	
<u>manage with help from family</u>	
<u>manage with help from friends</u>	
<u>manage with help from neighbours</u>	
<u>get help when I need it</u>	
<u>I do OK, have enough money</u>	

After coding more raw data and revisiting the conceptual definitions for each of the codes, I determined that several meaning units that had been given separate code names were essentially quite similar. I decided these separate codes could be merged and located under a more generic code name. For example, all separate codes that referred to a desire not to have to re-locate were collapsed under the generic code

"staying put". The remaining transcripts were coded and each new idea was constantly compared with the coding framework. This process continued until I felt confident that all significant statements in the data had been identified as meaning units and assigned to the appropriate code. I constantly compared raw data with codes in the framework, and looked for new ideas and better examples of ideas represented in the framework. Codes, and their accompanying definitions, were constantly re-evaluated. Once I had reviewed the entire data several times (I continually revisited this framework over a period of several months), I decided that the coding framework was sufficiently robust and inclusive and moved on to the process of axial coding.

AXIAL CODING

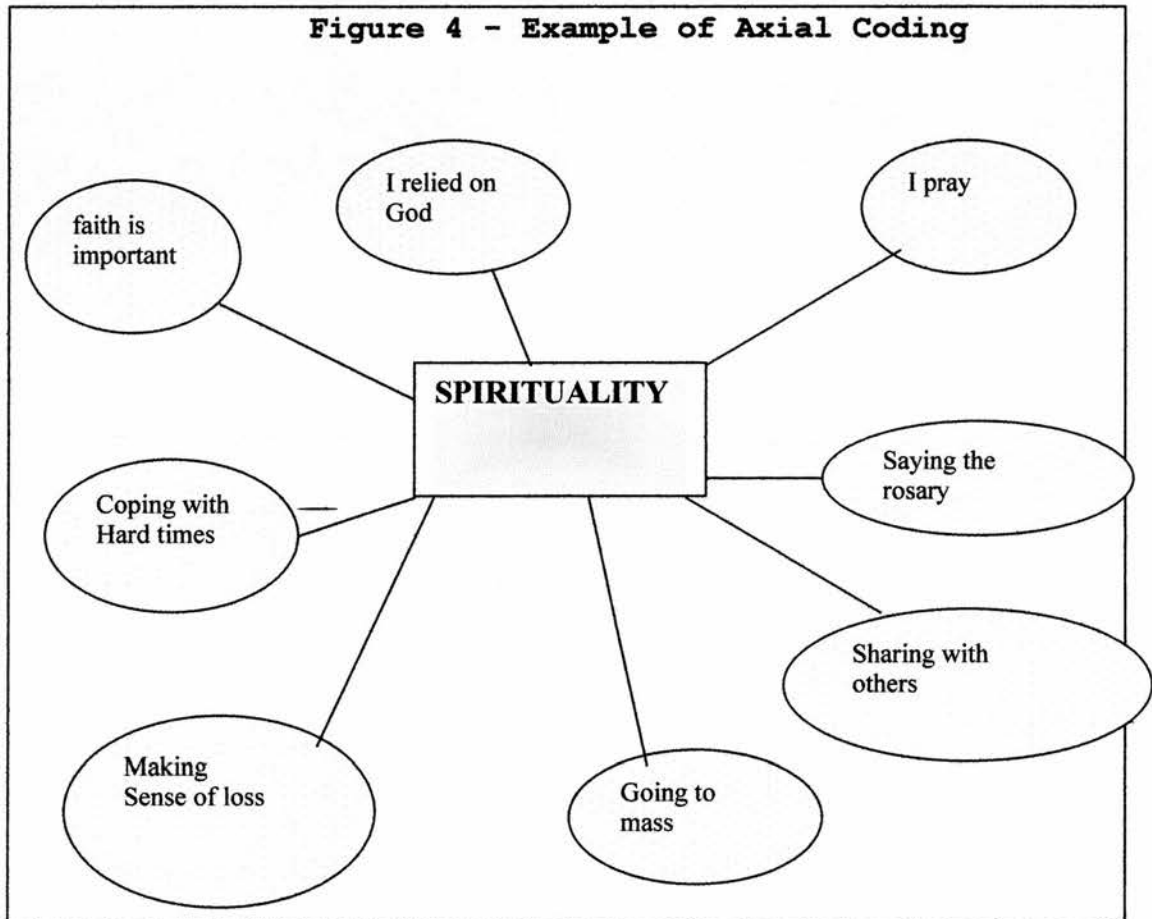
Axial coding (Strauss and Corbin, 1990) is the process by which the products of open coding are organized into a theoretical framework of principal categories. These categories are the more abstract ideas or concepts that emerge from analysis and interpretation of the coding procedure. During the axial coding period, similar codes were clustered and a conceptual category was created. Codes represent less abstract interpretations of the data and categories are

more abstract and interpretive. Each of these categories that emerged from the initial data was tested against incoming data as the interviews proceeded over time. Use of the constant comparative method continued until category was tested, elaborated, refined or discarded. Once the major conceptual categories were identified, an attempt was made to identify patterns or relationships between the conceptual categories. Figure 4 gives an example of this procedure and illustrates how the principal category of "**SPIRITUALITY**" emerged from further analysis and interpretation of the initial coding framework. The various codes that fit into or under this principal category have a certain commonality that is they were seen to be the (data-originated) properties or dimensions of the principal category.

The remaining concepts (codes) were then examined in a similar way and further principal categories emerged, again using the relevant supporting codes to highlight the properties and dimensions of each category.

Table Three gives an example of the relationships of the codes that emerged from assessing meaning units in the interview text to two of the principal categories. Table Four demonstrates the preponderance of data in each of the respective principal categories. The

table indicates the total number of text units that were referenced to that category by the **QSR.NUD*IST** program.



While there were eighteen women interviewed in the study, only fourteen initial interviews actually took place. Six of the women were interviewed as part of a group (one interview for two women and one interview for four women). There were repeat interviews for three respondents.

Table Three - Example of Relationships between Data (text), Codes and Principal Categories

DATA EXEMPLAR	CODES	PRINCIPAL CATEGORY
<p>...well, one thing for sure, I am lucky to be as well as I am..I do need a hand with the yard but if I couldn't get up and down the stairs, I'd have to move out of here...since there is no seniors'..I guess I'd go over to Watson and that means I would no longer have a place of my own</p>	-health status	RELATIONSHIP OF
	-health concerns	HEALTH STATUS TO
	-lucky with health	INDEPENDENT LIVING
	-stamina	
	-mobility	
	-dependencies	
	-activity limits	
	-consequences of decline	
	-no longer able to be useful	
	-I'd have to move if I got too sick	
	- I manage OK	ATTITUDES
	-independent	
	-able	
	-decision maker	
	-good citizen	
-good mother		
-no good anymore		
-happy, satisfied		
-in control		
- self-reliant		
- still capable		

Table Four - Number of Text Units Indexed for Each Category

PRINCIPAL CATEGORY	NUMBER OF TEXT UNITS INDEXED BY QSR.NUD*IST
Health	204 text units in 14 interviews with a range between 18 and 3 text units
Attitudes	171 text units in 14 interviews with a range between 21 and 2 text units
Receiving Help	84 text units in 14 interviews with a range between 14 and 2 text units
Kinship	89 text units in 14 interviews with a range between 9 and 2 text units
Peer Networks	154 text units in 14 interviews with a range between 19 and 2 text units
Non Peer/Family Support	70 text units in 14 interviews with a range between 7 and 3 text units
Spirituality	66 text units in 14 interviews with a range between 5 and 2 text units
Attachment to Place	141 text units in 14 interviews with a range between 13 and 2 text units
Worries	81 text units in 14 interviews with a range between 8 and 2 text units

MEMO WRITING

Triangulation is a strategy that is used to examine findings by comparing and contrasting data from a variety of sources and methods. In my study, the data from the interviews were compared and contrasted to information collected through the process of writing

memos while engaging in the research. The task of writing about the findings began with the development of memos early in the research project and expanded as the conceptual framework emerged.

There are a variety of approaches to writing about concepts and the hypothesized linkages between concepts (Strauss and Corbin, 1990; Glaser, 1992; Morse and Field, 1985). Strauss and Corbin (1990) describe theoretical and methodological memo writing as:

"a process by which the researcher develops general ideas, creates capsules of analysis about the data and makes interpretations. These memos record details about the research process, point out areas for further clarification, refinement and verification, and lead to decisions about what to search for in the next interview" (p. 78).

I employed four different types of memos during the process of open, axial and selective coding. These memos include concept memos, method memos, theoretical memos, and profile memos. Concept memos named, described and defined the codes in the initial coding framework and provided examples from the raw data to illustrate the concept. Method memos explained the procedures I followed. This type of memo also recorded the questions I asked myself, and the decisions I made while using the constant comparative method. Theoretical memos explained and included examples from

the raw data to demonstrate relationships and linkages between codes.

The profile memos recorded the information I collected about the resources and amenities available in the three rural communities that I visited most often. This information was compiled into community profiles and is presented in Table Five in Chapter Five.

Profile memos were also used to record information (personal data, family composition, time in community etc.) about each respondent. Information on how each woman reported to manage the activities of daily living was collated and is presented as respondent profiles in Table Seven of Chapter Five. Profile memos about the respondents were inserted at the top of each transcript. Profile notes about the communities were recorded in a separate computer file I called observational field notes. The concept, theoretical and method memos were recorded in another separate computer file which I called the reflective journal. Figures 5, 6, 7, 8a and 8b provide examples that illustrate each of these memos in turn. These memos helped me record the patterns that emerged in the data.

Figure 5 - Example of a Concept memo

"Hospitality" was a frequent code assigned to bits of text (meaning units) in the transcripts. This code was used to refer to any descriptions the women gave about being both providers and recipients of social "visits". It was quite clear in several cases that the women were very comfortable in each other's presence, frequently going back and forth several times each day.

Figure 6 - Example of a theoretical memo

A sense of "security" seems to be a big factor for the women here. Most report that they feel secure in the town since they "know everyone" and "everyone knows them". Many women as one of the reasons they want to remain in the rural community rather than move somewhere that might have more conveniences or amenities described this "community connection". I think that the codes "sense of security", "belonging", "knowing people here", "watching out for each other" and "familiarity" are all properties of the same thing so I will propose a principal category composed of reasons women give for wanting to **"stay put"**

Figure 7 - Example of a Method memo

Open coded the "quartet" interview transcript today. This was the last interview I did and what a way to end! The codes that I have collected from earlier transcripts seemed to be replicated in this data set but I also added many more. The richness of the data from this transcript is great, lots of food for thought. These women really articulated a recurring theme in all the data... that is, how their ability to continue to live on their own is predicated upon them "staying well". All spoke of "dreading having to give up me home". However, most realized that they would have little choice if they were no longer physically well enough to manage on their own. This particular interview session really seemed like it had the properties of a "study within the study". The 4 women were amazing and really interviewed each other with me as the observer of the whole process! The most striking finding from these data is the important presence these women have provided to each other over many, many years and in many different ways -- 2 of these women have been friends (and significant supports to each other) for over 75 years!

Figure 8a - Example of a Profile memo (respondent)

GH lives in her own home in the community of L. She is 91 years old and still drives her own car on occasions (an amazingly intact red, 1966 Rambler!). Unlike many of the other respondents, she has few proximate kin. She has been widowed for over 30 years and has two sons. Neither son lives that far away (less than 50 miles) but, by her reports, their personal contact is minimal although "they do phone now and again.... the young one only when he is broke!". Her principal support is a neighbor but "he's getting on too and can't get around like he used to". A niece lives in town and apparently "is available if I need her....but I try not to need her...she is busy with her own life and shouldn't need to fuss about me!" G. does not receive home helps from the local home care and claims to manage her activities of daily living "pretty well on my own....I'm lucky...I have my health so far". The local grocer delivers her phoned in food orders and she is able to walk just across the street to church "...at least I can go when they have it.....we keep losing our minister.... so the services aren't as often as we would like". Unlike many of the other women I visited in this town, she doesn't "go in for the cards,....or bingo and all the other stuff that goes on down the senior centre" and claims her best companion is the television. She was very pleased with her wee house and claimed to "be quite happy with her own company...and the quiet."

Figure 8b - Example of a profile memo - an "ageing place"

Quill Lake was home to 8 of the respondents in this study and I visited it on four separate occasions during the data collection process. QL is a town of 468 residents, 96 (19.5%) of whom are over the age of 75. The cultural background and "mother language" of community members is predominant English (80%) with 5% of the population identifying as Franco-phone and the remaining 15% as "other" (Low German and Ukrainian). QL is located 210 km from Saskatoon and 230 km from Regina. Most respondents living in this community consider Saskatoon to be the closest major urban center and they travel to Saskatoon for major purchases or to access other needed health, educational, economic, commercial or social resources. There appears to be a vibrant and active sense of "community as communion"...lots is going on....the cafe was busy, there are two gas stations, a hardware store, small bakery, a local newspaper, a farm supply and implement dealer, two grain elevators, a fertilizer plant and two grocery stores. There is also an ice hockey rink, a curling rink, a large senior centre, 7 churches, a primary/ secondary school, and a large community hall. This is certainly the most commercially viable village I visited. In addition to serving as a service centre for local farms, the relative vibrancy noted in Quill Lake is also likely due to the town's proximity to a tourist destination. The town is adjacent to a large nature preserve with over one thousand acres dedicated to a park. The principal attraction comes from the fact that the park and the community are located directly below a major North American fly through for migrating birds. This appeals to both ornithologists and hunters!

Data analysis ceased when further and repetitive review of the existing data did not lead to the establishment of new categories and no new additions could be made to existing categories. According to Glaser and Strauss (1967), the criteria for closure in a grounded theory project are as follows:

- The conceptual framework must be systematic in its treatment of the subject matter
- It must provide a reasonably accurate description of the subject matter
- It must be set forth in a manner that facilitates its use by other researchers
- It must be at a point of development that it can be published with confidence (p.112).

At this point, I decided to draw the process of searching, coding and categorizing the data to a close. I began to work on developing a conceptual framework that would explain the relationship between the original data and the core categories.

SELECTIVE CODING: CORE CATEGORIES AND THE EMERGING CONCEPTUAL FRAMEWORK

"The core category must be the sun, standing in orderly systematic relationship to its planets" (Strauss and Corbin, 1990 p. 124)

As the research project moved along, I knew the time was coming when I need to "find the sun and order the remaining constellations" in my data. I had

pondered over the data set and examined the codes and categories over a relatively long period of time. This period of examination lasted from the time the data were first collected until the time of writing this research report. As a result, the naming, shifting and sorting of codes to categories was an evolutionary process. I wondered when to stop. Glaser and Strauss (1967) state that one can reach a point where:

...no additional data are being found whereby the researcher can develop properties of the category. As he sees similar instances over and over again, the researcher becomes empirically confident that a category is saturated...when one category is saturated, nothing remains but to go on to new groups for data on other categories, and attempt to saturate those categories also (p. 65).

I knew that core categories are those with the greatest explanatory power and should be as saturated as possible. At this time I tried to seek out major or core categories which could explain the relationship between all the others and provide an understanding of what it is like for older women to age in place in ageing communities. I returned to the categories (and their various properties) and examined them again against the data, looking for the most saturated categories. Beginning with the first category in the list, the scope of the category and the number of properties or dimensions associated with it were

identified. I tried to determine which categories were most saturated with supporting data. This process was repeated with each of the principal categories in an ongoing effort to find similarities or make linkages between the various principal categories that would contribute to an understanding of the core dimensions of the phenomenon under examination. Features of the various principal categories were summarized and then these summaries collapsed to find the essential ingredients that might be used to explain how the respondents described their experience of growing older in rural communities. As this process indicates, the development of the conceptual framework and the writing of memos were complementary actions.

The process of writing about the conceptual framework presented yet another test of my ideas and interpretations of the data. From this writing process, a hypothesis emerged that was based on the theoretical writing. For example, several of the women indicated that they were aware that their ability to continue to live alone in their chosen community was dependent upon maintaining an adequate level of health and functional ability. This observation was noted in theoretical memos, supported with references to specific excerpts from the interview text, and flagged as an important

point to remember when creating the conceptual framework. This entire process required additional theoretical memo writing to help me to "fine tune" the exact meaning of each of the categories in the framework, and how the different parts of the conceptual framework can be presented in relationship to each other. By including quotes to illustrate the concepts and linkages between concepts, theoretical writing served to provide me with the necessary connection (i.e. grounding) to the raw data.

Figure 9 provides an example of the theoretical writing which guided the discovery of the core categories and led to the development of the various hypotheses presented in the conceptual framework. These hypotheses explain the linkages among concepts within and across categories contained in the framework. Figure 10 gives an example of writing about a hypothesis. Figure 11 gives an example of how the concepts of "staying put" and "managing life" are related to the concepts of "attitudes", "kin help"; "peer networks" and "non-peer/family supports".

Figure 9 - Example of writing about findings, core categories, and the development of the conceptual framework

Observations I have made about the interaction of the women in this study with their respective communities seem to indicate that, for them, a community is about "communion". As I looked at the data again, I noted how often sentiments were expressed which indicated the women felt attached to place, with others, to God, to the rhythm of the seasons, and to the agricultural economy (farming). Their understanding of their own community ties stems from both their historical and current connections to both the physical place, the interpersonal relationships which developed over time within that place, and a connection to their faith/spiritual life. This sense of "CONNECTEDNESS" then, can be explored further to see if it could provide the basis for understanding the women's experiences of ageing in place. It seems to be a dominant concept and therefore one which I will use as a "container" (core category) for a number of the principal categories. I have chosen "**CONNECTEDNESS**" to represent a **core category**. I will use it to discuss the relationships between many of the principal categories.

Figure 10 - Example of a Hypothesis

Older rural women prefer living alone "in place". For them this means "staying put". The ability to live alone or "stay put" successfully in rural Saskatchewan seems to be conditional on adequate levels of personal health, a personal belief that one can do so, and connections to a supportive network.

Figure 11: Example of concept relationships -

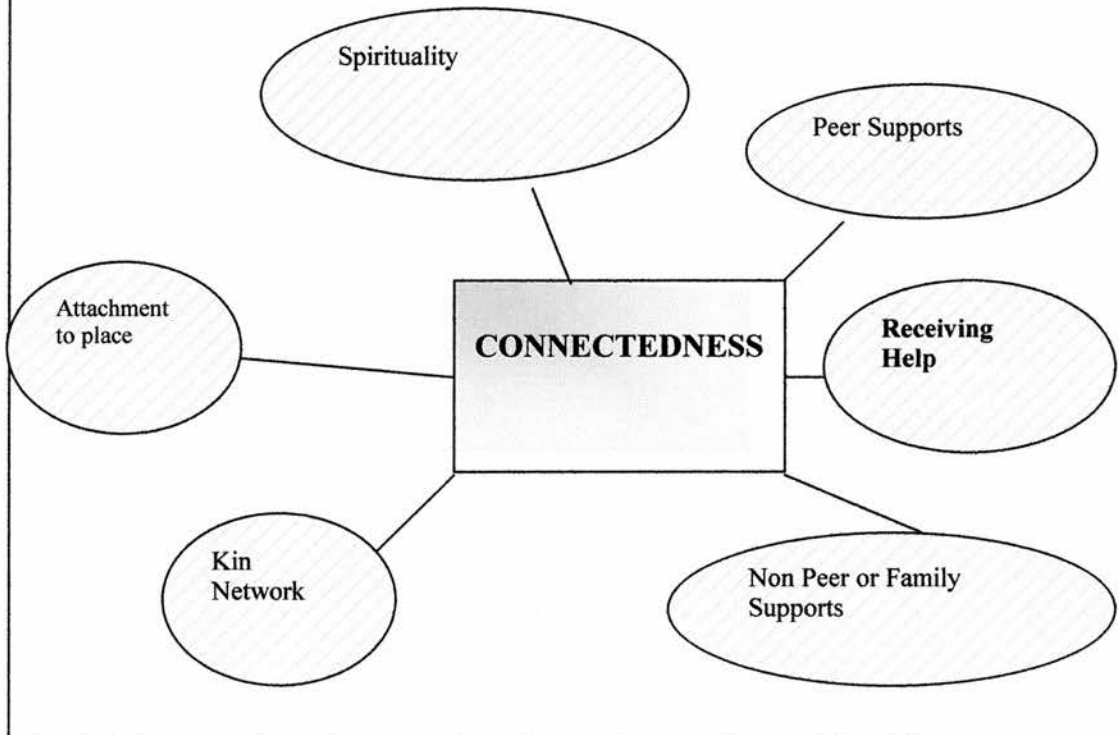


Figure 12 - Relationship of Principal categories and Core categories

PRINCIPAL CATEGORY	CORE CATEGORY
Relationship of Health to Independent Living	RESILIENCE
Attitudes	RESILIENCE
Attachment to Place	CONNECTEDNESS
Peer Networks	CONNECTEDNESS
Kinship	CONNECTEDNESS
Spirituality	CONNECTEDNESS
Non-Peer Help	CONNECTEDNESS
Worries	RESILIENCE

The first core category that is proposed for this study is **CONNECTEDNESS**. The other core category is **RESILIENCE**. Figure 12 illustrates the relationships of all of the principal categories that are proposed as the final **core** categories. The complete conceptual framework, including a further discussion of how the codes, principal categories, core categories are related to the conceptual framework is presented in Chapter 7.

CHAPTER FIVE: RESEARCH FINDINGS

COMMUNITY INVENTORIES AND RESPONDENT PROFILES

COMMUNITY AS A CONCEPT

This research studied a particular group of people in particular places or "communities" and sought to understand how they experienced "community life" as older women. Findings from the study indicate that, for these older rural women a strong sense of belonging to a locality exists. In order to gain a sense of the lives of rural elderly people and what it means to grow old in a rural setting, it is important to think about the nature of these communities. However, ambiguity and vagueness often characterize the very concept of community. Attempts to delineate the exact meaning of the word have resulted in a multiplicity of definitions. This makes the task of acquiring an understanding of the phenomenon of any one person's experience of community a challenge.

Community has sometimes been understood as a group of people who share a defined geographical space, such as a neighborhood. However, community can also refer to group of people who share common traits that identify them as a unique group in society, such as "the Francophone community". Alternatively, community can also refer to the emotional and sentimental

characteristics of belonging to a social group. Such belonging provides a sense of identity and affinity with the members of that group. Over forty years ago, Hillery (1955) discovered 95 definitions of community. He made an examination of these definitions and found three central categories. These categories included commonality among people, social interaction and common land.

Despite the questioning of the concept of community through the 1970' and 1980's, the idea of community is again noticeable in the literature. The recent approach sees community as inserted into a structural framework constituted by national political and economic structures. This approach implies that community is not independent of what is happening in the rest of society.

Questions about communities and community life have pre-occupied many social observers and analysts. We inherit theories and the importance of communities from classical theorists. Formulations of the nature of communities start from a set of assumptions about the organization and content of interpersonal ties in societies. Classic sociological theories utilizing bipolar dichotomies have often been employed to understand rural-urban differences in the experience of community. These theories were originally developed to

compare and contrast simple societies (often operationally defined as rural) with those assumed to be more complex (operationally defined as urban). The first attempt to systematically develop the concept of community is found in the work of Toennies (1887, 1955). He made the well-known distinction between *Gemeinschaft* and *Gesellschaft*. Toennies' dichotomized view of social relations was built upon the assumption that pre-industrial and industrial society can be characterized as having only one of two types of social relations.

Subsequent theories that have been used to describe differences between urban and rural settings include Durkheim's (1892, 1964) mechanical/organic solidarity, Redfield's (1947) folk/urban and Becker's (1963) sacred/secular. While these theories utilize different terms and often disagree on which traits are most significant, they do include numerous similarities. Perhaps the two most apparent common features of all the dichotomies are population size and social similarity. Whether one used Durkheim's "mechanical solidarity", the "gemeinschaft" of Toennies, the "folk society" of Redfield, or any of the other distinctions, the so-called simpler society was consistently characterized as having a smaller population and as having more extensive occupational and lifestyle similarities. A smaller

population was considered relevant because it allowed community members to know one another on a more personal basis and reduced the number of potential social contacts. To a great extent, each person in the community was faced with the same dilemmas and structural constraints.

Most critics suggest that this way of life characterized few traditional settings (Gilbert, 1982; Goudy, 1990). Recent theorists have argued that mass communication, mass transportation, and significant internal migration make it both difficult and pointless to distinguish between the rural and the urban. Some question whether the longing for these so-called simpler societies isn't merely a nostalgic yearning for something that never really was in the best interest of the majority of people, especially women (Fischer, 1993, Mattson, 1997).

Many of the assumptions that formed the foundations for these theories have been challenged in recent years. A number of studies have found that these patterns were not so clear in the everyday reality of urban and rural life. Many recent theories of community promote the so-called "convergence perspective" and suggest that rural and urban communities are becoming homogeneous on many

dimensions (Willits et al, 1982; Ollenburger et al, 1989).

COMMUNITY INVENTORIES

Experiencing a "sense of community" was a frequent sentiment expressed by the women in this study. Therefore, examining the specific characteristics of these communities helped me to understand the experiences of the elderly women residents. As a result, I studied aspects of the communities that provide the geographic setting for their experience. Stoneall (1983) noted that:

in terms of locality, the rural community can be variously determined to be a small hamlet, a village or small city, an open country neighborhood, or even an entire county; but the social community, while locality connected, is of the mind; the ideational or symbolic sense of community, of belonging not only to a place but in its institutions and with its people" (p. 53).

Observations made about the interaction of the women in this study with their respective communities indicate that, for them, a community is about belonging, having a shared history and a similar lifestyle. Their understanding of community is also tied up with their historical connections to both the physical place and the interpersonal relationships that have developed over time within that place. I decided to inventory the

various resources available to older residents in the communities as part of the data collection process.

All settlements visited shared the characteristics of being non-urban proximate communities with a diminishing population base and increasing numbers of ageing residents. The communities varied in their ability to provide a complete range of services to inhabitants both old and young. Information about the particular amenities and services available in the home communities of all respondents is presented as a community inventory and listed in Table Five.

I had just one respondent from each of the villages of Bruno, Englefeld and Watson. As a result, the time I spent in these communities was minimal. While I have included all villages in the community inventories provided in Table Five, I have focused the majority of my discussion in this chapter about the three villages that housed fifteen of the eighteen respondents of this study. These villages are Quill Lake, Muenster and Leroy Saskatchewan. A description of these three communities, including their respective location and statistical profile, is provided in Figures 13 (a to c). The amenities in the villages varied somewhat as did the involvement of individual women with such amenities. All villages had in excess of 21 per cent of the total

population over the age of 65, compared to a provincial average of just 12.9 per cent and a national average of 12.1 per cent.

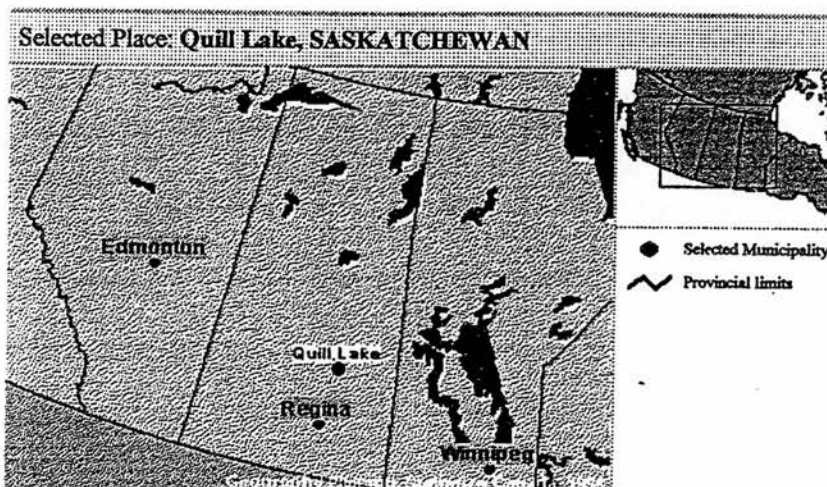
TABLE FIVE - COMMUNITY INVENTORIES (ALL SITES)

	Quill Lake	Muenster	Leroy	Bruno	Watson	Englefeld
PO	X	x	X	X	no	no
bank	1	no	1	1	no	no
church	7	1	4	2	1	1
School	1 (K-12)	1 (k -12)	1 (K-12)	1 (K-6)	1(K-6)	1 (K-6)
Senior ctr	X	X	X	X	no	no
hotel	3	1	1	1	no	no
grocer	2	1	1	1	no	1
shops	3	no	2	2	no	no
cafe	2	1	1	1	no	1
beautician	x	X	X	X	X	no
LTC home	X	no	no	X	X	no
home care	x	x	x	x	x	x
ambulance	volunteer	volunteer	no	no	no	no
Health Ctr	3 days MD	2 days MD	2 days MD	3 days MD	no	no
Meals on wheels	5 days/wk	5 days/wk	5 days/wk	3 days /wk	3 days/wk	no
Recreation	pool golf, ice rink	Ice rink curling	Ice rink curling	Ice rink curling	golf ice rink	Curling
grain elevator	x	x	x	no	no	no
gas pumps	x	x	x	x	no	x
taxi	no	no	no	no	no	no
bus service	daily to s'toon	daily to s'toon	daily to s'toon	request stop	request stop	request stop
newspaper	x weekly	parish	x weekly	x weekly	x monthly	None
Library	5 x week	at college	3 x wk	3 x wk	no	no
RCMP	x	no	x	no	no	no

All communities had "aged in place". This "ageing in place" is a function of out-migration of the young and the "staying put" of many long time residents of the town or immediate area. None of the communities visited were "retirement communities" per se. That is, none were noted to have acquired a high percentage of older residents through the process of in-migration of senior citizens retiring there from other parts of the province or country.

As can be noted, the villages also varied in their ability to provide an array of health, social, consumer, and recreational resources to residents. These variations are presented in text and table form. While similar in some respects, there were some variations noted between the communities that provide the immediate social environment for the experiences of individual ageing.

Figure 13 a - GEOGRAPHIC LOCATION AND AGE DEMOGRAPHICS
OF QUILL LAKE



Characteristics	Quill Lake			Saskatchewan		
	Total	Male	Female	Total	Male	Female
Age characteristics of the population						
Total - All persons (3)	460	210	250	990,235	489,425	500,815
Age 0-4	30	15	15	70,275	36,040	34,235
Age 5-14	50	25	30	158,315	81,065	77,245
Age 15-19	20	10	15	76,595	39,320	37,275
Age 20-24	15	10	5	64,760	32,675	32,085
Age 25-54	130	60	70	393,725	196,740	196,980
Age 55-64	40	15	25	80,960	40,050	40,910
Age 65-74	95	45	50	75,980	35,940	40,040
Age 75 and over	90	35	50	69,635	27,595	42,035
Average age of the population	48.1	46.8	49.1	35.7	34.6	36.7
% of the population ages 15 and over	82.6	80.9	83.9	76.9	76.0	77.7
Language(s) first learned and still understood						
Total - All persons (4)	465	210	250	990,240	489,425	500,810
English	395	180	215	828,250	411,835	416,415
French	10	5	5	17,285	8,235	9,055
Both English and French	0	0	0	3,110	1,495	1,615
Other languages (5)	60	30	35	141,590	67,860	73,730

Characteristics	Quill Lake	Saskatchewan
Population in 1996 (1)	463	990,237
Population in 1991 (2)	464	988,928
1991 to 1996 population change (%)	-0.2	0.1
Land area (square km)	1.30	570,113.47

QUILL LAKE, SASKATCHEWAN

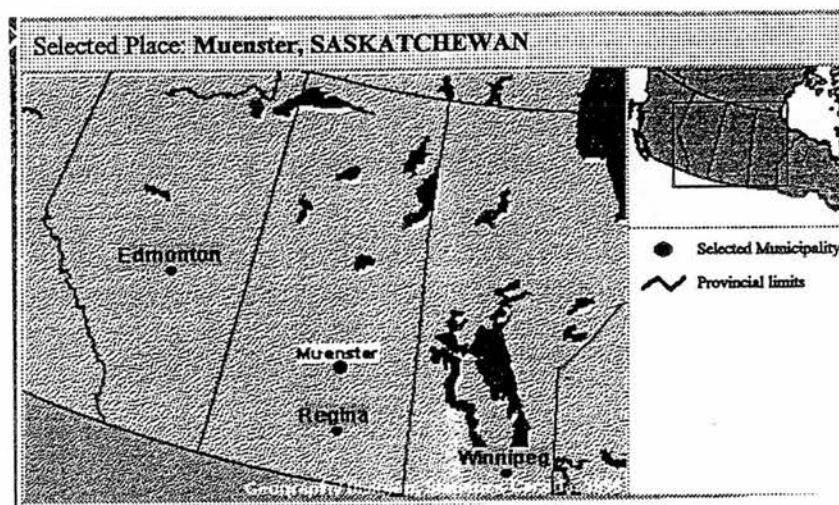
Quill Lake was home to eight of the respondents in this study and I visited it on four separate occasions during the data collection process. The town is named after the quills of the wild geese that the local aboriginal people traded to the Hudson's Bay Company. Quill Lake is a town of 468 residents, 96 (19.5 per cent) of whom are over the age of 75. The cultural background and "mother language" of community members is predominant English (80%). Just five per cent of the population identified as French speaking and the remaining 15 per cent identified as "other" (Low German and Ukrainian). Quill Lake is located 210 kilometers from Saskatoon and 230 kilometers from Regina.

Most respondents living in this community consider Saskatoon to be the closest major urban center and they travel to Saskatoon for major purchases or to access other needed health, educational, economic, commercial or social resources. There appears to be a vibrant and active sense of "community as communion". A lot is going on in the town. The cafe appeared to be a busy place, there are two gas stations, a hardware store, small bakery, a local newspaper, a farm supply and

implement dealer, two grain elevators, a fertilizer plant and two grocery stores. There is also an ice hockey rink, a curling rink, a large senior center, 7 churches, a primary and secondary school, and a large community hall. This is certainly the most commercially viable village I visited. The town used to have a hospital but it was closed down in 1969 (a big year for rural hospital closure, the province lost over 125 rural hospitals that year). There is a health center with a doctor coming two afternoons per week.

In addition to serving as a service center for local farms, the relative vibrancy I noted in Quill Lake is likely due to the proximity of the town to a large nature preserve with over one thousand acres dedicated to a park. The principal attraction comes from the fact that the park and the community are located directly below a major North American fly-through for migrating birds. This makes the area quite popular for both ornithologists and bird hunters.

Figure 13b - GEOGRAPHIC LOCATION AND AGE DEMOGRAPHICS OF MUESTER



Characteristics	Muenster			Saskatchewan		
	Total	Male	Female	Total	Male	Female
Age characteristics of the population						
Total - All persons (3)	380	180	200	990,235	489,425	500,815
Age 0-4	20	10	5	70,275	36,040	34,235
Age 5-14	65	25	40	158,315	81,065	77,245
Age 15-19	45	20	25	76,595	39,320	37,275
Age 20-24	15	10	5	64,760	32,675	32,085
Age 25-54	135	70	70	393,725	196,740	196,980
Age 55-64	20	15	10	80,960	40,050	40,910
Age 65-74	35	20	20	75,980	35,940	40,040
Age 75 and over	40	15	25	69,635	27,595	42,035
Average age of the population	38.0	37.5	38.4	35.7	34.6	36.7
% of the population ages 15 and over	78.9	80.5	77.4	76.9	76.0	77.7
Language(s) first learned and still understood						
Total - All persons (4)	380	180	200	990,240	489,425	500,810
English	330	160	165	828,250	411,835	416,415
French	5	5	0	17,285	8,235	9,055
Both English and French	0	0	0	3,110	1,495	1,615
Other languages (5)	45	20	25	141,590	67,860	73,730

Characteristics	Muenster	Saskatchewan
Population in 1996 (1)	381	990,237
Population in 1991 (2)	385	988,928
1991 to 1996 population change (%)	-1.0	0.1
Land area (square km)	1.29	570,113.47

MUENSTER, SASKATCHEWAN

Nearly a hundred years ago, eight Benedictine monks journeyed north with a group of German-Americans to establish a German Catholic colony in the Canadian territories. The Benedictines chose a site near present-day Muenster for their monastery, and the settlers took out homesteads in the surrounding area. The first wave of immigrants arrived in St. Peter's Colony in 1903. By 1910, about eight thousand German Catholics had come to live in what would be known as St. Peter's Colony. Only a few descendants of these early settlers remain in the area today. The parents or parent's-in-law of the four women in this study were among those early settlers. The women interviewed in Muenster represent those who decided to "stay put".

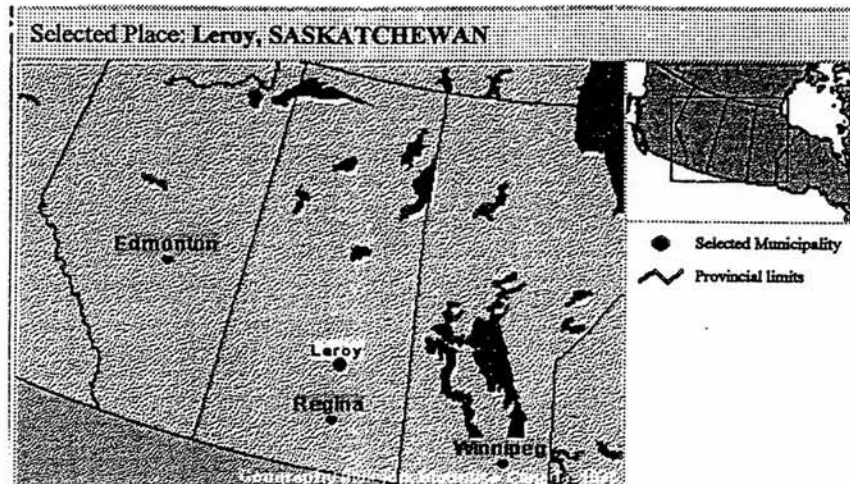
The church played an integral role in the community from the very beginning. The first expedition of prospective homesteaders that came in 1902 was led by a monk, Fr. Bruno Doerfler, who later became prior of St. Peter's, the first Benedictine Abbey in Canada. The Benedictines helped to maintain a strong religious climate throughout the settlement. In 1909, the Cathedral was one of the first buildings erected. The

early religious climate continues to this day, with the parish priest remaining an influential and involved member of community life. It appears that the entire social life of the women in Muenster revolves around the church and family. According to one respondent from Muenster, these German Catholic immigrants brought "a deep and abiding faith, a strong work ethic and a desire for order with them". The Post Office was opened in 1904 and still provides service three days per week. There were two elevators in the town in earlier days. Both are now gone. The Co-op grocery store was established in 1939 and remains open six days per week. This store delivers groceries to anyone who cannot manage their own shopping. The delivery charge is twenty-five cents. The town also boasts a credit union and a small hotel, with the requisite beer parlour attached. The Muenster school was opened in 1904 and remains open for children from six to fourteen years of age. Older children go to high school in Humboldt, traveling thirty minutes by school bus. There is no local hospital or long term care facility. These services must be accessed from Humboldt, thirty minutes away.

In addition to the vibrant religious community, the presence of St. Peter's College, a denominational two-

year community college in the town, makes a significant contribution to Muenster's economic and employment base. Without the dominant presence of the Abbey and college there would be little to sustain the business and services of the village. The children of all the women interviewed in Muenster had spent time studying at the college. Each woman acknowledged the essential role the "intentional" religious foundations of the town played in bringing and keeping them rooted in this place. Interestingly enough, three of the women interviewed in Muenster were related to each other in some way and all shared a common faith. These women met together every morning to say the rosary. Their days were spent in various community activities, most of which had something to do with the Abbey church or college.

FIGURE 13c GEOGRAPHIC LOCATION AND AGE DEMOGRAPHICS OF LEROY, SASKATCHEWAN



Characteristics	Leroy			Saskatchewan		
	Total	Male	Female	Total	Male	Female
Age characteristics of the population						
Total - All persons (3)	420	200	220	990,235	489,425	500,815
Age 0-4	30	10	15	70,275	36,040	34,235
Age 5-14	60	30	30	158,315	81,065	77,245
Age 15-19	30	20	20	76,595	39,320	37,275
Age 20-24	20	15	5	64,760	32,675	32,085
Age 25-54	140	65	70	393,725	196,740	196,980
Age 55-64	25	15	10	80,960	40,050	40,910
Age 65-74	60	20	40	75,980	35,940	40,040
Age 75 and over	55	30	30	69,635	27,595	42,035
Average age of the population	41.0	39.8	42.1	35.7	34.6	36.7
% of the population ages 15 and over	79.7	79.9	79.5	76.9	76.0	77.7
Language(s) first learned and still understood						
Total - All persons (4)	420	195	220	990,240	489,425	500,810
English	385	180	205	828,250	411,835	416,415
French	0	0	0	17,285	8,235	9,055
Both English and French	0	0	0	3,110	1,495	1,615
Other languages (5)	30	15	15	141,590	67,860	73,730

Characteristics	Leroy	Saskatchewan
Population in 1996 (1)	420	990,237
Population in 1991 (2)	456	988,926
1991 to 1996 population change (%)	-7.9	0.1
Land area (square km)	1.04	570,113.47

LEROY, SASKATCHEWAN

The town of Leroy is located in the south-central part of the Central Plains Health District. Leroy is a community with much more diverse ethnic origins than Muenster. There are many people of German Catholic origin in the area. Churches were established by the United Church in 1905, the Anglicans in 1907, and the Lutherans (Scandinavian immigrants) in 1909. A group of Irish Catholics also homesteaded as a group and settled large sections of land. The original name for the community was Bogend as it is located on the edge of a large swamp that runs to the southwest. The name was changed to Leroy in 1921. Unlike the other villages I visited, Leroy is not positioned at an intersection of two major highways. You have to be planning to go to Leroy to get there since it is not located on a route that would lead you to come across it on your way to somewhere else. The last 10 miles into town is on a gravel road!

Just after the end of W.W.II, three hangars from the air force training base at the nearby hamlet of Dafoe were moved into the town to become its first hospital. This hospital remained open and served the community until government closed it in 1969. This

building was changed to a long-term care facility in 1970 but that was also closed in 1996. The building now sits empty. Residents of this community must now travel (by private car since there is no train and only limited bus service) to either Humboldt (1 hour) or Wynard (1.5 hours). There is a small health center where a doctor from Humboldt comes two afternoons per week to hold clinics. Home nursing and the ambulance service operates out of this building too. Over 27 per cent of the people in the town are over the age of 65. There is an active home care program, meals-on-wheels service (volunteer) and a volunteer medical transportation program. There is a small senior center, an ice rink, curling rink, 9-hole golf course and a library (open 3 days per week). There is a small cafe, one grocer, a post office, a bank and a gas station. The elevators were torn down in 1991. Farmers now have to truck their grain to an elevator 30 miles away. Hog production is big business in this area and there is a large abattoir outside the village that employs 30 people.

The town presently has 5 churches (Catholic, Anglican, United, Lutheran, and Baptist) and a Jehovah Witness hall. The local school (K-12) is still open but has significantly reduced enrolment in all grades.

RESPONDENT PROFILES

"What is a life? An illusion, a shadow, a story." Pedro Calderon de la Barca, 1600-1681

This chapter includes information about the respondents in this study. A profile of the respondents is presented in Table Six. The chapter continues with the presentation of case studies for nine out of the eighteen women interviewed. The case studies are presented here to illustrate the themes and observations that emerged during the study. Each case study includes a brief description of the respondent and her surroundings, the notes I made regarding the interview process when appropriate, and a closing discussion of both the unique and common aspects of the experiences described by the woman.

Research results benefit from a closer examination of information that does not fall into the central tendency of the findings. The central tendency noted in my study is the significant involvement of family and peers in the lives of older rural women. However, notable variations were seen in two of the respondents. The case studies presented in this chapter provide a description of the relatively minor role of family in one woman's story and the description of conflict and stress between mother and daughter in another story.

Although most respondents gave me permission to use their names, I have chosen to protect their privacy by using letters of the alphabet to give them both a first and last initial.

The primary focus of this study was to gather the perspectives of women over the age of 80. Thus, hearing the "world view" of these women was a key part in all facets of the study. The emerging profile of the majority of the women in the study is one of an active, independent, and positive person. Evidence in this study suggests that many older women residents of rural communities are involved in reciprocal social relationships and are coping quite well, at least at the time of the data collection. Through the use of tables and text, this section of the research gives particular attention to:

- Age, marital status and family network composition
- Education/work history
- Religious affiliation
- Tenure or length of time in the community
- Availability of proximate vs. non-proximate kin
- Involvement with the formal health care system
- Community involvement
- Descriptions of their activities of daily living
- Social network type (Wenger, 1989)

TABLE SIX - RESPONDENT PROFILE

r#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID																		
1	83	87	86	87	83	92	91	84	83	82	83	86	91	89	82	85	92	97
2	20	7	15	25	5	1	10	5	1	10	5	12	10	40	5	10	21	30
3	R	R	R	R	O	O	O	R	O	R	O	R	O	R	O	O	O	O
4	B	B	B	B	D	E	C	A	A	A	A	C	C	F	A	A	A	A
5	70	70	60	60	60	L	70	L	L	60	L	2	L	7	60	50	L	80
6	2	6	1	2	1	2	0	2	4	2	1	1	1	1	1	2	2	1
7	6	7	5	4	1	3	1	2	1	0	3	1	0	0	2	5	2	3
8	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
9	Y	N	Y	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
10	F	F	F	F	T	T	--	--	T	T	T	T	--	--	T	T	T	T
11	RC	RC	RC	RC	RC	UC	UC	O	L	UC	RC	--	UC	A	RC	RC	A	A
12	N	N	N	N	Y	N	Y	N	N	N	N	N	N	N	N	N	N	N
13	2	2	2	2	3	2	3	1	2	2	2	1	1	1	2	2	2	2

1- age

2 - # yrs. widowed

3 - rent or own home

4 - village of residence

5 - length of time in community

6 - # proximate kin

7 - # non=proximate kin

8 - proximate kin helpers are primary carers

9 - professional/home care network involved?

10 - age peer friends T = general community F = faith community

11. Religion

RC = Catholic, A = Anglican

L = Lutheran, UC = United

O= Jehovah Witness

12. operates vehicle

13. Network Type (Wenger)

1. (local family depend)

2. (local integrated)

3. (local self contained)

DISCUSSION OF TABLE SIX

1. AGE, FAMILY STATUS

As indicated in Table Six, the eighteen respondents of this study ranged in age from 82 to 97 years of age, with an average age of 86.8 years. All were mothers, having given birth to anywhere from one to thirteen children. All currently live alone and all are widows. The average length of time since widowhood ranged from twelve months to over forty years. All but one respondent had at least one adult child living within five miles of her home and these same seventeen women identified an adult child as their principal source of outside help.

2. HOUSING

Eight of the respondents own and live in their own homes, two live in private market rental accommodation and the remaining eight are residents of government subsidized senior housing units. Most of the government-sponsored seniors housing units share common recreation and laundry facilities, as well as gardens and grounds. These units have been built throughout the province by the Saskatchewan government over the past ten to twenty years in an effort to offer affordable housing to both urban and rural seniors. Access to such

units in rural Saskatchewan is relatively easy and affordable. Residents of these units pay 25 per cent of their taxable income as rent. The rent includes utilities and the cost of building maintenance.

The women in private market rental accommodation paid more rent but still claimed that their housing costs accounted for less than 30 per cent of their net income. The women who owned their own homes did not have mortgages and stated that their housing costs (property tax, utilities, and maintenance) were easily affordable with their current income levels. In short, all respondents felt that housing was accessible and suited most of their personal needs. Several of the women did complain about the small sized rooms in the seniors housing complex and admitted to having to limit their activities when entertaining family and friends.

3. INCOME

Many other studies on rural older women have reported that women in such circumstances often experience poverty (McLaughlin and Holden, 1993; Rowles and Johansson, 1993; Glasgow and Brown, 1998;). This was not the case for the women in this particular research project. Instead of trying to obtain exact figures, I wove general questions such "are you able to manage on

the income you receive?" into the conversation. My main objective was to determine if financial matters concerned the women. While specific questions about yearly income were not asked of respondents in this study, all claimed to receive at least twelve thousand dollars per year from government pension and/or other income. From this income, the women reported that they were able to "pay their own way" and manage quite well. So for the most part, money was not a concern for the women in this study.

Most women reported a life long pattern of "making do" and "making ends meet". Several women seemed to perceive having a regular income of "their own money" as something relatively new to them. Many of the women reported that they "had never had much money in the past" and were quite unaccustomed to having an independent income. The majority of these women viewed having a regular income from the public pension system as a "wonderful thing". Several of the women reported that they have more disposable income now than ever before. Many made such comments as "I've been through worse times than this on less than pension pay!". In fact, several of the women appeared to take great delight at having sufficient income to be able to "treat" family and friends to meals and to give large

gifts. The women appeared to spend little money on personal items for themselves however, and held on to life-long patterns of frugality.

4. TRANSPORTATION

Two of the women still owned and operated a motor vehicle but the remainder relied on family, friends, and neighbors for transportation. All residents lived in communities that are poorly served by public transport for either local or distant destinations. While it is possible to take the bus from all villages visited in this study, connections are often awkward and the service isn't frequent or flexible enough to accommodate shopping trips or visits to medical specialists. Not one of the communities has a formal taxicab service.

5. TENURE

Six of the respondents had been born within fifty miles of their current residence. A further ten respondents had emigrated while very young (less than twenty years of age) as members of homesteading families. Two subjects were relative newcomers to the area, one relocating five years previous and one just two years prior to the date of the interview. These "newcomers" described the support available to them in

their community as coming primarily from their kin network. For example, their connection to a proximate peer network, considered to be one of the most important sources of support for the other respondents in the study, was much more tenuous. While claiming the people in the particular community were "friendly and helpful", these women reported that they did not feel they had a ready supply of close age-peer friends to call on for support and companionship. In a similar vein, these two women seemed to have less affinity to the particular village. For both women, the primary purpose of residing in a particular place was to be close to an adult daughter.

6. EDUCATION AND WORK HISTORY

Four of the women in the study had extensive paid work history. Two were registered nurses, both of whom worked until the usual retirement age of 65. One other woman had been the village post-mistress for over forty-five years and the fourth woman had been a school teacher for many years. The remaining twelve women spent their lives working alongside their husbands and families on the farm. The majority of these farms produced grain, with only limited livestock production (mostly hogs). All women in the study spoke of having

large gardens in the past and "putting up" quantities of food and preserves. While none of the farm women had formal off-farm employment, all recalled various income generating strategies they had employed over the years. These strategies included selling eggs, milk or butter, selling hand-crafted items, providing child care for others or "hiring themselves out" to assist other farming families with seeding and harvest.

Only six of the women had attended school past the ninth grade. As can be expected in rural Saskatchewan, all of the women attended small one-room schools as youngsters. The women who left school after nine years did so to either work on the family farm or to go to work in nearby communities before marrying.

English was a second language to six of the women in this study and the majority of these women spoke German with family and friends. All of these women immigrated to Canada from Europe as children or young adults.

7. RELIGIOUS AFFILIATION

Church attendance and involvement with a faith community was very important to a number of the women in the study. The women in Muenster all lived in the same housing complex and met each morning to say the rosary

together. The Catholic Church in the rural communities I visited appeared to have little difficulty maintaining an active and supportive role to the community. However, the women who are of the Protestant faith expressed a number of concerns about the diminishing role of the church in community life. Many of the small rural settlements have difficulty generating sufficient income and interest to hold Protestant services more than twice per month. Due to dwindling numbers of parishioners and limited funds, both the United Church of Canada and the Anglican Church of Canada have established a practice of assigning one minister to circulate among a number of local congregations in rural areas of the province. These are referred to as "multi-point charges". The women reported that, while they were grateful to have some support, this arrangement has often resulted in irregular worship services. They also saw the minister (many of whom are women) as being less available to attend to the pastoral care concerns of rural residents than they would like.

8. COMMUNITY SERVICE AND PARTICIPATION

The majority of the women in the study reported having had significant involvement over the years with various community service organizations. These women

were involved in the past with 4-H, Parent-School Associations, Rural Women's Institutes, Fall Fair Committees, Church Guilds, and service clubs such as the Kinettes. With the exception of the two women who were recent arrivals in the town and two other women who describe themselves as "loners", all women gave evidence of an active life of community service. Interestingly enough, with the exception of two of these respondents, all women who reported having previous involvement with community groups had withdrawn from such activities in the past five to ten years. Most reported that they felt they were "past being useful" at such things and that these activities were "best left to the young ones.... after all, it's their turn".

9. INVOLVEMENT WITH THE LOCAL SENIOR CENTER

Several of the German Catholic women reported that their "common faith" was the source of connection to age peer friends. Other women (with the exception of the two loners and the two "newcomers") reported that their age peer friends were from long-standing relationships with other women "from the village". The women did visit in each other's homes on occasion but the majority of their social contact with a number of their friends occurred at the local senior activity center. These

centers appear to be real hives of activity in small town Saskatchewan! Most centers are open every day of the year except Christmas, Easter Sunday and New Year's Day. Many serve a hot lunch and there is a broad range of games, quilting or craft groups, exercise classes etc. The majority of the women in this study spoke highly of the pivotal role the centre plays in contributing to the quality of life for rural elders.

CASE STUDIES AND SOCIAL NETWORK TYPES

I have chosen specific respondents to illustrate how I used Wenger's (1989; 1994) social network types in the study to explain the way these rural women found needed support and assistance. I found Wenger's model very helpful for understanding the relationship between older rural women and the social network structures that were available to them in their respective communities. Wenger suggests that different types of informal support networks exist in communities and each network has different membership. She continues this argument by suggesting that different network types will have different capacities to provide any needed resources to residents of that community. Her support network typology is based on three factors; the availability of close kin in the locality, the level of involvement of

family, friends, and neighbors; and the degree of interaction with community and voluntary groups.

It is interesting to note that Wenger's original research involved collecting data in both rural communities which had "aged in place" as well as in communities which had aged through "in-migration" of older persons. Wenger's final two networks (the wider community focused network and the private restricted network) describe networks that were found to be present in the lives of those elderly persons living in Wales who were recent migrants to particular communities. The previous three network types were most often reported as present in the lives of individuals who had "grown old in one place".

Wenger's network types were described in some detail in Chapter Two of this report. To recap, the types are "1) local family dependent, 2) locally integrated, 3) local self-contained, 4) wider community focused, and 5) private restricted" (Wenger, 1989, p.3-4). Using her classification of social network types helped me to see how a particular type of social network can determine the "goodness of fit" between a rural older woman's need for support and the ability of the community or social network to respond to such needs.

Table Seven indicates the number of respondents that were found to fit into the social network typology developed by Wenger. Specific information about the nature of the social networks for nine out of eighteen of the respondents is described in the case summaries.

The findings of my study echo many of the findings in Wenger's research. It appears from my findings that those individuals who do "grow old in one place" have a social network that is rich, diverse, and long-standing (i.e.: includes family, old and new friends, neighbors and community groups).

Table Seven - Classification of Respondents according to Wenger's Social Network Type

FAMILY DEPENDENT	LOCALLY INTEGRATED	LOCAL SELF- CONTAINED	WIDER COMMUNITY FOCUSED	PRIVATE RESTRICTED
4	12	2	0	0

Wenger (1994) reported that individuals who "age in place" appear to be involved in networks that have "naturally evolved" over the life span of the individual. The findings of my study of older women residents of rural Saskatchewan are certainly in keeping with this interpretation. These support systems also

appear to mimic the "convoy model" initially proposed by Kahn and Antonucci (1980). The data presented in the individual case presentations describes the life and social situation of several respondents in this study.

CASE STUDIES

1. Mrs. A.B. - Mrs. B. is an 83-year-old woman who has been widowed for over 20 years. She married at 19, farmed with her husband until his sudden death in 1973, and bore eight children - two of whom (elder sons) still live in the community and operate the family farm. She lives in a local senior's complex where she has been resident for just 1 year. Prior to this relocation she lived in her own home, located across the street from her current garden flat. She immigrated to the area from Germany as a child, arriving with her homesteading parents and 11 siblings. Her other children live in western Canada, visit every year or so and keep in contact mainly by long distance calls. Only one of her siblings is still living, a sister who is a resident of the nursing home in a nearby town. As Mrs. B. does not drive, she doesn't get to see her sister as often as she would like since "it is hard to always be asking folks to drive you over there".

Mrs. B. reported having a large circle of life long friends, including the majority of the other 11 residents of the senior's complex where she lives. Most of these women appear to have known each other for most of their lives. For many, this contact occurred through their activities with the church, the Catholic Women's League, the Farm Women's guild or other community associations. Many of the women shared various and inter-connected roles in the community over the years. A devout Catholic, Mrs. B. starts her day by joining the other 9 Catholic women in the complex each morning to say the rosary. She had been going to weekly mass but had recently fallen in the bathtub and was nursing a sore right hip by staying in and limiting her activities. She was the reluctant recipient of home help in the way of assistance with a weekly tub bath. A health nurse was stopping by every other day to check on the dressing on a nasty abrasion to her knee. She claimed to be independent in all other aspects of homemaking but did admit that her daughter in law did most of her shopping - although she allowed that the local grocery store "would always deliver things if she (the daughter) forgot or was too busy".

Mrs. B. does have some assistance from the formal care sector. However, her large proximate kin network as

well as close relationships with life long friends and neighbours comprises the bulk of the social support system important to her. Her support system then, was determined to resemble Wenger's (1994) description of a locally integrated network.

2. Mrs. C. D. - This 87-year-old woman was interviewed in the rented garden apartment of a senior housing complex where she has lived for 10 years. Prior to relocating to the senior's complex, Mrs. D. lived in a small bungalow in the same village. Mrs. B. has been widowed for 7 years and reported that she still missed her husband. She made frequent comments such as; "every day, I wish he was still with me...we were such a good team." However, she feels that she has made a fairly good adaptation to widowhood, saying things like "we must carry on as God expects us to". In addition to an extremely large kin network, (she is the mother of 13 children, grandmother to 57 and great-grandmother to scores of others!), she participates on the Board of Directors of the local senior's centre, continues to help out on the family farm (now owned and operated by her two eldest sons) and manages all aspects of her own activities of daily living without outside assistance. In fact, Mrs. D. is often pressed into service to help

her daughters or daughters-in-law with large household tasks such as window washing and spring-cleaning. She is very proud of her good physical health, boasting that she has "never had an operation.... or been in hospital, except to have my last 3 children". Mrs. D. is a deeply religious woman who has extensive, daily involvement with her church and members of her religious community. Mrs. D. continues to be a vibrant and active member of the community that has been her home for over 70 years. Her social support system also fits Wenger's description of a locally integrated network.

3. Mrs. E.F. - This frail 86-year-old woman was also interviewed in the rented garden flat of the same senior's complex that houses respondents 1 and 2. Unlike the previous 2 respondents however, Mrs. F. has not had good health in recent years and had significantly more help provided to her by both proximate kin and the formal care system. Unlike several other respondents, Mrs. F. had just one proximate kin member readily available to provide needed assistance. Her son lived on the original family farm near to her village. Both he and his wife were involved in providing assistance with banking and personal finance management, grocery or other shopping and

driving her to any appointments. Mrs. F. received meals on wheels each day at noon, had a home help come in each morning to help her with dressing and personal grooming, and do basic housekeeping tasks. She did manage to see a number of her life long friends on a regular basis. This contact was possible due to the fact that many of these friends lived in the same senior's complex and were very easy to reach. However, Mrs. F. did say that more often than not "people come in to see me, I often don't feel strong enough or make the efforts to go down the hall to someone else's place.....I'm pretty lucky that they bother with an old thing like me". This respondent expressed a number of worries over her failing health and continued ability to live "on her own". She seemed very cognizant of the fact that her "independent lifestyle" was heavily dependent on the ability of her family, friends and formal community support systems to continue to offer increasingly extensive levels of support. She stated that "I know if I get much weaker, I will have to move from here...I don't like to think about it because I have been in this community for most of my life". For this woman, relocation did have some fairly significant consequences beyond losing her own home. The particular village she has called home for years does not have a long term care

facility. For her to receive the level of care she will likely need in the near future, accommodation would need to be secured in a larger town 10 miles away. While this distance may not seem significant to many, Mrs. F. knew that her eventual removal from her home village would mean a loss of contact with age peers such as life long friends and siblings. As she says "I can't get around to see my old pals who have gone to H_____, so I know that none of my friends will be able to get to see me there like they do here...here my friends can just walk in, but to go to the other.....well, they would have to ask someone to take them and I know...like Clara and Isobel.....well, they just wouldn't." The option of moving in with her son and daughter-in-law was "out of the question" as far as Mrs. F. was concerned... "they have their own lives, I wouldn't want to be in the way of that". This was a general feeling among most respondents. Very few women thought cohabitation with children or grandchildren was desirable and most tried to make as few demands for support on their family as possible. Clearly, the presence of family, friends and neighbours was a vital component of Mrs. F.'s social support system. Although her network has characteristics of the locally integrated network system, her recent bout of poor health has curtailed her

interaction with her social world somewhat. For this reason, her current system seemed to be shifting over to a network type that is more like the local self-contained variety.

4. Mrs. G.H. - This 87-year-old woman is also resident of the senior's complex that houses the first three respondents. Unlike the others however, Mrs. H. only relocated to her apartment in this unit within the past year. Prior to this time she had been struggling to maintain her own home on the main street of the same village. Apparently the large house and yard had "become too much for her" and her family had convinced her to move into the senior's complex. Although initially reluctant, Mrs. H. stated that "moving in here was the best thing I did, everything is so handy.... And I have such good company with the other women...most of them I've known for years.... We all were farm girls and had our babies and that at the same time so we have gone through similar experiences.... We visit and are in and out of each other's places all day long.... And you know, we really have fun!" It did appear during the course of the research interview that Mrs. H. felt that she was very well integrated into her immediate social environment. Her phone rang constantly and she was in

the middle of "making a few cakes to share with the others" when I arrived for the interview. After observing her interact with others in the complex and hearing her on the phone, I had the sense that this woman does much of the social organizing in the village and many of her age peer friends rely on her for informational support. For example, she seems to know many people and is knowledgeable about various things like home care, the doctor's schedule, activities in the town etc. Given her wide circle of friends, a strong presence of family support, and connection to various community groups, this respondent's social support system was also seen to illustrate the locally integrated network type

5. Mrs. I.J. - Mrs. J. is another woman I visited who is in her 90's. She lives alone in a private rental apartment. A retired school teacher, Mrs. J. moved to the village 7 years ago to be near her only daughter and son-in-law. The daughter and son-in-law have lived in the village for many years. Their two children (the respondents' adult grandchildren) also live nearby with their children. Mrs. J.'s daughter had polio as a child and has suffered significant long-term effects. Much of our interview contained stories of the various struggles

this family had in the 1950's to secure care and treatment for the daughter when she was first diagnosed. The respondent spent many, many hours transporting her daughter via train to New York State for treatment. The bond between Mrs. J. and her daughter is extremely strong - she referred to the daughter as "my joy, my main support, my best friend". From the evidence (many photographs of family celebrations, cards, gifts etc.) around the flat, it would appear the feelings are mutual. This is a very close family. Mrs. J. lives about 4 blocks from her daughter but sees her every day. Her grandson works at the golf course across the road from her apartment and "comes in 2 or 3 times a week for his lunch". She is very proud of these grandchildren and loves spending time with them. The son-in-law brings her the mail and groceries during the winter. However she stated that in the summer, "I go up town by myself to get it"...I'd go in the winter too but the family won't let me...I guess they are afraid I'll fall on the ice and break something...I don't think I would but it isn't worth having them worry and argue with me so I let them do this". Mrs. J. spoke longingly of her friends and two siblings back in Winnipeg. She misses them but believes it "is best for my daughter that I'm here instead.....that way she can keep an eye on me and

not have to be always getting in the car to come over to Manitoba." She has made a few friends in the village "through the Women's Auxiliary" and reported that several drop around in the summer for coffee. In the winter it seems these visits diminish and her principal contact is with her family. She has a good relationship with one neighbour in the apartment building but "wouldn't dream of imposing on her for anything...we do play crib once in a while but we don't get into anything other than light talk". This respondent appears to have a typical family dependent network type.

6. Mrs. K. L. - This interesting 89-year-old woman was visited in the original farmhouse she and her husband built together 60 years ago. The farm is 9 miles from the village. Her only son and daughter-in-law live on the same farm but in a different house about 1500 metres away from Mrs. L. Although Mrs. L. has lived in the community all her life (she was born on a farm 1 mile from where she currently lives) her peer network is very small. Part of the reason for this is her isolation on the farm. She never learned to drive (not even the tractor.... "that was men's work...I looked after the house only!"). She hasn't been able to make regular trips to town since her husband's death 6 years ago.

However, even if she could get into town, there are few of her friends left - many have died and many others had to leave the village when they needed care in a nursing home. The village did have a long term care facility until last year. Until then, whenever Mrs. L.'s son went to town, he took her along and dropped her off at the long term care facility where she would spend a few hours visiting with her old friends. He would then pick her up and take her back to the farm. This nursing home was consolidated with another in a nearby village and all the residents moved to that village. This village is only 15 miles from Mrs. L. but "in the other direction from Leroy...my son don't ever go there for supplies or stuff so I don't get to go there...I won't be seeing them folks". This is a terrible loss for her but she "won't make a fuss of it with my son...he don't need the bother...farming is hard enough as it is ...without him having to drive me all over creation". As it is, her son and daughter-in-law provide all the support she receives, including keeping her supplied with wood and coal for her ancient furnace, bringing in groceries, and checking several times a day to "make sure I am OK". She does have the occasional visitor from her faith community (Jehovah's Witness) but doesn't get out to services as she no longer enjoys them due to

a profound hearing loss. A new social contact for her is with the mother of her daughter-in-law, Mrs. M.N., who recently relocated to the village and often pops over to see her when she is next door at her daughter's. Mrs. T.'s social network variation is of the family dependent type.

7. Mrs. M. N. - I visited with Mrs. M. N. at the same time as another respondent (Mrs. K.L. - see above), at their suggestion. Interestingly enough, Mrs. N. is the mother of Mrs. L's daughter-in-law. However, the two women have only had regular contact for the past 2 years. Mrs. M.N. relocated to the village to be close to her daughter. Prior to this time she had been living in a small mining community in northern Manitoba where she worked for many years as a nurse. Mrs. N. could not really explain why she had moved to Leroy as she and "this" daughter "are not really close". She does have one other daughter in the States but wouldn't tell me anything about her. In fact, this respondent is the one who seemed most unhappy with both her family relationships and her social environment. She is living in a senior's subsidized housing unit but complains that "it is too dinky...not enough room to swing a cat.....let alone have company". She has "made the

acquaintance" of a number of other seniors in the village and regularly goes to the senior's centre but claims she "is a loner....always have been....I can take or leave people". Even though Mrs. N. claims she and her proximate daughter are "not close", her description of the daily contact they have and the principal role the daughter plays in helping her with banking, shopping, transport, and emotional support, led me to identify her network as the family dependent type.

8. Mrs. O.P. - This feisty, 91 year old retired nurse was visited in her two bedroom bungalow in Quill Lake, where she has lived for 56 years. Also present in the house was Mrs. P.'s 60-year-old daughter (visiting from Alberta) but the respondent told her to "stay in the kitchen" while we talked! Her grasp of current affairs and current health care issues was phenomenal. She continues to be involved in the local chapter of the nursing association and takes a keen interest in community affairs. She once ran for mayor but says..."they would never elect a woman in those days so to hell with them!". She still walks uptown everyday to get the mail and "see who's around". She has had lunch everyday at the same table in the local cafe since she retired in 1966. That is continuity for you! She is

completely independent with all her own care and affairs. She has lived in the community since 1938 when her husband got a job as the elevator operator. She has two daughters, one in Alberta and one in Texas. She talks to the Alberta daughter several times per week by phone and sees her several times each year. She hasn't seen the Texas daughter for over 20 years, claiming it is "no great loss". Although she receives very little in the way of help from outside sources she did admit to having two good neighbors who help with the house. She spoke of her old nursing colleagues as people she would rely on "if I had to". Everyone in town seems to know who this woman is and holds her in high regard. Mrs. P. seems fiercely independent and had very strong feelings about wanting to stay in her own house. She was a very determined woman who stated during the interview that she would "stay put until I die...they can take me out of here feet first, no other way"! Given her independence, small kin network and tendency to be very cautious about whom she turns to for support, it seemed to me that this respondent's network most closely resembled the local self-contained type.

Sadly, I learned that Mrs. P. suffered a massive stroke just 2 months after our interview and later died in Humboldt hospital.

9. Mrs. Q. R. - Mrs. R. was one of only two respondents who still operated a vehicle. She is 85 years of age and still lives in her own large house. She is a very active member of the senior's center and church guild and still curls twice per week in the winter. She has two children, neither of whom live close but visit "whenever they can". She has had very significant health problems in the recent past but has "rallied" and was delighted with her return to health. During her illness, she had daily home care and a different friend or neighbor took turns sitting with her at night. She says she "couldn't have survived without them....and it made it easier on my family....not to have to leave their work". Her worry over losing her house and "independent lifestyle....where I can do exactly as I please" had been put aside "for the time being". My visit with her was delightful. She is a gifted hostess and a marvelous storyteller. She named several age peer friends and a number of neighbors as her principal social supports and spoke eloquently about the long-standing nature of these relationships. Her information was what started me thinking about "social support convoys". Mrs. R. is very proud of "our great little town" and wants "to spend the rest of my days right

here". She maintains regular telephone contact with at least one of her family members but sees friends, neighbors, and community people as her "every day" supports. My sense is that this women gives more support than she receives but she says "what does it matter...who gives and who gets....we have all been around a long time...we know that if it is me that gives one day, someone will do for me tomorrow...I just do what I can....we all do....that's what a community is all about". This respondent has caring family who are not able to be proximate helpers but she "gets by with a little help from her friends". Mrs. R. also has a locally integrated network type.

DISCUSSION OF SOCIAL NETWORK TYPES

Given the fact that all but two of the respondents to this study had lived in the community for most of their lives, it comes as no surprise that the majority of the women reported large social network compositions which closely reflect Wenger's (1994) definition of a locally integrated system. For these women, a strong connection exists between themselves, their extended proximate and distant family, their age peer or other close friends, neighbors, and community services. These women reported feeling a sense of comfort, security, and

satisfaction with the familiarity and continuity they had with people and place. The bonds of kinship, friendship and community involvement had nurtured (and challenged) these women throughout their lives.

Comments such as:

"we know each other well, we've been friends for years" and "Oh...the home care nurse...well, her and my daughter were in school together and she was at our house a lot as a kid ..I know she understands me....a stranger might think I was trying to pull an fast one but, like, not Evvie.....she knows that I give it my best and only ask when I feel I really need something...that is important to me...you know, to be respected.."

For these women then, the support available to them from this locally integrated network involved individuals and groups with whom one had a prior relationship. Receiving support from this network seemed to be natural, reliable, respectful, and generally "easier to accept". Several women implied that they felt most comfortable if the care provider perceived them as competent, trustworthy and entitled to help. The "give and take" which occurs in these types of reciprocal social support exchanges was reported by the women to "be okay...and "work well". Perhaps this is because it is given (and received) in the context of long-standing relationships. These long-standing relationships have been built over many years of providing mutual aid and sharing of resources.

As is indicated in Table Seven, four of the women appeared to have support systems that most closely resemble Wenger's (1989) description of the family dependent social network. Two of the four are recent residents of the village but the other two have lived in the area for many years.

It is interesting to note that the two newcomers to the area had been residents of their respective village for less than ten years (five and seven years respectively). Both had relocated to the area to be near an adult daughter. Both considered their daughters to be their primary source of instrumental and affective support. While both women claimed to "know their neighbors" and have a few age-peer friends, one got the sense that their non-kin relationships within the community were relatively superficial. Both women claimed to:

"keep more or less to myself...my daughter is the one I rely on to do most things for me...at least anything I can't do for myself".

The associations these two women reported with other seniors seemed to be more along the lines of acquaintances rather than the reciprocal, long-standing (and perhaps long suffering) connections that were seen to exist for women with the locally integrated network type.

Another interesting variation was noted in two out of the four women who have been categorized as having support systems of the family dependent type. Both of these women admitted to being "life long loners". These women claimed that they had never had significant involvement with people outside of the family. Interestingly enough, one of these women still lived in the original farmhouse on the original homestead she and her husband had developed into a thriving farm. Her son and daughter-in-law lived in a newer house across the road but on the same farm. This son and daughter-in-law were the principal providers of support to this woman and had assumed responsibility for almost all aspects of her activities of daily living. This respondent still lived in her own home. However, the housework, food purchase and preparation, and general personal care is solely provided by proximate kin members. Unlike many other respondents who tried to minimize any demands they put on family members, this woman did not appear to have any difficulty expecting her son and/or daughter-in-law to "do for her".

The other woman who was classified in the family dependent type also defined herself as a "life long loner". I found it interesting that she chose not to engage in much social activity with a peer group. She

seemed to be quite content with her own company and claimed that this "was nothing new". She spends most of her time alone in her apartment in the senior's complex either watching television or doing handicrafts. She was living in very close quarters to other women, many of whom she had known for years. However, she claimed that these relationships were not particularly significant to her. Instead she stated that she "never really felt comfortable mixing with other folks....I'm happiest on my own". Her two sons and one grandson jointly operate the family farm near to her village. She stated she continued to enjoy going out to the farm and:

"lending a hand....I'd like to be as useful as I can but, well...maybe they have other ideas...".

It did appear that this older woman was feeling somewhat bereft of her recent and usual social role on the family farm. Her relocation to the apartment in the senior's complex had only occurred twelve months prior to the interview. It appears that the circumstances of her relocation to an apartment "in town" had more to do with her grandson's wedding than with her need to move to more manageable quarters. The grandson and his bride moved into her house on the farm the day after she moved into the apartment. At any rate, this respondent seemed relatively uninvolved with a social support network

outside the relationship with her proximate and distant kin. She stated that her son:

"..takes care of the finances and does my big shopping...he'll drive me places I need to go too...but other than that I look after myself...I always have...I guess I'm pretty stubborn!"

The life situation of one of women with a local self-contained network was also unusual and quite different from the others. Unlike all other respondents she had no proximate children. Her one son lived some distance away and their contact was infrequent. This respondent was also one of only two respondents who continue to own and operate a motor vehicle. In her case the vehicle in use was a 32-year-old Rambler American sedan in mint condition! She did admit to "never driving in the city or on the highway" and usually left the car parked in the garage during the winter months. This woman did have a niece who lived just down the street and was identified as:

"the one I would turn to if I needed anything...but really.... I manage quite well on my own...and I don't like to bother her".

She has lived in the same community for most of her life and "knows everyone here" but again tended not to actively seek out interpersonal contact with others. She did express some comfort in knowing that:

"if I get into trouble, I have very good neighbours...they would be here very quickly if I phoned them or used this thing¹ my son got me...it is their number it would call"

This study did not discover any individuals who described support systems that would be similar to Wenger's (1989) categories of the wider community focused or private restricted network types. This is not surprising given the fact that, in her description of social network categories, Wenger indicates that individuals with these two types are likely to be either:

"married, retired migrants to the area, living more than 50 miles from the nearest child/sibling...An elderly person with this type of network would probably tell you:... "Although my family live away, I've got good friends nearby and they'd help me if I needed anything" (Wider "Community Focused Type) or

"more likely to be married, to be childless or have their nearest child more than 50 miles away; live with their spouse only; to be migrants to the community after age 40; to have no siblings or nearest living sibling more than 50 miles away; and to have infrequent face-to-face contact with relatives" (Private restricted Support Network) (p. 4).

As all the women were widowed, and most were life-long residents of the community, it was not particularly surprising that I found no respondents in this study that fitted the final two network types proposed by Wenger.

¹ Medical Alert (alarm necklace)

SUMMARY

As many researchers have shown (Black, 1985, Connidis, 1989, Martin Matthews, 1988, Wenger, 1990), it is a myth that families abandon the elderly. This research re-affirmed that family members represent a significant social resource for older people. All subjects had children and were members of large, multi-generational family networks. During the interview, the usual first order of business was to collect information about family size, structure and proximity and to do a rough sketch in my observational field notebook while the respondent described her social support system. Associated with this dialogue with the subject was the requisite examination of photographs of the christening, graduation, marriage and anniversaries of the members of these extended family networks. All respondents reported having at least one proximate kin member who was available for instrumental support. In most instances the instrumental support comprised of assistance with transportation, purchase of groceries or large items and occasional help with large-scale household tasks. These tasks were most often provided by a female relative, usually a daughter or daughter in law, but often a niece or granddaughter. However, two of the women identified

their sons as their principal source of instrumental support.

Geographically dispersed kin also played an important role to the women in this study and maintained contact via telephone calls, letters, and "visits home in the holidays". With the exception of one respondent, the women in the study were enormously proud of their extended families and considered their greatest contribution to the world was "raising good kids". Twelve of the eighteen women had four or more children. Their children have gone on to have more children. All of the women except one were great-grandmothers and two were proud to identify themselves as great, great-grandmothers. The progeny of these older rural women are geographically-dispersed throughout the world. Hence, contact with later (i.e.: the younger) generations of kin appeared to principally take the form of letters, cards and telephone calls. These were certainly welcomed and appreciated (and often displayed with pride!) by the women in the study. All respondents with geographically dispersed children claimed to hear from their children at least monthly by long distance telephone and most reported that their distant children had been "home" to visit within the last three years.

CHAPTER SIX

"AGEING PLACES" - COMMUNITY RESOURCEFULNESS, RESILIENCE AND CHALLENGES

This chapter discusses the implications of the variations in resources and services identified by the examination of the community profiles. The chapter offers an analysis of the personal and social consequences (both benefits and costs) of "ageing in place in ageing communities".

Community as "commodity" has become an elusive idea in rural Saskatchewan. Commercial exchange certainly appeared to no longer be the operative force in the rural settlements I visited. These rural communities seemed to share two of the main characteristics that are present in examinations of other rural communities in Canada. These characteristics are a specific geographic setting that imposes certain conditions upon community life, and the existence of only one economic activity that gives the locality both a resource base and a commonality of experience. The rural settlements visited in the course of conducting this research all shared a common origin or "raison d'être". Each village had been formed in the early part of this century to support the principal local economic activity -

homesteading and the subsequent creation of an agriculture lifestyle. The forms of production of this economic activity were either the farm, or the businesses that offered farm-related support. This connection to agriculture formed a commonality of experience shared by several of the women in this study. Thirteen of the women had lived most of their lives on the farm and had only "retired to town" after the age of 65, usually when the farm passed on to other hands. The women were either homesteaders/homesteaders wives, or the daughters of homesteaders or the wives and daughters of business people who came to Saskatchewan to support the "homesteading industry". For these women, the experience of "proving up" the homestead and "having land" meant something profound. This experience seemed to "root" their identity as rural Saskatchewan women. As one woman stated "... it's all I've ever known...the land was hard to get....hard to make a living from.....but it became ours, and that was something good for us". This common experience and lifestyle provides the foundation for the both the "rural identity", "sense of community", and "attachment to place" that was described by most of the respondents.

Diaz and Gingrich (1992) painted a very positive and optimistic view of the quality of life in the province when they suggested that:

The strong bond that exists between rural people, their way of life and their communities has always been considered a great strength of rural Saskatchewan. The traditional values of caring for others, sharing with those less fortunate, cooperating for a common interest, and the ideas of compatibility and harmony with nature are all exemplified in Saskatchewan's rural lifestyle. These are the foundations upon which the province was built, and from which the future social and economic development of Saskatchewan will evolve (p.37).

One can question whether the sentiments echoed in this quote are more about rhetoric than reality for many current residents in rural Saskatchewan. However, despite being engaged in a struggle for survival, the majority of the "ageing" communities in which these elderly women live appear to be fairly **resilient** to the many losses that have occurred. These small settlements appear to be surviving despite tremendous social change to the social fabric of rural Canada. Perhaps this survival can be explained as due to the sense of community **connectedness** that the women in this study claim continues to exist in rural Saskatchewan. This **connectedness** appears to be sustained by various forms of social interaction. Interactions at the community level occur through interpersonal relationships and when

making purchases from local businesses or accessing service delivery systems. Many rural Saskatchewan settlements are struggling to maintain an adequate level of health, social, and consumer services to rural residents. However, the women in this study seemed relatively confident that their current community networks offer them services which are adequate to support their desire to remain living where they are. Skeptics may question this confidence since the evidence presented in Table Five indicates that the range of services in these rural settlements is not particularly extensive.

Although limited in ability to provide a broad array of commercial and economic goods or services to the residents, many of the villages and hamlets seemed to be able to provide the basic amenities for day-to-day living. However, anything beyond "the basics" requires travel to the nearest larger center. For example, while all of the rural communities had at least one church, two communities reported that the services in the church were now limited to once per month. Residents of this community had to travel if they chose to attend services on a more regular basis. Ready access to banks or the services of other financial institutions was also a concern to the women in most of the rural communities

visited during this study. Only two communities had banks on site and these both operate at reduced hours (half days, three days per week). This change in access to financial services has been a fairly recent phenomenon in rural Saskatchewan, as has the disappearance of postal outlets in rural settlements.

All the communities in this study were served by a group of physicians who practise out of the Humboldt Medical Clinic. This clinic is located in a town between ten and fifty kilometers away from each village. While physicians did make weekly visits to five of the rural communities, only one community had the services of a physician on a daily basis. Women who fell ill or needed medical attention on a day that was not the regular "clinic" day had to either wait for the physician to make a house call or have someone transport them to the Clinic in Humboldt. Reaching a "full service" hospital, an airport, or larger shops requires travelling anywhere from sixty to over one hundred kilometers. This means that taking a holiday or having any sort of complicated medical procedure requires that the women (and all other rural residents) undertake a significant journey. What this demonstrates is that, while the most basic needs of older rural women can be met within their home communities, anything more complex

requires traveling and "being inconvenienced". Given the vagaries of extreme weather patterns during prairie winters and the unreliable public transport system, this situation has created an "environmentally induced" dependency of rural older women on those who can provide them with private transport.

As has been demonstrated elsewhere in this report, the majority of these women were able to call upon an available and proximate support system to assist with necessary travel. This type of assistance appeared to be essential for the well being of these women.

Several women in the study expressed a number of concerns about how long even the most basic of amenities would continue to be available in their local village. Most had lived in the area for many years and had seen once vibrant towns and villages become less and less viable. The worry over rural sustainability was certainly a familiar issue for these older women. Most of the respondents were saddened to lose previously available services such as a local hospital or a long-term care facility. So, while most felt that they were able to get their own needs met "for now" in a small community, they do worry about what the future holds for themselves and others. For example, several women made frequent expressions of gratitude for "having my kids

nearby to help" but many also recognized that there may come a time when "the kids" are not able to be present to help with increasing care needs.

Many questions remain from this brief examination of the community profiles. By all accounts, rural communities in Saskatchewan will continue to experience population decline with the potential of subsequent loss of services. A discussion of the implications of this trend for the older residents of Saskatchewan is presented in Chapter Nine.

CHAPTER SEVEN

PERSONAL RESOURCEFULNESS AND RESILIENCE: THEMES EMERGING FROM THE NARRATIVES OF OLDER RURAL WOMEN

Following any data analysis process, the challenge becomes how to transform this material clearly and effectively so that others can benefit from it (Strauss and Corbin, 1990). Research results are not descriptions of the way things "really are". Guba and Lincoln (1989) suggest "realities are mental constructs" (p.19).

As has been described in Chapter Four, the principal source of data for the research project was the interviews held with eighteen rural older women during 1995 and 1996. What follows in this chapter is the interpretation I have made of the narratives of older rural women who spoke of their own social realities of "ageing in place" in a rural community. Specifically, this study focused on the following questions:

- How do older women living alone in non-urban settings manage the activities of daily living?
- How do rural older women define and describe their indigenous social network? Who do they say is involved and in what way?

- What formal supports do older women in rural settings claim to use and are they adequate (in the eye of the consumer)? What else do they believe might be helpful?
- Do socio-economic factors such as housing, income, transportation, household costs, and access to local resources concern older women or affect their daily lives?

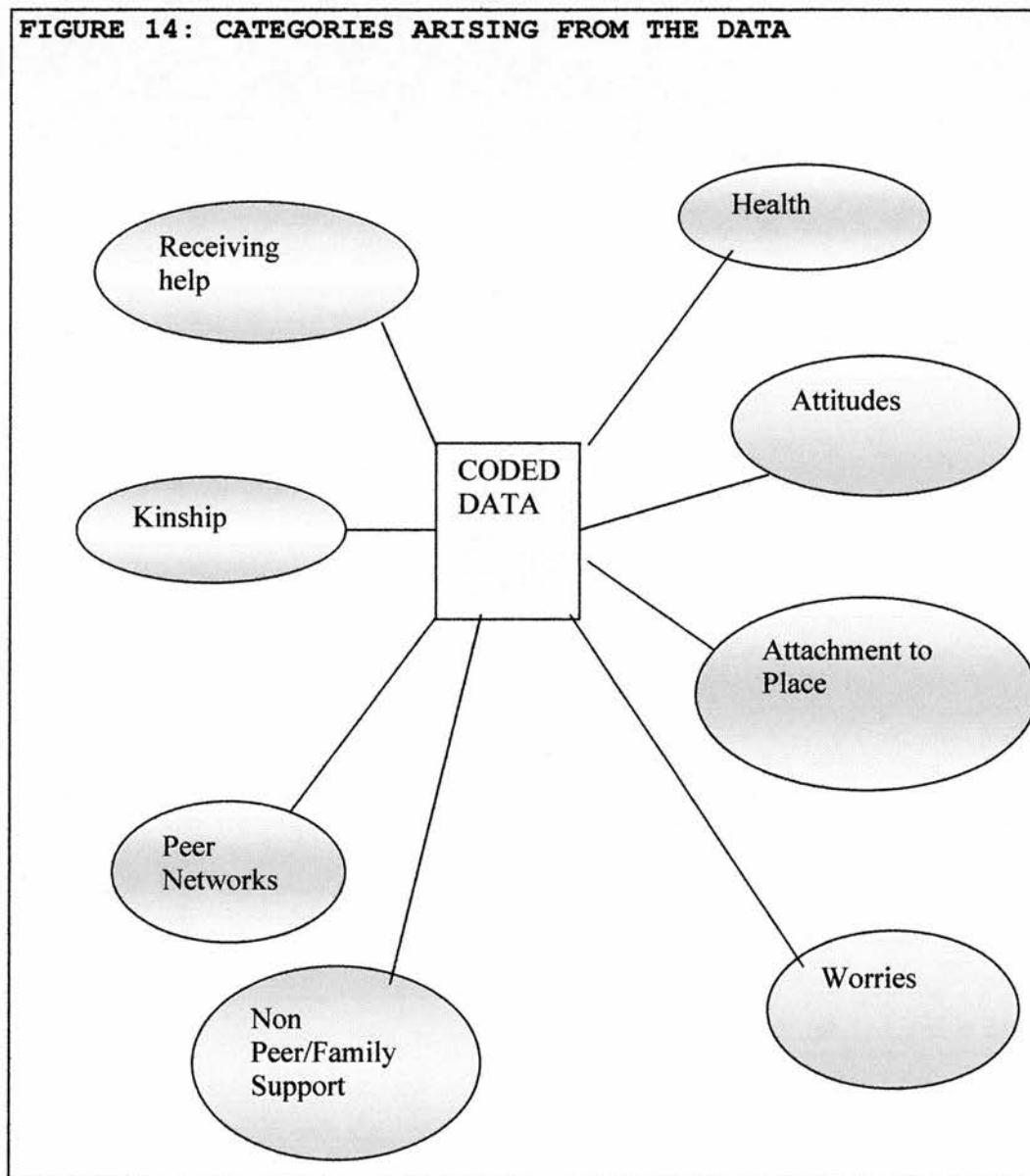
This chapter will discuss the outcome of the constant comparative analysis of the narratives in the interview text. The chapter highlights the key meaning units noted to be present in the women's narratives, how these meaning units were coded in the raw data, and how the codes were used to focus these meaning units around the principal categories that emerged. The principal categories observed in the data include: **the relationship of health to living alone, attitudes, receiving help, kinship, peer networks, non-peer/family supports, the importance of spirituality, attachment to "place", and worries over rural sustainability.**

Interview data have been described as intersectional and contextual productions (Denzin, 1989b). While the themes noted in this report have been named and defined by the researcher, they arise from the

text of the actual interviews. The categories are interpretations I have made from the respondent's descriptions of the phenomenon of growing older in an ageing, rural community. During the course of this data gathering process, I also made observations about the life situation of the respondents and kept a reflective journal through the data collection and analysis process. What follows in this chapter is an analysis of all of this intersected and contextualized data - a detailed, ideographic description of the "expressed realities" of the social and community life of the older rural women residents of several villages in rural Saskatchewan. Particular attention has been paid to their descriptions of the instrumental activities of daily living and the nature of the interaction and involvement of the women with various components of their social networks.

Figure 14 presents the principal categories that reflect all of the central tendencies I found. Each of these principal categories captures the essence of the data and contributes to an understanding of the experience of growing older in a rural ageing community for this particular group of respondents. While I did want to find the common themes that ran through the data, I also recognized that it would be equally

important to report on the ranges and differences between the respondents' stories. The discussion that follows the description of each category outlines the range of experience and expressions within that category.



The categories in Figure 14 are "researcher constructed" categories. That is, these categories are my compositions and are based upon interpretations that I have made of the various meaning units (themes) that emerged from the data. The exact process of how I arrived at these categories and the relationships between the codes, principal categories and core categories is displayed in Figures 11 and 12 of Chapter Four. The following section defines the categories and provides a framework for the discussion that follows in the remainder of this chapter.

The Relationship of Health to Living Alone

This category was used to record any statements made by the respondents that gave medical history or provided a description of their health status. Many women stated they experienced a sense of well-being and personal satisfaction when they had the stamina to be vigorous, mobile, self-reliant, useful, active, and independent with the main activities of daily living. This category also includes the codes that tracked any references made to limitations to activity due to pain, lack of mobility or weakness. As well, I coded any statements that described worries over the consequences

of declining abilities, especially statements that suggested the respondent believed she would be forced to leave her own home if her health failed. Descriptions of the compromises that women had to make that were made related to health problems were coded under this category as these comments referred to an actual or perceived threat to independent living.

Kinship

This conceptual category captures the description given by the women of the memberships of their family network as well as their descriptions of the type and frequency of contact that they had with various family members. This conceptual category has many dimensions that further describe both the quantity and quality of relationships that existed in the older women's lives.

The extended families of many of these older women encompassed 3 to 5 generations. For most women, there are a number of readily available and proximate kin who provide instrumental, affective, and informational support. Contact with geographically distant kin was reported as occurring regularly through telephone, letters and personal visits during vacations. It seemed from the reports of these women that their children and other kin felt a strong pull to "come home" during the

summer holidays. Almost all of the women were able to report regular and frequent visits "home" by members of their geographically dispersed kin. The local communities also appear to expect and prepare for these visits. Most of the communities that I visited during the study hold annual "homecoming" celebrations during the summer months, featuring barbecues, dances, and sports events. Apparently, the population of the villages can increase 10 fold during these homecoming weekends!

Women in the study reported relying on kinship networks for practical support as well as for a sense of belonging and connection. All of the codes that make reference to either the presence or absence of family connections are included in this principal category.

Peer Networks

An interesting finding in the research is the extent to which peer group support and peer focused activities exist in the day-to-day lives of many of the older women. Several women indicated that, while families offering varying levels of help do play an important role in their social network, it is really their contact with **peer group friends** that is most frequent. Most respondents had at least weekly contact

with family but all reported **daily** contact with peer group friends. These ongoing, long-standing relationships were reported to make a big contribution to their sense of personal well-being. Almost all the women resonated to the refrain "I get by with a little help from my friends". Frequent comments such as "I feel good about myself as long as I can get out to the coffee shop, card game, senior center or anywhere where I can have a good visit with a friend", describe the essential presence and importance of peer contact.

Mutual aid was seen to be an important component of these peer networks. Several of the older women stated that they are most comfortable asking for any necessary help from a friend. They saw "old friends" as someone to whom they could "return the favour" or somehow balance the giving and receiving equation.

There was some range to this central tendency of peer group involvement. Four women reported less involvement with peer networks than the others in the study. Interestingly enough, three of the four women who claimed to have only minimal contact with peer networks also appeared to be less involved in recreational activity and appeared to be somewhat unhappy with their current lifestyle, often stating they felt lonely.

However, in general, the women in this study were found to lead busy and active social lives. These women saw a lot of their family, but even more of their friends and other community contacts. A frequent description of the type of shared activity with peer networks was ingenuity, ("we make our own fun...we always have"), and hospitality ("we are in and out of each other's homes and have lots of get to-gethers"). All such activities appear to play a vital role in creating and maintaining connections to social networks and providing the mental health benefits of communion and companionship. Activities that involved members of their peer network seemed to be particularly meaningful to the women. Participation in peer group tasks and functions was reported by the women to have the components of reciprocity, conviviality, creativity, predictability and familiarity. Both affective and informational support was available to the majority of respondents from these friends.

The findings from this study that suggest that age-peer friends play a dominant role in the support systems of many of the women are particularly significant for understanding exactly who rural older women see as their preferred helpers. The historical patterns of mutual reliance between friends were reported by women to make

the giving and receiving of help from this particular support system to be more natural and palatable than asking family or community agencies for assistance.

Attitudes

This conceptual category was used to code the significant statements that demonstrated the "world view" held by the women. By and large, this was a group of women who possess a "can do" attitude to life. Significant portions of each interview contain episodes wherein the women related how they had coped and managed tremendous hardship by "just setting my mind to it" or "being determined". This category also includes codes that were developed to capture the essence of statements that highlight the way rural older women were able to identify "who they are" and what their role and position in the community, (past, present and the future), is or has been. This category also attempts to capture comments made about "self" and "self in relation to other". All women spoke in very loud voices about their desire to be independent, self-reliant, in control, managers of their own lives, and to "not be a burden to others". An interesting theme in the data was noted in the frequent stories given by the women of times when they had to overcome adversity and deal with loss.

Several women reported that they coped by relying on others and having personal resourcefulness. The women displayed the characteristics of stoicism and hardiness, but many also stressed the importance of "having a faith". The development of the personal resilience noted in these women appeared to be a consequence of their life journeys. In fact, resilient became a good term to describe many of these women. It was the word that came to mind most often as I was listening to the women tell their stories and describe how they managed to live and age successfully in an ageing community. The concept of resilience became a frequent theme again and again as I read through the transcripts and worked on the data analysis. As a result, I "flagged" this word to use as part of the conceptual framework that I eventually developed.

Receiving Help

The majority of the women expressed strong opinions about what it is like to be on the "receiving end" of help. Any statements in the data where the women referred to being the recipient of help were put in this category. Most women claimed that they felt very uncomfortable asking for help and preferred to be able to choose which people they asked for help and under

what conditions. Some conditions were reported as making the receipt of help more favorable. For example, obtaining help from others was perceived as more palatable if the relationship between the help giver and help receiver was based on reciprocity, equality, and fairness. Women in the study described various things they would do to "equalize" matters if someone had done something for them. If the favor outweighed the woman's ability to reciprocate, it seemed to create difficulty for the woman who had received the favor. The most common example of this dynamic was related to transportation. In order to access more than the most basic of goods and services, rural residents must travel. Only two of the women in this study operated their own vehicle. The remainder had to rely on others for lifts. This dependence on others was a huge issue for many of the women. Engaging in the act of asking someone for a ride seemed to be an extremely difficult thing for these women to do. Almost all of the women were very concerned about "putting people out" or "being a bother". This general attitude of thinking that they were "a burden" or not really entitled to help from anyone was quite prevalent in the narratives. Having to ask for aid appeared to have a symbolic meaning with negative connotations to these women.

Interactions between these women and members of their informal and formal social support systems need to be viewed from the perspective of their symbolic meaning. Many of the women seemed quite humble and tended to express a self-deprecating attitude. For example, most no longer felt they had any real social utility to the world, did not think they "had done anything special" with their lives or were "of much good anymore". Most were proud of the contributions they had made to the welfare of others as wives, mothers, grandmothers, etc. As well, most agreed that they put energy and time into helping both family and friends. However, somehow they didn't seem to believe that amounted to much in the "eyes of the world". I found these comments to be quite interesting and very sad. I coded them under this category and noted that some of the women appeared to have internalized society's message that "to be old" is to be of diminished social value.

Spirituality

A significant activity for many women in the study was attending church or other religious celebrations. All references to spiritual matters or events were coded under this category. The act of being involved in

church related functions appeared to have a larger meaning than merely having "something to do". Many respondents described their spiritual lives as the way they "obtained meaning" and were able to "understand things" over the years. For some respondents, participation in religious life was central to their sense of self and had also been instrumental in how they had organized their family life. For others, the engagement in activities related to spirituality was more peripheral. However, most respondents indicated that, for them, "having a faith" offered comfort, connection to God, and provided a sense of communion with others. Many reported that their spiritual beliefs help them to "make sense of the world", especially in times of loss, adversity and hardship.

Attachment for "Place"

Preferring to "stay put", despite the inconveniences that accompany rural living, was a dominant statement that was repeated in the data. Many women in the study stated that, at present, they felt fortunate to be able to continue living where they feel most comfortable, secure and well known. Women also reported feeling "safe in their world" due to the relatively high visibility. Several women made statements that related

to the high visibility and familiarity that rural living affords. This was evidenced by comments such as "it's pretty easy to see what is going on in a small town", "everyone knows me here" and "we watch out for each other in this town". Most women also claimed that rural communities are better for older people because they have affordable housing and a lower cost of living. The familiarity and high visibility that comes from small town living offers a large measure of comfort and security to the respondents.

Several of the women with farming backgrounds spoke of the importance of their "love for the land" and the importance of farming to Saskatchewan. Many of the women were very proud of the "**roots**" they have in the local district. In fact, almost all the women talked about not wanting to leave because their husbands and other kin were buried nearby! All but one of the respondents expressed a distinct affinity and preference for rural living with the intention to "stay put" and to continue to "age in place" for as long as possible. A woman who had relocated to the village from outside the province relatively recently voiced the one dissenting opinion.

Non-Peer and Non-Family Supports

The comments made by the women concerning the use they made of services that did not come from either peer or family supports were coded in this category. Neighbours have long been considered as significant providers of social support to the elderly. The respondents in this study tended to agree with this. It was reported by the respondents that they "had good neighbors" who were willing "to lend a hand when I need it". While access to such support is important, this concept of neighborliness seemed to have another important meaning for the respondents. The women in this study took great pride in reporting that small town living meant that people "were friendly with one another" and "people care about the town". All of the villages still had at least one shop that delivered groceries and several villages had other consumer services. Most respondents felt that there were relatively good community based home care programs that were available from local home support services "for those that need them". However, few women in this study relied on such services. Only three of the women in this study used the homemaker service. Most of the others were either completely independent for most of

the instrumental activities of daily living or relied on family or friends.

References to contact with doctors or other health care providers were coded under this category. Many rural regions in Saskatchewan have had a hard time keeping physicians. However, that was not the case in this study. Central Plains Health District has seen little change to the availability of doctors. As a result, the women in this study have long-standing relationships with their general practitioner and had little to say about that aspect of health care service. However, many of the women did express some dismay over the loss of locally available health care resources such as hospitals and long-term care facilities. These concerns seemed to be related to other issues concerning a general loss of service to rural communities. As a result, I chose to put them in the next category, Worries.

Worries

Several women in the study expressed a number of concerns about the survival of their communities. Many women articulated their concern that current resources (both formal and informal) may not be available, accessible, reliable, proximate, and suitable for rural

residents for much longer. Most had lived in the area for many years and had seen once vibrant towns and villages become less and less viable. The ongoing worry of rural sustainability that has been expressed in the literature and in the local press was certainly a familiar issue for these older women. They spoke of it often during the interviews. Several of the women also spoke of the changing nature of farming. Many were quite critical of current large scale farming practices, the use of pesticides, and the failure to rotate crops.

While most of the subjects were saddened to lose previously available services like hospitals and long term care facilities, most felt that they were able to marshal their own resources in order to get their own needs met in a small community, despite incredible difficulty in arranging transportation. However, the women did voice concern for others. All subjects expressed distress at what they perceived to be limited opportunities and services for young people, particularly young families. Most felt that without the presence of younger people, the town would "just disappear". The women knew that the practical implications of this would be greatly diminished access to local goods and services. As well, the women described the prospect of living in a "ghost town" as

not particularly conducive to personal or social well-being.

DISCUSSION OF THE PRINCIPAL CATEGORIES

I noticed how the various categories seemed to fit together. As I read through the data, I began organizing these categories in relationship to each other in an attempt to see the larger picture. My objective was to present the categories in some sort of order so that the major themes in the narratives could be presented in a way that would lead to an answer to the research questions. The remainder of this chapter discusses some of these categories in more depth. Data exemplars are provided to illustrate the connection of the category to the data.

1. THE RELATIONSHIP OF HEALTH TO INDEPENDENT LIVING

It comes as no surprise that all respondents indicated that "having good health" was essential to their ability to live independently and engage in desired activities. When examining the transcripts, I noticed how often the women described their independent living arrangements as conditional upon "having my health" or "keeping well and on my feet". It seemed quite clear to all the women that if their health

failed, it would no longer be possible for them to live alone. This inter-relationship between "health" and "living alone" was a central theme that was repeated in interviews with all the women. Therefore, the relationship between health and living alone was the first principal category that I noted in the analysis.

Further examination of the text for references to "health" noted that there was a range in what women said they would do if they did have a serious health crisis.

The answers ranged from:

- *go to the seniors (long term care facility)*
- *wind up in hospital, I guess...then ..."who knows?"*
- *stay at my daughter's til I got better*
- *I don't know...I don't like to think about it... maybe....at ...my sister's place....we could help each other*

The common tendency in all of these "what if" statements was the recognition that a change of living arrangements would be necessary and with it, a probable loss of independence and control over day-to-day decision making. Another central tendency in these discussions was the reluctance the women expressed for going to stay with family members on a long-term basis. None considered this to be a viable option. Some reasons given were:

- *Oh, God....I couldn't stand the commotion...there is too much going on over at their place*

- *I wouldn't...it isn't fair...they have their own lives to lead*
- *...well, that wouldn't be too good...Jack just retired and they want to travel,.....they certainly don't want an old war-horse like me kicking around*

Several of the women suffered with various age-related medical diagnoses. However, all seemed to have found ways of compensating for them with quiet stoicism and great determination. For these women, living with aches and pains is nothing new and they worked hard to make sure that they did what they needed to do to have the "get up and go" for the tasks and activities which are important to them. Many women described their ability to be energetic, resilient, and have a "zest for life" despite numerous chronic health conditions. These women claimed to have learned through years of experience the importance of self-care. As one woman put it:

"you have to learn how to take good care of yourself ... after all if you can't manage to keep your health, you can't manage to be good for anything"

The findings from this research strongly reinforce previous studies that the majority of older women prefer to live apart from their children and other relatives (Brubaker, 1985; Chappell, 1987; Kaden and McDaniel, 1990) if they have the opportunity and ability.

Further examination of the interview texts suggests that this preference does not simply reflect a desire to live apart from kin.

All of the respondents expressed concern over how their social worlds and personal well-being would change if they were no longer able to be physically well enough to have the energy and ability to care for themselves at home. For many, a change in health status would surely lead to their relocation to another community in order to gain access to residential long-term care. The loss of independence was seen to be difficult enough but the additional loss of proximity to their home community was seen as "an added insult". Permanent relocation to access health care involves the potential loss of connections with their broad based and long-standing peer network and preferred social support system. As a result, losing one's health was seen by the women to be a situation to be avoided as the consequences have a great social cost.

2. KINSHIP

An active connection to others seemed to be essential for these women to have a sense of personal and social well-being. The quantity and proximity of the women's family networks have been illustrated in

Table Six. The involvement of kin helpers in the lives of most of these older rural women is significant. It certainly appears from this study that such support enables them to remain independent and "living alone" in their preferred type and place of residence. All respondents had at least one member of their family living within five kilometers. More often than not (for fifteen out of eighteen subjects), the distance was less (for example, the family lived within the same small village). The type of assistance described as available from proximate kin included instrumental, informational, and emotional support. Relationships with proximate kin (whether children, grandchildren, nieces, nephews, siblings or a combination of any of these), were reported as important supports as the women engaged in activities of daily living. All reported being dependent upon proximate kin members for tasks such as large scale shopping, banking, transportation and home repairs or outdoor maintenance.

During the course of the research interviews, the respondents also described the role they played in offering assistance to proximate kin. For example, these older women often served as occasional "child minders" to grand children and great grandchildren, as hostesses for family gatherings, and as helpers in the

garden or home. One respondent even admitted to still being pressed into service as a cook during the fall harvest! Women in the study were incredibly proud of their extended family networks. Judging from the photographs, gifts and cards on display in the homes of most respondents, it is clear that the women are recipients of emotional support from both proximate and distant kin. However, a glance at the calendar in most respondent's homes indicated that these women are also providers of emotional support to this extended family network. The days and months of the calendars are filled with notations reminding the older woman to send cards and greetings for family birthdays, anniversaries and graduations.

3. PEER NETWORKS

There is no question that the data in this study support the premise that many of the elderly women in these particular rural communities often turn to each other for emotional, informational and instrumental support. Most women had lived within fifty miles of their current residence for most of their lives. As a result, the peer group of most of the women included people they had known for decades as life long friends. Indeed, two of the women in Quill Lake have been friends

for over 75 years! The most frequent activity reported by the respondents involved doing a variety of things with age peers from their own community. These relationships appeared to be based on shared personal history and sense of continuity. The women described having gone through similar significant life transition stages, adversities, and triumphs over the years. This shared history was identified as a major reason for the distinct preference of these older women to rely on peer support for companionship and help with many day-to-day tasks and activities. The appeal of giving and receiving help from peers demonstrates the importance of reciprocity in social networks. Women in the study seemed vary aware of the power dynamic that exists in many giving/receiving relationships. Asking for and receiving help from peers seemed to suit these women better. Most expressed a preference for getting help from "an old friend" rather than asking for help from either family or the formal helping network. Reciprocity in peer helping relationships seemed to be about a spirit of "mutual reliance". For example, while many of the women did not seem to be able to relate to the concept of having a current sense of utility or value to society, they did feel they could be of "of

some use once in a while" to peer-group friends and siblings.

Statements that support this interpretation of these comments were along the lines of:

"it is equal.....sharing....we have always lent each other a hand when it was needed"

"I know that if I tell her (peer friend) what I want to do in the house...she won't tell me I can't...that drives me crazy,...when someone like my grandkids think I can't do things for myself...I just need a little hand but they wind up taking over the whole job...I feel foolish then and left out"

The women in the study were most eloquent when describing the nature of the support both given and received between themselves and their age peer, female friends. The women claimed to "understand each other" and felt valued and expressed value for those individuals with whom they had aged over the years. Women described the importance of these long-standing friendship ties. Having a shared history, comparable lifestyles, and experiencing similar losses seemed to make age peer friends a reliable and preferred source for social interaction. The nature of support and involvement with age peer networks seemed to be similar to the convoy model of social support described by Kahn and Antonucci (1980). Many of the women described the relationship with age peer friends as long standing.

Having an easy familiarity and sense of equality and reciprocity with selected members of their peer network seemed to be important. Social contact with these age peer friends appeared to have "rolled along through time". Most of the women claimed that they were involved and connected to each other "just as we always have been". This suggests that the convoy system of life long social support does have an historical basis. These rural women were able to rely on relationships that were durable. The friendships have been based on a shared history or lifestyle, and have involved multiple role shifts over the years. For example, one woman in Muenster had been the "unofficial" mid-wife during the years that a number of the other women in the town were giving birth. She had been a primary caregiver to them in the past. Now, she struggles with severe arthritis and relies on many of these same women to assist her with various tasks.

Peer networks also seemed to have the extra advantage of being readily available, reliable, and convivial. The women tended to "hang out" together, often seeing each other every day. The principal activities they engaged in were described as recreational, but for some they were creative outlets as

well. For several others the principal activities shared with peers were deeply spiritual.

4. ATTITUDES

Several themes that emerged in the data seemed to relate to the way the women saw themselves and the sorts of attitudes they had toward life. Rosenberg (1979) argued that the definition of self-concept given by William James in 1890 remains unsurpassed. Rosenberg gives a succinct summary of this definition: "when we use the term 'self-concept', we shall mean *the totality of the individual's thoughts and feelings having reference to himself as an object*" (p. 7.) (italics in original). This definition includes both evaluative and descriptive components. The evaluative part, self-esteem or self worth, includes the beliefs and feelings a woman has about her merit or value. The descriptive component includes information about the traits and characteristics that uniquely define her.

The data in this study contain frequent descriptors that the women used to describe self, identify their coping styles, and give their outlook on life. Some comments are:

..well, I guess, you could say I am a survivor...I just learned to make the best of things..

I had no choice....there was no welfare in those days so you did the best you could and tried not to feel bad about it

...I always knew it was up to me...I was the one who was responsible, like...so I learned to make do

....I've always like to be in control....if I do have to leave here, I want to keep my house...it should be OK, money wouldn't be a problem and I'd like the control..

...it is important to stay in control of your own affairs...too many people just give up...that doesn't do you any good

...well my husband died in 1951, my youngest was only 8 so I had to learn quick...I learned that I COULD do it...I learned how to be capable

..what can I say, you just get up in the morning and try your hardest to make something of the day..

...there was so much hardship...so much misery for us...but it made us strong.....you know...more resilient to things.....that is likely why I am so stubborn now!...no one can tell me to do something ...if I don't want to do it.....I won't

..well, they relied on me, you know, I had all these kids...no money or anything but we did good...more than survived eh...we did good with what we had

...How did I cope??? Well.....I don't know what shall I say...You have to have faith hmmm...PRAY! I prayed alot.

The comments made by the women in this study speak to their personal resilience and hardiness. While life has been anything but easy for them, they have continued

to exhibit courage, enthusiasm and a positive outlook on the world.

5. RECEIVING HELP

A significant finding in this study was the reluctance of many of the women to actually engage in the action of asking for help. All acknowledged that there were many people in their social worlds who were available and willing to assist them with various tasks and activities. However, many women found the very "action of asking" to be problematic for them. This led me to wonder about the "meaning" of "asking for help" for individuals. When I asked the questions about asking, many women responded with statements such as:

Oh.....I don't like it one bit...who does really...it isn't all that nice, having to ask folks to always be doing things for you..

I really hate to...I only feel like I can rely on people for small things, you know, getting your mail while they are getting theirs...that way maybe it isn't too much trouble

Well....I'm lucky I guess.....I have people who "do" for me...they are always after me.... MOM....let us do that..you've worked hard enough all your life... you shouldn't have to....but, I still don't think I have any right to just sit and let everyone take care of me...it doesn't feel right...makes me think I am just lazy!

These women have worked hard all their lives and have a strong work ethic. Most also seem hold the notion that it is better to "do for others" rather than have "anyone do for you". This desire to be givers not receivers was very close to their hearts. One woman did make an interesting statement that highlights this perspective. In our conversation, she was speaking of the things she tried to do for her only daughter, her main proximate support. During the course of our chat, she commented that her daughter was "always on the go" and wouldn't let anyone else take on a few of her many roles and tasks. At one point in the conversation she said:

"well...maybe she does come by this honestly.. she watched me run around with too much to do for all these years and maybe that's what she thought mothers were supposed to do....I keep telling her to look at me know...I got no choice...you just get to a point where you HAVE to let people help you...no matter how much it bothers you...you just can't keep going on without some help...I don't know if she hears me when I say this ...but you have to learn how to be a gracious receiver...not just a giver all the time.."

While it would be stretching the interpretation of the data to propose the idea that all the women felt that they did not deserve any assistance, the strong sentiments expressed by many of the respondents does raise some questions about their attitude toward entitlement and obligation.

6. ATTACHMENT TO "PLACE"

There were strong sentiments expressed by the majority of the respondents for wishing to "stay put". Most suggested that their connection to the land and their affinity for the community where they had lived for most of their lives was very important to their overall sense of security and well being. Almost all respondents identified themselves as "rural women" who preferred "small town living" over relocation to a larger, better-resourced community. The respondents to the study reported feeling fairly satisfied with their current lifestyle and in fact claimed that they are "better off now" than they have ever been. The women in this study claimed that living in a rural community was comfortable and made good economic sense for them. As has been noted in Table Six, ten of the women owned their own homes and the remaining eight lived in government subsidized garden flats. The women reported feeling generally satisfied with their living accommodations, income levels, and social support systems. Several women expressed worries over the long-term sustainability of small Prairie villages. Despite this pessimism, most of the respondents were also quick to point out that, while their small communities did not

have many of the amenities that exist in larger centers, small towns were still "good, safe, affordable, and healthy places in which to live".

7. SPIRITUALITY

In this study it became clear that spirituality provides important sources of connection for many people. Several respondents reported that a spiritual life was central to their sense of wholeness. A number of deeply religious women were part of this study. For the women in Muenster, religious celebration had a life-long, central role in their day-to-day lives. As the daughters and wives of the original settlers of St. Peter's Colony, their faith was woven in to their very culture and their experience of the "place". This essential component of life in that particular community colored their view of the world, gave them their sense of personal identity, defined their life roles, and provided a sense of purpose and meaning to life.

Although the term spirituality, is often associated with religion and religious beliefs and practices, a careful review of the literature indicates that spirituality is a broader concept. Burkhardt (1989) suggests that spirituality includes;

"dealing with the uncertainties of life, finding meaning or purpose in life, providing a source of inner strength, and helping to make connections with oneself, with others, with nature, and frequently (but not always) with God or Higher Being" (P. 70).

Several of the women in the other communities I visited also identified that being members of a faith community serves the functions noted in the above quote. A connection to others and to a belief system provided a sense of identity, helped them to make sense out of loss, and contributed to a feeling of personal satisfaction and well being.

THE CORE CATEGORIES - CONNECTEDNESS AND RESILIENCE

This project set out to discover how older women experienced ageing in small Saskatchewan communities. The answers provided to the original research questions suggest that most older village women are quietly and contentedly getting on with the business of living, without much fuss or bother. By and large, these particular rural Saskatchewan women consider themselves to be "ageing successfully". The reasons proposed in this study that account for this perspective are:

- the **resilience** and stoicism of individual women,
- the **resilience** of the communities visited in the study and

- the **connections** that were reported to exist between people in these particular rural communities.

Like many women, the majority of the respondents appeared to define themselves in relational terms. Many spoke of having a **connection** to others, to place, and to God. In fact, the positive assessment of life in rural Saskatchewan given by these women appears to be related to the **CONNECTEDNESS** that the women claim exists between themselves and the people with whom they associate.

One of the most noticeable findings in the data is that the majority of these women feel very connected to their rural communities. Many respondents reported that their particular village had a strong "sense of community" of which they felt a part. Respondents spoke at length about their personal history within these settlements. Most women reported that it was a comfort to be able to be in familiar surroundings and to be "ageing in a place (and with the people) that they know so well". All respondents but two were able to describe their involvement with a varied, responsive and resourceful social network.

The findings reveal that a strong system of informal support exists for older residents of rural communities. The members of this informal support

system certainly include family, but friends and neighbors, as well as professional caregivers (non-peer/family supports) were also declared by the respondents to be invaluable members of their social support network. Of particular interest is that all respondents had at least one member of their large kin network living in close proximity, and thereby available for support and assistance. More often than not, most respondents had several other kin members close by and reported feeling well supported and involved in a large and caring family support network. This family support network was supplemented by the older woman's connection to a large network of friends and neighbors.

Frequent themes that were repeated in the narratives attest to the personal **resilience** of this particular group of rural dwellers. Large portions of the narratives focused on tales of "overcoming hardships", "making do", and "coping". These are all things that these rural women seemed to continue to do well. Their strength of character and personal **RESILIENCE** was seen then, to be a major contributor to their ability to manage to live and age well in a small, rural place, despite the odds.

As the data analysis process went along, I began to see that some of the categories could be "chunked

together" and be represented by the **core** categories. A sense of **CONNECTEDNESS** with others and with the local community, as well as the **RESILIENCE** of both the individual women and the rural communities became the **core** categories that I decided to use to organize the themes found in the data. These **core** categories best describe the dominant themes that ran through the narrative data. However, while the words **CONNECTEDNESS AND RESILIENCE** allowed me to order the category system (see Table 12 in Chapter Four), I realized that a further explanation would be required to reach an adequate answer to the original research questions. To recap from Chapter One, these questions were:

- How do older women living alone in non-urban settings manage the activities of daily living and describe their experience of living in a small rural community?
- How do rural older women define and describe their indigenous social network? Who do they say is involved and in what way?
- What formal supports do older women in a rural setting use and do they perceive them as adequate?
- Do these women experience particular challenges to growing older in an ageing community? For example, do factors such as access to local resources (eg.

shops, transportation, or home maintenance) or changes to health services affect their daily lives?

In essence, the women in this study echoed the findings of other studies on older rural women and social support (Shenk, 1987; Kivett and McCullough, 1998). The women in this study were quite passionate about remaining in their respective communities. The word community seemed to mean more to them than the physical environment or merely "a place to live". Many of the women perceived their village as "communities of communion". Several had been born and raised nearby or had relocated to the area as very young women. For them, the local village and surrounding area is "home" and "home" is where they want to stay. However, the intent of these women to "stay put" and "manage on my own" seems to be dependent on a number of factors. The following discussion introduces a conceptual framework to understand "women ageing in place" in ageing Saskatchewan communities. The conceptual framework proposes an overarching rubric from which to understand the conditions that contribute to the ability of these rural older women to live alone in a small rural setting in Saskatchewan. These conditions include having good

health, having a positive attitude, and having adequate resources such as proximate social supports. The conceptual framework is built around the repeated statement made by the women that "staying put" and "managing on my own" was very important to them. In this conceptual framework the phrase "staying put" has been used to reflect the strong desire of most respondents to "age in place".

"STAYING PUT AND MANAGING ON MY OWN"

As has been stated above, the central tenet of the conceptual framework is based on the fact that the majority of the respondents in this study had a strong desire to "stay put". For them, this means living on their own in their own homes in their own communities. These women want to remain attached and connected to the particular "ageing place" that has been home to most of them for many years. The women take great pride in their homes. They are also determined to "hang on". For them this means they want to be responsible for managing their own lives and make their own decisions. For many, this independence (particularly financial independence) arrived quite late in life. While not true for everyone, it was only after widowhood that many of these women reported they acquired independent access to money

or property. Several women reported that widowhood brought the freedom to make their own decisions, without seeking the permission or compliance of someone else. Some of the women displayed a quiet defiance about this and were determined not to let go of this independence very easily! Living on their own, in their own place and according to their own schedule, had become a lifestyle treasured by the majority of the women.

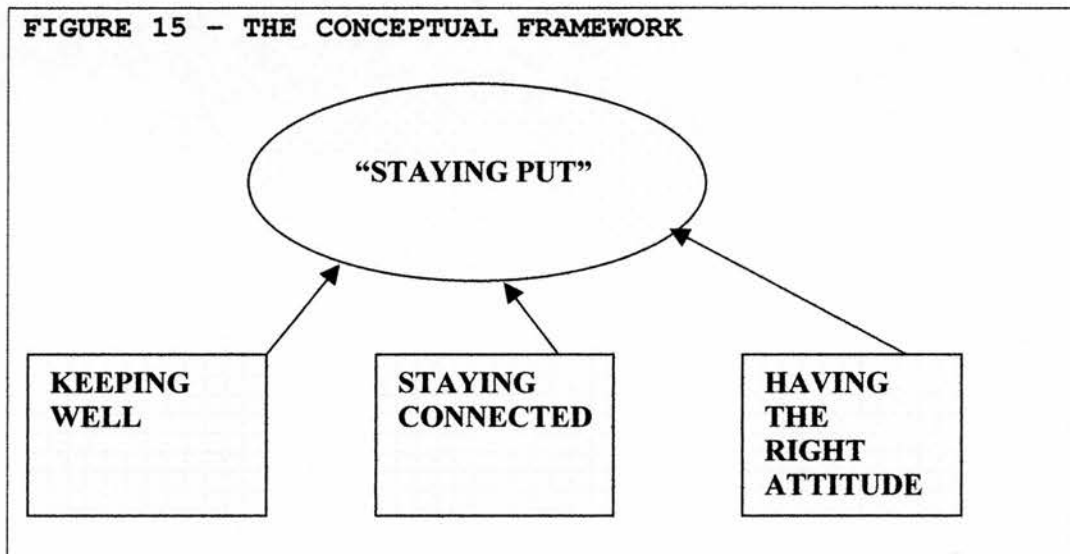
Several conditions appeared to need to be present in order for these women to pursue this chosen lifestyle. I present the relationship of these conditions to the women's choice of living arrangements here as a hypothesis. The Canadian Oxford Dictionary (1998) defines a hypothesis as "a supposition made as a starting point for further investigation" (p. 695).

My starting point or hypothesis asserts that, in order for these rural women to remain living on their own in their local communities, they need to:

1. believe they can do so (have an optimistic attitude), and
2. have good health, and
3. have adequate support from family, friends, and community.

While this hypothesis is unproven and needs to be examined in more depth and with other groups of rural

residents, it does provide a starting point for a discussion of the findings of this study. Each of the parts of this hypothesis is discussed below and a diagram of the hypothesis is presented in Figure 15.



1. "KEEPING WELL"

The condition proposed by the conceptual framework is that keeping well and having good health permits these women to go about their day-to-day business and "manage life". I have made reference throughout this report to the relative importance given by the women to their health status. This presence of health or "vitality" appeared to me to be a key factor that needs to exist for older women to successfully live alone in their rural community. From the repeated comments made

by the women it is clear that, in their minds, the continued ability to live alone, where they want to live and how they want to live depends entirely on "keeping well". In fact, "keeping well" seemed to be primary condition for older rural women to continue to "manage on their own".

2. "STAYING CONNECTED"

Another condition for "staying put" is that, in order for older women to age in place successfully, they must not only have good health, but must also have a proximate, varied and appropriate support network. As has been indicated in this report, most of these women identify a variety of supportive networks that assist them. The assistance obtained through these support networks makes a significant contribution to their ability to "manage their lives". Without such a wide array of proximate supports, rural women reported that they would not manage so well, even with perfect health. The majority of the rural older women in this study reported the presence of close and harmonious family relationships. However, one cannot assume that all women's interactions with members of their current social networks were supportive and nurturing. For the majority of the respondents this was the case. Two of

the respondents in the study had less than positive things to say about family. Each of these women reported "feeling badly" over the presence of conflictual relationships in their proximate kin networks. Interestingly enough, both also reported higher levels of involvement with the formal helping system (home helps) than any of the other respondents, although neither of these women had more significant health difficulties than other respondents. As well, one of these individuals had lived in the rural community for only five years and admitted that there had been long-standing antipathy between herself and her nearby daughter. The other individual had supportive relationships with her children but disclosed that there had been violence in the home. Understandably, her view of family relationships seemed to be affected by this experience in a negative way.

3. "HAVING THE RIGHT ATTITUDE"

The ability of many of the women to "make the best of things" and have a positive and optimistic attitude was seen to be a major contributing factor to the way they organized and lived their lives. Being creative, resourceful, and resilient in the face of challenge was nothing new to this group of women. The respondents were

very determined and courageous women. In spite of a number of serious losses, most still described their past and present life accomplishments as positive. Over the years they have dealt with the adversities associated with miscarriages, death, injury, and economic insecurity. For the farm women this struggle meant trying to earn a living by farming under often difficult conditions and in a somewhat hostile climate. The women in this study appear to have a well-developed life-long pattern of coping. Most dealt with adversity in a self-reliant manner. Several made frequent comments such as "you do what you have to do" and "you make do". Almost all of the women displayed a stoic acceptance of hardship as part of life's reality. They believed in facing up to life's difficulties and persevering in finding solutions to whatever problems emerge. As a result of this attitude, living alone as an older woman in a community that may appear to others to have limited amenities did not strike these women as particularly troublesome. Most credit the experiences of the past as equipping them well to now manage on their own. "After all" as one woman said..."it's only me I have to worry about now, not the whole family, so things are much easier for me".

SUMMARY

"Staying put" enables rural women to maintain important connections to the people, activities and environments that are so familiar and dear to them. The extension of this hypothesis is that such connection to the familiar, the safe, and the treasured leads to a sense of well-being and contributes to personal **resilience**. Personal **resilience**, coupled with strong support systems, contributes to further periods of good health. In this way, the hypothesis returns to the point of origin, keeping well. The net result of having an adequate level of health, a positive attitude, and a supportive network of family, friends and local services is that the rural older women of these rural communities maintain their preferred lifestyle and are able to continue living independently in the community.

A change to any of these conditions may affect the ability of any given woman to continue to "age in place" and necessitate relocation. If the changes were related to a health concern or care need, many of the women would likely need to move to a different town. As well as the disruption this relocation would bring to the individual social woman's life, her original community would lose still another life long resident.

CHAPTER EIGHT

THE RELATIONSHIP OF THE RESEARCH FINDINGS TO EXISTING LITERATURE

When I referred to the literature again once the data were collected and the initial analysis began, I gained valuable information that allowed me to make sense of the data. I wanted to develop a story line for the research report that would be interesting to read and give a rich description of the lives of these amazing older rural women. Aronson (1994) suggests "when the literature is interwoven with the findings, the story has solid merit" (p.4).

This chapter connects the conceptual framework proposed in the previous chapter to the existing literature and theory on social relationships in late life. While my study focused on the lived experience of a group of elderly women in rural Saskatchewan, the literature that I reviewed at this point makes little distinction between gender and residence. I acknowledge that the findings of this study may be gender or location specific. It is not my intent to offer generalizations from this study to the larger ageing population. Many of the interpretations I made of the data may also be relevant to the lives of older rural

men, other groups of older rural women, or urban dwellers of both genders. Then again, they may not be relevant to anyone outside of this distinct group of women.

I did not specifically search for references in the available literature that spoke only of older rural women's lives. Instead, I believed the study would be enhanced by reviewing literature related to some of the more relational aspects of the themes that emerged in the women's description of their life experiences. As a result, while my review of the literature did include looking at the issue of health in late life, my primary focus was on literature that examined social and interpersonal relationships. In this chapter, the life-span perspective on social relationships and the notion of social support "convoys" reported by Kahn and Antonucci and others, were compared to my research findings. In addition, the concepts found in equity, reciprocity and resource exchange theory, (Dowd, 1975; Roberto and Scott, 1987, Rook, 1987, Foa and Foa, 1974) as well as perspectives from symbolic interactionism (Blumer, 1969) provided additional understanding of the research findings.

**HEALTH AND LIVING ALONE - THE SOCIAL IMPORTANCE OF
"DOING FOR MYSELF"**

As has been noted elsewhere, (Cockerham, 1997) the single most important determinant of the quality of an elderly person's life is health. Health matters affect all other areas of life, including social roles and relationships. While some limitation in the physical ability of several respondents in this was noted, most of the women reported feeling in relatively good health. This rather optimistic view of one's health in late life is a common finding in many studies on perceived health status of the elderly (Evers, 1985; Freidan, 1993; Hooyman, 1997). Self-ratings of health have been criticized as subjective and unreliable (Jensen and Allen, 1994). However, Ware (1986) claims that their subjectivity is their strength since these reports reflect personal evaluations of health not captured by other variables. Ware asserts that there should be no doubt that self-perceptions of health are reliable measures. Self-assessments of personal health by elderly persons are often based on how they compare themselves with peers of their own age and sex. It has been suggested (Hooyman, 1997) that the tendency of aged persons to rate their health in this relative fashion is

most likely related to the tendency of older people to compare their own health with their perceptions of the health status of age peers. For many older people, simply surviving to old age in a condition reasonably free of serious illness or disability is often given as evidence of relatively good health. Myles (1984) suggests that subjective responses to health status tend to be a function of how much a person's life is disrupted by the condition. With increasing numbers living past 65, many people in the older age categories (particularly women in their late 80's and 90's) are able to feel that their health has indeed been good. For example, Stoller, (1984) suggests that:

"older persons may expect a decline in health as they age, but when the deterioration does not take place at the rate or to the extent they had anticipated, they may begin to assess their health above the rating they would assign to their peers" (p.262).

Most of the women have seen their husbands, siblings and other age peers suffer failing health and end up leaving the community to obtain needed care. The women certainly understood that their ability to live independently in a rural community was dependent on "keeping well". It should come as no surprise then, that the older rural women in this study consider themselves to be "very lucky to have their health". It

is also understandable that these women may indeed "under report" any health concern. For the women there seemed to be the attitude that admitting to poor health may lead others to assume their health needs were significant enough to warrant an intervention. As these interventions might curtail their activities or lead to relocation to a care facility, the women claimed " I keep my aches and pains to myself". All respondents agreed that "having your health" was essential to living successfully and independently in their respective village. The fact that they have survived into late old age in a relatively healthy condition, when others have not, encourages them to feel that they can be positive about their health.

The data from my research certainly suggest that, by and large, these older women would rather see themselves as "able" rather than "disabled", "well" rather than "ill" and "participant in" rather than "recipient of" supportive interactions in social networks. In other words, the social consequences to reporting poor health or physical problems for older women often seemed to mean to them that they would lose some measure of independence and therefore lose personal control over their day to day lifestyle and decisions.

The principle of independent living and "rugged individualism" has been described as one of the central tenets of rural ideology. Shenk (1987) completed an interesting study and found that older rural women placed certain conditions on participating in formal programmes. She found that older rural women would participate if the program would:

- "a) meet their needs without involving them in elaborate social service systems
- b) not associate them with welfare programs
- c) not pose a threat to their control over their own environments" (p.3)

Krout (1988) notes that rural elders place a high value on independence but often happen to live in environments that make it difficult to maintain that independence. The older women in this study certainly exhibited many of the features of such rugged individualism. Most were very reluctant to see themselves as recipients of help and appeared reluctant to become involved with formal home support programs unless it was "absolutely necessary".

SOCIAL SUPPORT

There is not any single, uniformly agreed-upon definition of social networks. Virtually all people are involved in social networks. In addition to enjoying the social opportunities such networks provide, people

use them to meet the challenges and strains of daily life. Vaux (1988) suggests that an individual's social network may be best understood as "a set of personal contacts through which the individual can receive emotional support, maintain social identity, obtain material aid or services and access new social contacts (p. 4)". Social networks involve interactions at both the person-to-person and the social level. For the purposes of my research, the term "social networks" referred to all interactions between the older rural woman and members of her kin, friend, and community support systems. The social networks for these older rural women then, include family, friends, neighbors, clergy and religious institutions, shop-keepers, community gatekeepers, and members of the formal health care system.

Goudy's (1990) research found that the presence of a varied and resourceful social network contributes to an individual's sense of well-being and competent functioning. Social support has been defined in a variety of ways, but typically refers to the presence of a supportive network or to the supportive actions, attitudes, and emotional climate provided by others.

Litwak (1985) uses two different models to explain sources and types of informal assistance provided to

older people. The first, the hierarchical-compensatory model, posits that older people have a ranked preference for assistance from selected groups regardless of the help needed. According to this model, informal network members are the preferred source of assistance, with family the most preferred, followed by friends, neighbors, and church members. This same study reported that assistance from the formal service delivery system is sought as a last resort (i.e.: when the preferred groups are unable or unwilling to provide help).

On the other hand, the task-specific model focuses both on the type of assistance provided and the characteristics of the source of assistance. In this model, older people report family members as the most appropriate source to provide help for the long term. Studies that have been done to test this model found that the geographic dispersion of adult children makes it difficult for family to be involved in helping activities that require regular, close proximity (Joseph and Cloutier, 1991; Phillipson, 1992; O'Bryant and Morgan, 1990).

Because of their proximity, neighbors have been reported in many studies as providers of help with short-term, day-to-day tasks and/or emergencies (O'Bryant, 1985). Other similar studies have indicated

that many seniors view friends as important providers of long term interactions that focus on peer-group concerns and similarity of experience (Cantor, 1979; Rubenstein et al, 1992; Krout and Coward, 1998).

Several studies have examined social support and offer descriptions of support type that refer to a distinct kind of benefit conferred on the recipient (Sauer and Coward, 1985; Vaux, Phillips, Holly and Thomson, 1986; Qureshi, 1990a;). The majority of these authors use the same distinctions between the various types of support exchanged between people within a supportive environment. For example, instrumental support usually refers to assistance with the practical aspects of daily living. Informational support involves the sharing of knowledge. Emotional support requires that the individual has a sense that others are interested in one's well being and willing to invest a portion of themselves in a relationship. Emotional support seems to promote resiliency and positive ways of thinking about oneself and one's situation. Some forms of social support can be provided by almost anyone including professionals, community agency workers, and perhaps strangers. However, most social support derives from those with whom one has an enduring relationship,

primarily family and friends. The findings from my research certainly confirm this latter situation.

CONTACT WITH PROXIMATE AND NON-PROXIMATE KIN

Because findings of recent studies have been mixed, the question regarding whether receiving support and assistance from others buffers physical and functional deterioration has yet to be definitively answered (Stevens, 1992). The assumption behind the possible relationship between social support and physical and mental health has often been based on the buffering effects of social support. Social support is believed to buffer against or modify the effects of stressful life events such as relocation, death of a spouse, and illness (Litwin, 1995; Wellman, Carrington, and Hall, 1988). With regard to the frail elderly, social support systems have been found to be effective mechanisms for providing tangible goods, information, and instrumental help with activities of daily living. A study done by Mor-Barak and Miller (1991) of a frail elderly population demonstrated that the significant buffering effects of social networks positively influenced the way older people report their health status.

This recent literature provides a helpful analysis to understand how the elderly rural women in this study

perceive the importance of social networks in their own lives. It certainly appears from the literature that the "social presence" of family, friends, and neighbors was of tremendous benefit to the respondents. While many claimed to manage most of the instrumental tasks of daily living on their own, all reported that "it is nice to know people are around, if I need any help".

INDEPENDENCE, WORRY AND RISK: ELDERLY WOMEN AND KIN HELPERS - EQUITY and EXCHANGE THEORY

The principles of equity and exchange theory also helped to provide an understanding of the way women interact with many members of their kin network. Respondents to this study certainly expressed gratitude for the availability of all types of support (instrumental, informational and emotional) from both proximate and distant kin. As demonstrated in both Table Five and the case study information in Chapter Five of this text, family members were noted to make up an important component of the helping networks for these older rural women. This particular finding is consistent with previous research concerning the involvement of family in providing care to elderly relatives. Cicirelli (1990) estimates that family members provide 80 to 90 per cent of all care for non-

institutionalized elderly people who need help. His study also found however, that in the areas in which elderly parents needed help and adult children provided that help, other kin also tended to be involved. In as much as these women needed "care", most of the respondents in my study had at least one family member (always a female, younger relative - in sixteen out of eighteen respondents this was a daughter) to rely on to provide it.

Regular family contact from both proximate and distant kin was reported as important to the older women in this study. However, it appeared that on occasion, families were much more enthusiastic to provide assistance than the older women were about receiving such help! During the course of some interviews, respondents admitted to performing certain tasks in their own homes that they believed were sure to be viewed with alarm by family members! These tasks were usually associated with activities that might put the older woman at some physical risk. Such "risk taking" activities included getting in and out of the bathtub without help, climbing up and down basement stairs, or standing on chairs to wash windows, change light-bulbs, or get things down from high cupboards. These fiercely independent women stressed that they were not about to

waste their days "standing around waiting" for someone to lend a hand with these tasks and would certainly rarely "put someone out" by asking for help.

It appears from these stories that these older women were exercising their right to live with a certain measure of risk. Many women implied that discussions around this issue had occurred between themselves and their families and the women more or less decided that the less caregiving family knew about their "risk taking behaviour" the better it would be for the family. While grateful for the concern the adult children expressed over their well being, many women claimed that their families "worry too much"! The most successful family relationships seemed to be those in which extended family members were prepared to live with a certain degree of discomfort over whether "mother" was "all right". In fact, it seems many families had learned "not to interfere too much" with the older woman's "ways" and choose to err on the side of valor rather than caution when intervening or offering to do some particular task. However, this "opportunity" for the older woman to live "at risk" seemed dependent on the relative physical vigor of the respondent. Several of the women were really quite fit and they were the ones

who claimed that they still "did whatever they damn well pleased!"

PEER NETWORKS - "I GET BY WITH A LITTLE HELP FROM MY FRIENDS"

A fairly large body of work exists on the social support provided by friends to aged people and on the effect of such support on well-being (Antonucci, 1985; Ferrarro, Mutran, and Barresi, 1984; Roberto, 1989). Lee and Shehan (1989) found that social activity with friends was more important in reducing loneliness and improving morale than having interactions with family. Larson, Mannell and Zuzanek (1986) found that the influence of family and friends on the well being of elderly people is a function of the time frame used in the study. In the short term, one's feeling of immediate well-being was found to be influenced more favorably by time spent with friends than by time spent with family. However, these same authors also reported that, in the long term, it appears that family contacts provide more stable sources of physical and emotional support than friends do and that these benefits add to one's overall well-being.

The enduring friendships that were claimed to be present by the rural women in this study were sources of

both information exchange and instrumental assistance for some of the tasks of daily living. However, it seems that the real value of these life long friendships came in the form of emotional nurturing. This nurturing included mutual validation of the shared "lived experience" of the women in this particular cohort of older women.

Gerontologists have often characterized progression from the middle to the later years of life as a series of losses of roles and choices. Atchley (1994) questions the views that older people suffer "role loss" as years go by. He points out that elderly persons usually have few "required" contacts with the general community. Instead, they associate on a daily basis primarily with people they know and who know them. Typically, then, they continue to function in their usual roles within the family and in their network of friends - they are just older, as are many of the other people involved in these social exchanges.

My study suggests that the roles older women occupy in rural communities may not appear to the young or to the outsider to be of great status. On a few occasions the older women also seemed to share this perception. Other women in the study stated that they "were as involved as they had ever been" in various social roles.

It seems that most of the respondents are well integrated into the community and occupy the same roles as a family member and friend that they have occupied for many years. Friendship was one such enduring role and was seen by the respondents as an important factor that contributed to their overall well-being and gave them a sense of personal worth and value. During the course of the data gathering process, it was observed that rural older women appear to rely on individuals in their life long friendship circle for affirmation of their self worth as well as conviviality. A spirit of "sisterhood" seemed to exist between the women in this study and other age peers who had experienced similar life events and processes over the years. Hochschild (1973) noted that a similar process occurred in her study of widowed residents of a housing project in San Francisco. Hochschild used symbolic interaction theory to explain the dynamic that existed between these women in similar life circumstances.

The women in my study keenly felt the repetitive loss of "old time friends". The losses of old friends to death or relocation out of the community (usually to obtain care not available in the under resourced rural settings) meant that their peer network was shrinking each year. The diminishing size of a network of long

time friends and associates has implications for the continued well-being of those who remain behind. Several respondents reported that this component of their social networks had become less able to provide the quantity and quality of social contacts that had previously been enjoyed. A diminishing of resources in any social support system has a deleterious effect on the ability of the women to continue to manage to live on their own in a rural, ageing community.

Contact between the older women and their siblings were frequent and described in terms of socializing, sharing stories of the "old days", and participating in similar events. Sadly, many of these events are often funerals of other aged associates/relatives. However, the women stated that they also include more joyous events such as celebrations of anniversaries, birthdays and weddings. As members of similar age cohorts, siblings and cousins seem to play an important role in the social networks of rural elderly people. While technically members of the kin network, I got the impression that friendship bonds were also present in these sibling relationships.

PEER NETWORKS - THE CONVOY MODEL OF SOCIAL SUPPORT

As has been observed elsewhere in this report, the social networks for the majority of the older rural women interviewed in this study appear to have "rolled along" through time much like a convoy of vehicles on a long journey. Other researchers have noted this concept of a "convoy effect" in social networks. Kahn and Antonucci (1980), Antonucci (1985), and Crohan and Antonucci (1989) all suggest that people go through the life cycle surrounded by a convoy system of social support. The central proposition of the convoy model is that social support is an important determinant of well-being and can moderate the effects of stress. The convoy model identifies three types of support that are usually given. These supports include affection, aid, and affirmation. According to Crohan and Antonucci (1989) the concept of convoy refers to "a set of other people to whom he or she is related by the giving or receiving of social support" (p.130).

Those who have researched social support in old age from the convoy perspective point out the importance of viewing social relations from a life-span perspective. These authors believe that the relationships of older people develop continuity, stability and predictability over time. People are connected to a convoy of social

relationships as they move through their own personal development and their interpersonal interactions with others. Antonucci and Akiyama (1987) make the effort to point out that relationships in social networks are not static and monolithic. Rather, social network interactions are dynamic and involve action and reaction on the part of individuals. The specific people who make up a social network may change over time. Forces such as changes to role responsibilities, finances and residential mobility as well as the personal properties of the members of the convoy (age, gender, health status) all interact to shape a support convoy. All of these factors jointly determine both a person's requirements for social support at any given time and the adequacy of the convoy to respond to such demands.

The original convoy model proposed a theoretical framework within which to view all social relations. Convoy memberships develop over the life span through the performance of roles such as spouse, parent, worker, friend and neighbor. Although gender was always seen to be an important contributor to the development and specification of an individual's convoy of social relations, no specification was given in the original model of how women's social relations might develop a function in a manner unique to women or different from

men. Given the fundamentally different experiences of women, Crohan and Antonucci's (1989) further exploration of the convoy concept suggests that each aspect of the convoy model can be affected by gender. Their model allows for the examination of both the structural (age, gender, frequency of contact, and distinction of the relationship to the older person) and the functional (the kind of help provided and received) characteristics of any given social network.

The respondents of my study gave evidence that convoys of support do exist in rural communities. Women in the study reported having significant contact with children, grandchildren, siblings, nieces and nephews. However, neighbours, church members, community helpers, and friends were also mentioned as important members of the social network convoy.

The relationships that exist between the older person and various non-kin members of the convoy had evolved over time. The relative position of the older woman to other members in the convoy may have shifted more to the passive rather than active sense but these women are certainly involved and committed members of convoys of social networks. Furthermore, the respondents seem to be most comfortable interacting with the components of these complex convoys that are based

on life long associations. These associations are those that have the greatest degree of continuity, familiarity, and stability. For most of the women in my study, the presence of age peer friends in these convoys of social support had sustained them through the years.

PEER NETWORKS - EQUITY AND EXCHANGES

Adams (1986) found that the number of emotionally close local friends reported by elderly women to be present in their social network convoys were positively related to well being. Similarly, Bankoff (1981) found that support provided by friends (defined as emotional support, intimacy, and frequent contact) was particularly important to the well being of widows. It is clear from the data in my study that friends play a major role in the happiness and life satisfaction of rural older women. The respondents in this study reported that it was much easier for them to both give and receive support from the individuals with whom they had a long-term relationship. Specifically, respondents named other older women as the people they viewed as those they preferred to rely upon for instrumental and emotional support. This reliance on support from age peers has been noted in other studies of relationships in old age (Hansson and Carpenter, 1994; Adams and

Blieszner, 1989; Rubenstein, Kilbride, and Nagy, 1992). As has been noted by Shea et al (1988), age peers, particularly those from similar cultural background or local environment, may have a shared perspective and therefore understand each other better.

When it came to some aspects of social life, women in this study appeared to be more comfortable spending time with friends than relatives. Seeking emotional support through companionship or aiding with small tasks associated with daily living (for example sharing prepared food or helping out in a friend's garden) were activities these women described as "something best done with *other old ladies*....my family are busy with their own lives". It would appear from these statements that older women feel better doing some things with friends because their ability to reciprocate. The women claimed that there is "balance" when helping or getting help from a friend. This notion of the need for reciprocity in the majority of social relationships was noted to be of significance in this study.

Reciprocity, the balance of giving and receiving is of primary importance in friendships. Several definitions of friendships stress the importance of a mutual sense of give and take (Matthews, 1979; Blieszner and Adams, 1989; Hansson and Carpenter, 1994).

relationship. According to equity theory, individuals assess the equity of a relationship by determining their own and their partner's inputs to and outcomes from a relationship. In order for individuals to be content with and continue in relationships, they must perceive them as equitable. In research done by Roberto and Scott (1984), the morale of older women varied according to the equity of instrumental helping behaviours with their friend. Congruent with equity theory, Roberto and Scott's study noted that those women who perceived themselves to be in equitable friendships had higher morale scores than did over-benefited women. This led the authors to suggest that a woman's inability to reciprocate created adverse feelings about herself. However, the study also noted that the perceptions of under-benefited women did not differ from equitably benefited women. It would appear from this research then that not being able to reciprocate undermines an older person's sense of personal power and control. Absence of a sense of personal power can compromise feelings of independence. Additional research done by Rook (1989) found that older women who were either over-benefited or under-benefited in their overall relationship with members of their social network (family, friends, and neighbours) expressed greater

feelings of loneliness than women who felt their social interactions were balanced.

The data from my study certainly support the premises proposed by both equity and resource exchange theory. The older women in this study appeared very conscious of the fact that "give and take" is a vital part of social relationships. However, most agreed that it was "very hard" for them to ask for help from others, especially if they felt they had little to offer in return. The older rural women gave the inability to adequately reciprocate as the major reason for curtailing social activities and interactions with others. While many of the women still hosted events such as card parties and "teas", few continued to entertain friends and family on the scale they once had. Because they didn't feel they could "have people in", some of the women admitted to declining invitations for meals and evenings out that were offered by friends and neighbours.

Another frequent example of this resource exchange dynamic arose in discussions about access to needed transport. All villages visited during the course of this study are poorly served by public transport and all are some distance away from shops or resources of any significant size. While two of the respondents still

operated their own cars, the remainder of the women relied on others for transportation. From what the women told me, it appears that there are a number of "volunteer drivers" available in most rural communities. These volunteers are usually recently retired "younger" women. However, most respondents expressed a reluctance to accept offers of lifts to places *unless* they could "pay something". This usually meant that they insisted on offering cash to the "volunteer". This action/reaction of an offer of a lift versus an insistence on the part of the older woman to contribute financially is one example of how resource exchange was seen to take place between people in these rural communities.

The resource exchange theory can also be helpful in understanding other aspects of how older women perceive and then use the resources of their individual social networks. This group of women can best be described as stoic, self-reliant, and "other focused". Each woman has a personal history of being of service to others, whether it is as wife, mother, farmer/employee, neighbour, friend and community worker. All admitted to being happier giving help rather than receiving it. Even during the course of the researcher interview, women insisted on offering coffee, lunch or "goodies";

giving the impression that the researcher had given them something by "visiting" and they needed to reciprocate with hospitality! This attitude seemed to permeate most of the interactions these older women had with their social networks. Very few of the respondents stated that would feel comfortable with being the "passive recipient" of care and attention. For these older women, interaction with their social network is a dynamic process based on the principles of equality and requiring resource (goods, services, and affection) exchange.

SYMBOLIC INTERACTIONS - GIVING AND RECEIVING HELP

Symbolic interactionism provides a theoretical framework for the grounded theory approach (Patton, 1990). The principal constructs of the symbolic interactionist perspective were helpful in understanding relationship dynamics that were found to exist between the rural older women in this study and various members of their social networks. Blumer (1969) defines the social world as "the actual group life of human beings" and asserts that very few research studies have much direct, first-hand knowledge of the social worlds they choose to study.

In my study, several of the older women described the symbolic meaning that the act of asking for or receiving help has for them. As has been stated, many of the women in this study expressed profound reluctance to ask for help. While all agreed that there were many people in their social worlds who were available and willing to assist them with various tasks and activities, many women found the action of asking (or even being "a gracious recipient") to be problematic. This led me to wonder about the "symbolic meaning" of asking for or receiving help for older women. In order to conceptualize the discussion around the "meaning" of taking (or not taking) the action to ask for help, I reviewed the literature of symbolic interactionism.

The strength of the symbolic interactionist approach to the study of the aged lies in the capability of this perspective to explain how people perceive situations and define a course of action. Blumer (1969) places emphasis on the process of interaction in the formation of meanings to the individual. He discusses the importance of the symbolic meaning of an "act" to the individual "self" during "interactions" with "other". According to this perspective, the self of a person is formed and continually developed as a result of social interaction and experience with other people;

thus the self is a social product derived from a person's relationship with others in society.

The women in this study are products of their life circumstances. The historical effects of gender socialization, class, culture, and personal history certainly contribute to their view of self and their sense of both entitlements and obligations in social interaction. These factors all seemed to influence the "help-seeking" or "help-accepting" behaviour of this group of older women. The "symbolism" then, of asking for or accepting help seemed to have taken on larger than life proportions for several of the women.

According to symbolic interactionism, people interpret and define both actions and objects based on the symbolic meanings of that action. Thus, people act toward an object based on the meaning that action has for them. For the older women in this study, the act of participating in social relationships with family and friends appears to require them to continually respond to social influences. The most frequent social influence that was reported as requiring them to "think things over carefully" was having others expect them to accept more help than they themselves feel is necessary. The object in this case is "help". The older women in this study, like people everywhere, need to feel they

are joint participants in the social interactions that occur during the giving and receiving of help. As such, each member of this interaction brings his or her individual social act or line of behaviour (i.e.: for the older women, rejecting help, accepting help or reluctantly resigning oneself to the presence of help) to a situation. Most of the respondents in the study admitted that it caused them personal distress to actually have to ask for assistance from someone without knowing that they had something to offer that person in exchange. Most were fearful of "being a burden" to family. Several women described the impact on their self-worth when they came to the realization that they were no longer able to do a particular task on their own. Most stated that it was only after they had exhausted all other creative solutions to the problem that they accepted the position of acting as a recipient of help. Few admitted feeling comfortable with the position.

"STAYING PUT" - ATTACHMENT TO PLACE AND CHOOSING RURAL LIFE

The findings from this study suggest that the older women residents of these small Prairie villages were well integrated into their respective communities. Women expressed a certain pride and satisfaction with village life. They believed they were "well known" by people in the village and that they too "knew most everyone". This led the women to state that they felt "visible" in their community and were comfortable with the familiarity this social integration into community brought to them.

As has been pointed out by Coward and Krout (1998), rural communities in the 1990's are no longer "backwoods places" with poor housing, inadequate sanitation, and high levels of poverty. However, living in a rural community in Saskatchewan does present challenges to older residents. The rural villages I visited during the course of this study are barely hanging on to basic amenities such as shops, post offices, and access to medical care. Public transportation is almost unheard of in rural Saskatchewan. This makes all residents, including the elderly, dependent on private forms of getting about.

Some people tend to view rural living as idyllic, peaceful and tranquil. To a certain degree, the women

in my study endorsed this perception of life in rural Saskatchewan. This does not necessarily mean that rural living is better for older women than urban living. However, for these women, being able to continue to live in a community they have come to know and love as "home" is significant. A key concern of these women seemed to be having the choice to "stay" rather than having to "relocate" to a place where familiar people, places and routine would not exist.

As has been noted in the methodology section of this report, the study sample was drawn from small rural communities that have "aged in place" rather than through in-migration of seniors from other areas. This sense of "continuity" with the local community was found to be a significant factor for well being of the women in this study. As has been noted in the previous chapter, most reported themselves to be very connected to (and "mutually reliant" upon) the individuals or groups with whom they had had long standing relationships. These age peer relationships had evolved over time. They were based on previous experiences as mothers, farm wives, and members of various community (often church related) groups. The historical commitment to "helping out your friends and neighbours" appears to provide a solid foundation for the

interdependence that was noted to exist between older rural women and various members of their local social networks.

SUMMARY

This study suggests that, while kin support is present and valued, close and mutually supportive relationships with age peer friends are a rewarding and necessary aspect of older rural women's social support systems. It has been reported that reciprocity in social relationships tends to lead to a sense of mastery over one's social world and increase coping ability (Coyne and DeLongis, 1986; Meddin and Vaux, 1988; Kivett, 1985). Since coping ability is essential to independence, health, and well being, the findings reported from this study have particular relevance for rural Saskatchewan communities looking to understand factors that will assist elderly women to maintain a sense of personal well being and remain living independently for as long as possible.

CHAPTER NINE**IMPLICATIONS FOR RESEARCH AND SOCIAL POLICY****A. IMPLICATIONS FOR RESEARCH****1. DECISIONS ABOUT DATA GATHERING AND THEORETICAL PERSPECTIVES**

Several matters arose during the course of my study that contributed to the way that this particular project was organized. For example, during the early stages of the data collection period, the first respondents I contacted were interviewed individually. However, during the course of making pre-interview contacts with other women who had been referred to the study, three situations arose in which I was either requested or invited by the respondents to interview women together. Rather than stick to a data collection strategy that would limit the contacts to one-on-one, I decided to agree to joint interviews when requested or organized by respondents.

Although these arrangements were more serendipitous than planned, the outcome proved to be quite interesting. The data from the joint interviews were qualitatively different from those that were obtained in sole interviews. For example, when participating in these sessions and when transcribing the tapes, I

noticed that the respondents in these joint interviews seemed to "spark" off each other and became more animated in the discussion. Often the respondents filled in each other's gaps and memory lapses or added detail to the topic being addressed. They also seemed to be really curious about what another older woman thought about some of the topics we were discussing. This was particularly true when we were talking about the giving and receiving of help and the nature or change to rural communities. It appeared as though these joint interviews had more depth, as the women became engaged not just with me but with each other as well. The ability to both respond and reflect on someone else's response "in the moment" led to the expression of a multiplicity of views within a single data gathering session. From my limited experience in this study, it appears that the use of joint interviews or focus groups in research projects with older people has significant benefits.

The intent of my study was to collect information about the everyday lives of elderly women residents of several small communities on the Saskatchewan prairie. While apparently simple, this task turned out to be quite complex. As a result, I required a methodological approach that would help me to develop an understanding

of the women being studied, capture the environmental context of their lives, and examine the relationship between "ageing women" and "ageing places". In the early days of the research design, it was my intent to attempt to blend concepts from phenomenology, ethnography and grounded theory to meet this goal. As the research project unfolded however, it became clear to me that this research was essentially a phenomenological study. The ethnographic elements of the study were essentially limited to an examination of the characteristics of the local communities in which the respondents live. The constant comparative method of grounded theory contributed an organizing framework for the data analysis but this was not a grounded theory study per se. In short, it was the process of phenomenological inquiry and analysis that was most important to the study. My experience with data analysis included going through the stages of phenomenological data reduction, the analysis of specific statements and a subsequent search for the meaning of these statements. By following these steps, I arrived at a point where I felt I understood "the essential, invariant structure (or essence) or the central underlying meaning" (Moustakas, 1994) of the

phenomena of interest - "ageing in place in an ageing community".

2. GENERALIZING THE FINDINGS

Making broad generalizations to older people in other areas is not the intent of this chapter. The findings from this study are limited to a small number of women in a small geographic area. Due to the relatively small sample size and the distinctive locale that was chosen for this study, any attempt to extrapolate meaning from the findings of my research and make definitive statements about the implications of this particular study for policy and practice must be done with caution. However, several results from this project may be compared to the broader literature on rural ageing.

As has been described elsewhere in this report the older rural women who responded to this study present an amazingly positive picture of growing older in ageing rural communities. On closer examination however, it does appear that this "positive world view" is based on a life long habit of "making the best of things" and "being grateful for what one does have rather than complaining about what one does not have". These women are the consummate stoics. Despite enormous odds, older rural residents of small, ageing communities on the

Canadian Prairie continue to "make do", just as these pioneering women have always done. It would appear as if their lives are relatively secure ("as long as I keep my health"), that they participate in a range of activities, that they feel respected and valued by their family and friends, and that others treat them fairly and with respect. In short, life is going along fairly well for them at present. One does have to wonder however, how things might change if any of the women lose the one thing upon which her sense of independence, security, dignity, participation and experience of being treated fairly seems to depend. This one thing is her health.

The primary importance of keeping healthy and having ready access to health care resources has been reported extensively in the literature on rural ageing. Several authors have noted that providing service, both formal and informal requires sensitivity to the challenges unique to rural health service delivery (Krout, 1998; Scheidt, 1998; Martin-Matthews, 1988; Keating, 1992). The residents of Saskatchewan share similar struggles as rural communities throughout Canada, the United States and Australia. Researchers in all three countries have reported factors that inhibit access to service in a rural area (Hodge, 1993; Bull,

Howard and DeCroix Bane, 1991; Cullen, Dunn, and Lawrence, 1990). These may include physical barriers such as bad weather, geographic isolation or poor roads. Other factors that have been reported in the literature as frequent barriers to rural service delivery include the declining economy of many rural areas, the lack of available trained service providers and inadequate supports for family caregivers (Bull et al, 1991). Transportation has also been reported in many studies as a critical factor to rural service delivery (Diaz and Gingrich, 1988; Ekstrom and Leistritz, 1988). In Saskatchewan, the limited availability of public transportation means rural elderly people are limited in their ability to access the range of services that are more available in urban communities.

These combined factors may mean that, as in many other rural communities in North America, the many rural elderly of Saskatchewan often find themselves literally "beyond the reach" of some services. The availability of formal services, health professionals, and other practitioners is less in rural areas of the province than in urban centres. If any rural resident experiences a severe illness or injury that requires significant intervention on the part of the health care system, that intervention must usually be provided in a

community some distance from the rural resident's home. Due to the recent consolidation of some health and support resources by the provincial government it is usually no longer possible for the life long residents of small communities to remain living in the village that has been home for so long. If an older person requires ongoing medical attention or residential care, relocation to the nearest (hopefully) larger centre with the associated richer resources and service capabilities is usually required. This new location may be a little as little as a few miles away from the previous village. However, without independent access to transportation for her or her age peer network, the new location might as well be one hundred miles away.

If reliable and accessible public transportation were available to the older residents of Saskatchewan's rural settlements, it would be possible for the relocated woman to receive visits or maintain personal contact with those important members of her previous social world. However, as has already been stated, reliable public transport with frequent and "senior friendly" service between rural centers does not currently exist in rural Saskatchewan.

Results from my study also echo reports by other authors concerning the involvement of rural seniors with

the community (Wenger 1991); Martin Matthews (1988); Wellman, 1981; Krout, 1994). Like those authors, I found that many long-term residents of rural areas have a large, relatively stable network size that includes a number of close kin. Only one respondent in my study had lived in the area for less than ten years. Interestingly enough, she was the one person who expressed dissatisfaction with both the quantity and quality of her social support network. The remainder of the respondents reported large constellations of support and reported obtaining the majority of any help that was necessary from these informal networks.

Generally speaking, a strong sense of familial obligation appeared to be operating between family and friends in these rural communities. As has been found in other studies (Kivett, 1988; Black, 1985; Connidis, 1989; Stevens, 1989), most of the respondents in this study reported a high level of personal regard and trust toward their family. However, this was not the case for everyone. Two of the women reported personal histories of domestic violence and two of the respondents admitted to having severe conflict between themselves and their adult children in both the past and present. Not one of these women had any idea where they could have gone to have support and counseling for these family related

stresses. In fact, such resources are not readily available to anyone in many rural communities in this province. The mental health system in rural Saskatchewan seems poorly funded and ill prepared to deal with an ageing population. Three of the women discussed the struggle they had gone through in caring for ill husbands and other family members over the years. Respite care and adult day care programs are readily available in urban centers in the province but few such programs exist in rural communities.

Other studies have reported that rural elderly people use more informal helpers and fewer paid helpers provide assistance with fewer instrumental activities of daily living (Dwyer and Miller, 1990; Coward, Cutler, and Mullens, 1990). These studies have suggested that, while this may reflect the preferences of rural elders, it may also reflect the relatively limited availability of formal services. Other research has demonstrated that service providers have often found that rural elderly resist formal services because they want to avoid getting caught up in bureaucracy and perhaps lose some control over their life (Cockerham, 1997).

The women in my study said that they would prefer to get help from their informal network and like to be able "pick and choose" the formal services they require.

These women, like many other people, seemed to prefer care-receiving situations that had elements of reciprocity, allowed them to preserve their independence and honoured their resilience. In this way, the women were giving responses to my questions that are similar to other research (Kivett, 1985; Adams and Bleizner, 1989; Antonucci and Jackson, 1990; Kaden and McDaniel, 1990; Roberto, 1989). For example, the women in my study who obtained assistance from friends and neighbours seemed to have a clear sense of "what amount" and "what kind" of assistance from friends and neighbours is acceptable. They were generally more comfortable if there has been some ongoing reciprocal relationship where they had previously been of assistance to the other.

The women in this study also acknowledged that circumstances might arise that would make support from the informal networks of family and friends no longer accessible or suitable for their needs. All agreed that having locally available help from the formal sector would be desirable but stressed that this involvement would be a "last resort". This reluctance to become involved with the formal care system has also been reported elsewhere in the literature (Kontos, 1998; O'Bryant and Morgan, 1990; Peterson, 1989).

For the most part, the older women interviewed for this study considered their particular rural community to be a good place to live. This feeling of affinity for place and a positive perspective on a rural lifestyle has been noted in other studies on rural ageing (Cape, 1987; Joseph, 1992). The majority of the women in my study reported feeling very safe in their respective communities. This sense of personal safety was a principal theme that emerged from the data. Women in the study reported feeling particularly comfortable with the visibility, familiarity, and relative proximity to others that accompanies living in a small community. A repeated sentiment was "everyone knows everyone here and we look out for each other". The implication is that if a "malicious stranger" came to town or "mischief/tragedy/accidents" occurred, people would notice and would intervene to protect and support vulnerable members of the community. However, the women also noted that, without a vibrant and sustainable rural community, fewer and fewer people would be available to provide this sense of safety and comfort.

This sense of security also contains a number of additional dimensions, all of which are key to the personal well being of these older women. Unlike other studies, the women in my study expressed tremendous

satisfaction with their sense of financial security. None of the women in my study considered herself to be currently poor. All respondents had a mix of both private investment income and Canadian government pensions. With these resources the women stated they were able to manage to meet their personal expenses without difficulty. As one woman put it "I've been through worse than this on less than pension pay". One benefit to personal financial security for these women was the ability to act a benefactor to family members and charitable enterprises. This ability to give money was something women reported as helping them to "feel good about themselves". In fact, when directly asked in the interview to describe how they felt they made a contribution to others, almost all the women responded by relating incidents of how they made financial bequests. Sadly, none were able to relate to the concept that they also were contributors to social relationships such as "adviser, volunteer, friend, neighbour, supporter etc." A few offered the opinion that they might be important to their family as "mother/grandmother/great-grandmother" but most were fairly self-effacing and minimized the social value of such involvement.

Unlike studies in other regions, particularly the southern United States (Collins and Paul, 1994), the quality and availability of housing in this particular area of rural Saskatchewan seems quite good. The women in this study were also pleased with the housing options available to them and the conveniences present. All homes had hot and cold running water, indoor plumbing, and easy and affordable sources of heating, electricity, telephone lines, and cable television. Although some women did report finding the government-subsidized housing units (the "lodge") somewhat cramped for space. This makes them difficult places in which to entertain family and friends. The women who continued to reside in their own homes were satisfied with this living arrangement but did have concerns about finding available and reliable maintenance and home repair personnel. Unless surrounded by handy family or friends, these women had to purchase house maintenance service from the private market. Like many other rural residents, they often found that reliable craftsmen are not all that plentiful in rural Saskatchewan. The provincial technical colleges have a number of apprenticeship programs. Perhaps linking these apprentices to seniors in rural communities would be mutually beneficial. Such an arrangement would provide

the help older rural residents require to keep their homes maintained as well as provide on-the-job experience for the apprentice.

3. SUGGESTIONS FOR FUTURE RESEARCH

As has been noted, the results of this type qualitative research project are not generalizable to other settings and populations. In addition, descriptive studies rarely present a complete picture of the phenomenon under question. As a result, generalizations from this study are limited in scope. The respondents were white, with strong Anglo/European backgrounds and fairly traditional lifestyles. Replication of the study with both similar and substantively different populations would continue to add to the existing knowledge base. Very different data may emerge from asking similar questions to a different population such as men, married couples, or women in other geographic settings.

While this study has presented interesting and informative findings, there is still much that we do not know about other older women's lives, attitudes, and experiences. For example, little is known about the experiences of older First Nations women, older women who more recently immigrated to Canada, older lesbians,

or other older women who chose to live their lives in non-traditional ways. Conducting studies that involve a more diverse pool of informants would help to fill in the gaps of the existing knowledge base.

Studies about older women would also benefit from incorporating multiple data gathering procedures and using triangulation of method. There would be great value in providing a more active role for the informants at every point in the research design, perhaps using focus groups and participatory action research methods.

B. IMPLICATIONS FOR SOCIAL POLICY

While expressing a preference for continuing to live in a small community, many of the respondents expressed concerns about the continued viability of rural Saskatchewan.

Rural depopulation has been a trend in Saskatchewan for many years. As early as 1913, agricultural areas were seeing problems such as population out-migration, farm income not matching farm expenditures, institutions not meeting rural needs and rural communities lacking support (Diaz and Gingrich, 1992). Although changes to agriculture and rural life in Saskatchewan have occurred over time, the challenge of sustainable development still exists. The women interviewed in my study raised

many legitimate concerns over questions of sustainability of small rural communities.

For most respondents the object of their concern was not themselves or other seniors but rather the "younger generations". This concern for others was a common theme repeated in the data. While the women did report being inconvenienced by the diminishing number of goods and services available for their use, the overwhelming concern was for the younger residents. One woman expressed her worry that "the village is dying because there is nothing here for the young". Another woman stated "it is sad we can't keep our people because I found a small place is such a good place to raise a family...". These statements have profound implications for all those who care about rural communities.

In order to discuss the social policy implications that arose from this study, three questions will be addressed in the remainder of this chapter -

- 1) can rural communities survive in Saskatchewan?
- 2) what is the role of older people in rural communities?
- 3) what do rural communities need in order to provide adequate support to an increasingly ageing population?

1. CAN RURAL COMMUNITIES SURVIVE?

As has been noted, community is a complex term that can carry several meanings. As a geographic term, community refers to particular locales or settlements. Community can also refer to localized social and political systems, or to the social network of a particular locality. Community may also be used to refer to a certain quality of human relationships such as feelings of identity, mutuality, and affinity that may not depend on physical proximity but often do. Traditional concepts of community are based on life-long residence in one locale, tight and well-defined geographic or ethnic boundaries, frequent face-to-face interaction, and an ordered set of common experiences, allegiances, and roles (Beggs et al. 1996).

The images described above have all but disappeared in rural Saskatchewan. Over the past thirty years, rural people have had to reorganize their lives and lifestyles to accommodate to a new era. This era has resulted in a society that has high geographic mobility, near universal labor force participation, small nuclear but broad multi-generational family units, and increased longevity.

According to a study done by Hodge and Quadeir (1983) many Canadians of all ages continue to express a

desire to remain in rural regions. However, there have been significant changes to rural settlements over the past century. In Saskatchewan, the transformation of rural communities into spatially extended networks began with the spread of mass produced automobiles and trucks through the 1920's. As well, the introduction of mechanization to the Prairie farm made it no longer necessary to have as many hands as possible on the farm to produce the agricultural crop. By the 1950's, a rural exodus from the farm to the cities was in full swing. Hay and Basran (1992) claim that this lowered what they refer to as the "density of acquaintanceship" in any single town or village. As a result, rural people reconstructed social networks on the basis of their preference and available time and money for goods, services, friendship and participation in organizations. Some rural communities in Saskatchewan have successfully adapted to the reshaping of their social landscape while others have withered.

The women in my study were very cognizant of the changes that have occurred in Saskatchewan over their lifetimes. The women in this study were born in the early part of this century. They have seen remarkable changes in their local rural communities. At the beginning of the century, the economic and social life

of rural residents tended to focus on one town and its immediate hinterland. Farmers usually purchased equipment and consumer goods, worshipped, sent their children to school, and delivered grain to an elevator in the same town. Social and economic roles overlapped. Farmers would rub elbows with bankers, merchants, the doctor, and the lawyer at school board meetings, local branches of political parties, or the committee running the agricultural fair. Their wives would join each other and the women in the town at community and charitable events or through membership in such groups as the Catholic Women's League or the Rural Women's Institute. This dense and overlapping set of relations constituted the community. As has been stated earlier, for these women, their community was more than a physical environment or merely "a place to live". For many, the sense of "belonging to place" was woven into the very fabric of their being.

It appears from the data that a strong affinity for place was an essential ingredient for personal and social well being of these rural women. According to the women in this study, meaningful connection to people and place is the essence of what rural communities have to offer. Most of the women interviewed celebrated in their rural identity and readily described themselves as

"country women". All subjects had a strong sense of civic pride and were happy to point out the fundraising efforts and community events that they had been involved with over the years. Out of the total sample of eighteen, sixteen women had "retired" from decades of farming life. Their backgrounds as "women of the land" were most often evidenced through extensive story telling of the "old days/old ways". In fact, the research interview often seemed to veer away from the primary research questions when the women related stories of various pioneering exploits! These women hold valuable historical information in their memories, little of which is being recorded by others. As the "knowledge bearers" of the historical roots of the province, it would be a wonderful idea to involve school children in oral history projects. In this way, younger people can learn of this particular view of the history of Saskatchewan. The relationships that might emerge from these inter-generational contacts could have mutual benefit to senior and child alike.

2. WHAT IS THE ROLE OF OLDER PEOPLE IN RURAL COMMUNITIES?

Glasgow (1993) suggests that the life situations of older rural adults have been profoundly affected by

changes at the socio-economic and community level. Rural communities, particularly the prairie regions of Canada and the United States are changing - demographically, economically and socially. These communities are evolving into an array of very diverse milieu in which to grow old. There is a need to develop an in-depth understanding of the manner in which major changes to a variety of rural institutions are modifying this community milieu. These changes include the composition and characteristics of the rural family, the evolving nature of rural community-based services, a redefinition of the place of the nursing home in the rural long term care continuum and the wide-spread closing of rural hospitals. These changes and the threat to rural sustainability is of concern to all rural residents but is of critical importance and concern to the ageing residents of rural communities.

Several studies have been done which seek to discover the opinions of older persons on what services are most important to them. These studies have identified the following issues:

- **Housing** - Many studies identify the preference for seniors to remain in their own home and community for as long as their health needs are safely met.

(Aronson and Neysmith, 1997; Kontos, 1998, and van Wormer, 1997)

- **Independence** - Seniors treasure their independence, including privacy, just as much as the rest of the population. Even limited reliance on family members for care can "evoke feelings of indebtedness" (Aronson and Neysmith, 1997) that conflict with the senior's ideal self-image of "independent and self-reliant".
- **Choice** - The ability to make choices is also important to seniors. Within the context of care and the elderly, choice implies that informal caregivers "are seen to do their caring work by choice and that elderly people are seen to choose to rely on them" (McCullough and Kivett, 1998). According to these same authors, the possibility of choice is greatest where financial resources are sufficient to purchase services on the market, a spouse is present and in reasonably good health, and the care needs of the elderly person are minimal.
- **Socialization and caregiving and receiving;** Socialization and support networks are essential to the emotional well being of all, and the elderly are no exception. The support relationships among

seniors tend to be "mutually beneficial and based on equal partnership" (Kivett, 1993; Kontos, 1998 and Baltes, 1996). Ageing must be thought of in terms of "the crucial roles that elders play in their kinship and community groups..." (Korte, 1990)

- **Planned dependency** - Baltes (1996) postulates that, due to diverse losses, the elderly tend to make decisions about which activities they will prioritize for energy investment. According to this author, what is important is to generate social supports and other aids that acknowledge loss in capacity but also "permit individuation and selective optimization" (p.xiii).

The findings from these studies are all very interesting but I wonder how much policy makers and service planners are really paying attention to what the data indicate? Elderly people in rural communities are rarely consulted or allowed to assume responsibility for charting their own futures and creating services that reflect their needs and desires. Like many other places, Saskatchewan has a predominant pattern of designing service systems in a "top-down, managerial style. Many expensive service delivery systems have been organized

around a medical model of care and intervention. A model of service delivery that addresses social as well as physical needs and is based on a consultative approach has largely been ignored.

The paternalistic and "expert" led policy and program development approach needs to be changed. One specific recommendation from my study is to create opportunities to have seniors involved in the process of developing social and health policy, particularly in areas where the decisions made can directly affect their lives. Getting together a number of seniors and others and having them co-construct a system of community care that would make sense to the current and prospective consumer. Many community-based services have successfully used the "well" senior as a volunteer to deliver meals on wheels, act as peer-counsellors and the like. We also need to make places for seniors in the planning and decision-making boardrooms as well. In particular, the Regional Health Boards in Saskatchewan could benefit from involving a Senior Advisory Council in decisions regarding changes to existing programs and/or the creation of new service models.

3. WHAT DO RURAL COMMUNITIES NEED IN ORDER TO PROVIDE ADEQUATE SUPPORT TO AN INCREASINGLY AGEING POPULATION?

Similar to other places in the world, rural Saskatchewan faces formidable barriers to the provision of services to elderly people who live outside the core urban areas. The reasons for this are similar to those that have been reported elsewhere (Krout, 1994). These include low population density, lack of economies of scale, lack of financial or human capital, an urban bias in government funding, and a view that there is a culture of self-reliance in rural communities that leads individuals to eschew formal services for informal supports. The remainder of this chapter will discuss recommendations for improving services for the ageing residents of rural Saskatchewan. This section will address modifications or reinforcement of the current service systems as well as proposing some services that do not currently exist in rural regions of the province.

Seniors have been described as heavy users of health services (Gee and Kimball, 1987; Keating, 1992). However, the women in my study appeared to make only infrequent trips to the doctor. Few had experienced recent hospitalizations and most had only limited involvement with home health care. When asked about any

health care concerns, the women identified four issues as troublesome.

The first concern related to difficulties accessing physicians, particularly specialists. It was relatively easy for these rural women to get medical attention if they could wait until the physician arrived at the local Health Center on his/her weekly visit, or if they could travel into the doctor's office. However, getting to see a specialist, having an eye examination, seeing a dentist or a surgeon means traveling to the city.

The second issue raised was access to preventive or "maintenance" health care services. Many of the women had various health concerns that they believed "weren't serious enough" to bother the doctor about. Several women stated that they did want information or support about health maintenance strategies. Several women had questions about breast self-examination, control of blood pressure, diet, exercise, and other issues related to self-care. When I asked about access to the local health nurse, most reported that the rural nurses were too busy looking after "the really sick" and were not available to them. One community had a nurse who ran a weekly "wellness clinic" in the senior activity center. The women who used that service found it extremely helpful.

The third (and most pressing concern) for the women was related to the recent consolidation or closure of small hospitals and long term care services in rural regions. This concern has been raised elsewhere in this report and is presented again here to highlight the importance of this issue to older rural residents.

The fourth and final concern is the relative absence of community-based programs that go beyond the usual array of homemaking help and home care nursing. There is no adult day programming, little respite care and only marginal mental health service available in rural Saskatchewan. These gaps in service are being acutely felt in many rural communities and it can be expected that this situation will remain problematic. Significant evidence exists that rural settlements will continue to have escalating numbers of ageing residents while at the same time losing younger populations. The net result of this is increasing numbers of persons who need care and decreasing numbers of people to provide it. However, the rural community may be so small and have very few persons in need at any one time. Full-scale "age-specific" programs are usually not viable. However, the needs of elders and their caregivers may be similar to those needed by other populations. For example, visiting nurses and support groups are both

services that are used by many age groups. If these services already exist, they can be adapted to fit the needs of both the rural elder/caregiver and other members of the rural community.

RECOMMENDATIONS

Several recommendations that specifically identify services or resources that would benefit rural seniors include:

1. Provide financial and/or other incentives for physicians, particularly specialist and allied health professionals (Physiotherapy, occupational therapy, dentists/denturists, optometrists, podiatrists, and mental health practitioners) to provide enhanced services to residents in rural Saskatchewan. While it is unlikely that personnel will relocate to rural communities, travelling clinics could be arranged that would bring the specialist personnel to rural regions on a regular basis.
2. Introduce health technology to rural regions. An interesting and exciting idea that is becoming increasingly popular in both the United States

and Australia is the notion of telemedicine. Much of the technological infrastructure exists in the province already. Both Saskatchewan universities use the Saskatchewan Telecommunications Network to deliver a variety of university credit courses to students in rural and remote areas. Since the province is well served by satellite television transmission and there is a medical school in Saskatoon, rural general practitioners could be taught and supported to deliver services to rural residents. In this way procedures could be done that would otherwise require rural residents to travel to the large urban centres where most specialist practitioners usually congregate.

3. Create opportunities for nurse practitioners, rather than doctors, to provide significant preventive and maintenance health services. The School of Nursing at the University of Saskatchewan could be encouraged to begin to offer nursing education to residents of rural communities, thereby training personnel on "their home ground" with the hope that they would remain in their rural community to practice. It would only take a relatively little expenditure of

funds to make a nurse practitioner service available. The physical setting for the delivery of such care could be in the local health clinic for communities that have such facilities. Other communities could use the senior centre or the local parish church - a vastly under-used building in many rural communities.

4. Provide funding for locally available Adult Day Care programs. This would be particularly beneficial to the residents of rural communities who are socially isolated or those who are providing family care to the physically frail or cognitively impaired older person. Once again, Adult Day Care programs could operate from the local church or church hall or one of the abandoned school buildings that are increasingly obvious in many rural communities. In addition to professional and paraprofessional personnel, the day programs could be expanded to provide a role for volunteer counsellors- some of whom may be "young seniors" who could be trained in a peer counselling model.

5. Re-consider the closure and consolidation of nursing home beds in rural Saskatchewan. Examine the possibility of having a few beds remain open for short term use such as "swing-beds" or for overnight care to support caregivers who can manage an older person during the day but needs respite at night.

If it is really not feasible to have even a few beds available in all rural communities, consider developing adult foster care homes (both family and non-family based). Creating such a service in small villages would allow rural residents to receive the care they need within their home communities. Funding adult foster care would also provide a source of employment and income to care providers.

6. Develop a cost-shared or publicly funded transportation service to enable rural residents to travel to nearby or distant communities for both medical appointments and social opportunities. Mobility is clearly a key to quality of life for the rural elderly but many of them are dependent upon others for transportation. The women in this study raised

lack of access to public transportation as a major concern. Without transportation services, their experience of independent living in rural communities appeared to be "isolation living". None of the communities even operated something as simple as a taxi service and it is therefore not possible for women to even hire a ride when required. This issue has been reported in other rural regions (Korte, 1990; Joseph and Fuller, 1988). Transportation is not important in and of itself but because of the services to which it provides access. The problems with adequate transportation essentially mean that rural residents are in position of dependence on those with private transport and reliant upon having the courage and determination to ask for lifts from family, friends, or acquaintances. A partially subsidized or private transportation service with reliable and predictable hours of operation would be a boon to the independence of rural seniors.

7. Enhance caregiver support groups. In rural communities this could involve churches, senior centres and local health care personnel. Rural

families who experience emotional distress often find it difficult to find the time and energy to attend groups in person. However, many rural families in Saskatchewan are using computers for both business (cyber-farming) and pleasure. Developing internet "chat rooms" or funding a 1-800 telephone line may facilitate access to such support. Both of these resources could also be managed in part with volunteer peer or non-peer counsellors.

8. Expand the range of housing options in rural communities. While many small Saskatchewan communities have a seniors lodge (small self-contained apartments which share a common recreational space), they do not meet the coming needs for alternate accommodation. At present, the elderly residents of most rural communities in the province can either live in their own houses, live with children, or occupy one of the few apartments in "the lodge". Many urban centres have developed a range of sheltered accommodation for older people such as free-hold or "life-lease" condominiums, "Abbeyfield-style" housing, "granny houses" erected on the property

of adult children, home-sharing etc. Little of this has been done in rural Saskatchewan. Given the increasing numbers of rural residents, who intend to age in place, it appears that the time is ripe for the development of new housing options in rural settings.

In addition to the recommendation made above, there are some current services and resources that are presently available to residents of rural communities that may become eroded. The following recommendations concern the attention that needs to be given to issues of particular concern to the safety and security of older residents of rural communities.

1. MAINTAIN SAFE COMMUNITIES

Members of the Royal Canadian Mounted Police provide policing service in most small communities in rural Saskatchewan. Recent reductions in R.C.M.P. coverage of the smaller villages and hamlets may make these communities more vulnerable to threats to both personal and property crime. The implications of these changes on the security for older rural residents need to be examined.

A "neighbourhood watch" program does exist in many rural communities but these programs could have a higher profile and more tangible supports. A few of the women in this study were familiar with the "medi-alert" alarm systems but none had such a device. These should be available free of charge (or at a nominal rate) to any person living alone and potentially at risk in the community. The consequences of an elderly person falling or coming to some harm lead to higher financial costs in terms of expenditures of the health care dollar than the minor costs associated with a mass distribution of the alarm system.

2. INCOME SUPPORT PROGRAMS

While senior citizens in this country are relatively fortunate with the level of income support provided by the Canadian welfare state, numerous threats to reduce the national public pension programs have been made by various federal governments. For older women without access to private means, any diminishment in income support programs would have a detrimental effect on social and personal well-being.

3. ADDRESS THE ISSUE OF RURAL SUSTAINABILITY

The information that is provided in the community profiles of this report (Chapter Five) suggests that several of the older women in this study live in communities where the economic and social fabric cannot provide the range of services that are required. Like many rural communities, these villages have suffered depopulation and job loss as their agriculturally based economies have struggled in the national and global marketplace. Economic re-structuring has eroded the economic, human and social capital required to make self-determination possible and local strategies for economic diversification viable. The implications for rural communities and policy makers are that many traditional strategies for coping with change will no longer make the grade. One cannot help but wonder whether the current care-giving (and tax-paying) base will shrink to minimal or non-existent levels. One of the women in this study pointed out she believed that the frequent rhetoric of federal and provincial politicians about the importance of rural communities to the Canadian State should be supported with real dollars. I agree with her. Expecting that a "rural Canada" will continue to exist requires government programs that support the continued existence of rural

settlements. In order for Saskatchewan to continue to claim to be a rural province, the presence of vibrant and numerous towns and villages are required. In particular, such vibrant communities need help to develop alternative economic activities that respect the earth, yet generate consumer products that the world wishes to purchase.

SUMMARY

The voices of the women in this study challenge policy makers to make a commitment to create (or re-create) and implement innovative patterns of community life that reflect the new realities of rural living and that serve the diverse interests of the rural community.

Given the ageing of the population, there is a need to more fully explore the rich variety of experiences of older women before it is too late, and these women are gone from our lives. As I mentioned in Chapter One, I believe there is both professional and personal value for women researchers to study the lives of those who have gone before us. Outcomes from this study provide valuable new information and the opportunity to understand more fully the choices, constraints, and context under which the older female residents of rural Saskatchewan communities conduct their lives. Most

importantly, the study findings allow the soon to be disappearing voices of our elders to be heard. Their voices reminded me to treasure both the historical successes and the present opportunities of this rural province. Their challenge to all of us is to work to retain the commitment they have had to others, to community, and to the land. The women in this study believe that accepting this commitment will enable people to continue to experience Saskatchewan as a vibrant, healthy, and compassionate place in which to live well and age successfully.

CHAPTER TEN

EPILOGUE

LEARNING FROM THIS RESEARCH

Rubin (1997) suggests that questions of reliability and validity in qualitative research can be addressed if the researcher pays attention to the following four criteria:

1. Interpretation of parts of the text should be consistent with other parts or the whole text.
2. Interpretation should be complete, taking all evidence into account.
3. Interpretation should be convincing and be the most compelling one in light of evidence in the text.
4. Interpretation should be meaningful (p.76).

The four research quality criteria that I used to assess the methodological and analytic rigor of this project are; construct validity, internal validity, external validity and reliability. Establishing clearly specified operational procedures enhances construct validity. The operational procedures I followed are explained in Chapter Three. Establishing causal relationships whereby certain conditions are shown to lead to other conditions, as distinguished from spurious relationships enhances internal validity. In this sense, internal validity addresses the credibility or "truth value" of the study's findings.

The analytical steps I took to find the themes in the data are also discussed in Chapter Four. External validity requires establishing clearly the domain to which the study's findings can be generalized. I address the issue of generalizability at the end of Chapter Nine. Finally, reliability requires demonstrating that the operations of a study such as data collection procedures were done in a truthful and ethical manner.

The methodology that was used in this project does place certain limitations on conclusions that can be drawn from this study. The purpose of this research was not to verify a prior theory, but to develop a conceptual framework from which to understand the experiences of women growing older in rural communities. The women interviewed in this study are not "representative" in the strict sense of the word. This sample is not intended to be representative of the entire population of older women, but it does embody some of their major characteristics. Their experiences are "illustrative", suggesting common themes for rural older women. One aspect that shaped the entire study was the focus on women only. Many sources have been cited throughout the report to document that females are predominant in numbers in the ageing population. It is also clear that despite this, they have been under-

represented in much of the research that has been done to date. The specific sampling criteria of only choosing women over the age of 80 and living alone in a rural community might also be raised as an issue. These criteria were chosen because people aged 80 and over are the fastest growing segment of the older population. People in this age cohort have had life experiences that are significantly different from those who are 65 years of age.

All of the women in this study were Caucasian. This was not intentional but it is also not surprising since few First Nations (aboriginal) women and/or women from other ethnic minorities live within the Central Plains Health District.

While I believe this report gives a good account of the operational procedures I followed (and therefore has construct validity), I did struggle with the lack of precision and predictability in my study. Many qualitative research texts suggest that it is only when we have completed at least one major research project using qualitative methodologies that we begin to see the whole we constructed. Some authors claim that this is okay and almost as it is meant to be. For example, Lincoln and Guba (1985) suggest that "the naturalist elects to allow the research design to emerge rather

than to construct it pre-ordinately (a priori) because it is inconceivable that enough could be known ahead of time about the many multiple realities to devise the design adequately" (p.87).

As the end of this research process draws near, I take some comfort in the above quote but still find there is much to criticize in my research. My two main criticisms both relate to my own performance in this process. The first area I am particularly concerned about related to the passive role I assigned to the "inquired into". The second concern relates to the sense of discomfort I felt over making the women's stories my own.

Intrusion of the researcher into the respondent's world and making interpretations about what that world is about is inevitable in research, especially in doctoral research where the researcher is heavily invested in a tangible product or "outcome"! There is so much I would have done differently "if I knew then, what I know now". I would not change the research question, the research venue, or the "units of analysis" (elderly rural women). However, the way that I engaged and involved the informants would certainly be different if I could do the study over again. For example, the next time I do this kind of research, I will ensure that

I honored the input of the informants by involving the "inquired into" in the interpretation and writing up process. When gathering sub-themes to obtain a comprehensive view of the information, it was relatively easy to think I saw a pattern emerging. When such patterns emerge, conventional wisdom in qualitative research suggests that obtaining feedback from the informants about them can enhance internal validity. This is often done as the interview is taking place or by asking the informants to give feedback from the transcribed conversations. In the former case, the interviewer uses the informant's feedback to establish the next questions in the interview. In the latter, the interviewer transcribes the interview of the session, and asks the informants to provide feedback that is then incorporated in the theme analysis. I simply did not think to do this! As it was, at the end of this particular project, I was left with pages and pages of narrative text. These were stories given to me as a gift by eighteen interesting and vibrant women. The task of "making sense" of these stories has confused, humbled, humiliated, and challenged me.

While there are various brands of qualitative research, all share to some degree the goal of wanting to understand the respondents from their own point of

view. When we examine this proposition carefully however, the phrase "from their own point of view" presents a challenge. This challenge is the fundamental concern that research reports that claim to put forward an informant's "point of view" may have it wrong. It may not accurately reflect the way they think of themselves. "Point of view" is thus a research construct. Looking at respondents in terms of this idea may consequently force an interpretation of respondents' experiences into a mode that is foreign to them. Qualitative researchers try to defend their honourable intentions when criticized in this manner by claiming that approaching people with a goal of trying to understand their point of view, while not perfect, distorts the respondents experience the least. There are differences in the degree to which qualitative researchers are concerned with this methodological and conceptual problem as well as differences in how they come to grips with it. Some researchers try to do "immaculate phenomenological description" (Leninger, 1985). Others show less concern and attempt to build abstraction by interpreting from the data on "the informant's point of view". Whatever one's position, Patton (1990) insists that qualitative analysis has to

be self-conscious in regard to this theoretical and methodological issue.

As a professional social worker, I have spent twenty-five years trying to develop the skill of looking at the world through the eyes of others (empathy, we call it!). In the early 1970's I was taught that this view I had of the world through another's eyes actually was their view. However, I learned through life and through completing this research project that this perception is erroneous. What I create when I interpret the story of another is merely my construction of their view. Guba and Lincoln (1989) propose that:

Constructions are quite literally, created realities. They do not exist outside of the persons who create and hold them; they are not part of some objective world that exists apart from their constructors. A construction once formed is likely to maintain itself...constructions are self-sustaining and self-renewing. Constructions, like other forms of knowing such as theories, are able to "wall off" contravening evidence, by their very nature. The problem of inducing change is not a matter simply of raising consciousness or introducing new rational considerations (in fact, rational considerations are usually the last ones that will change a construction) but a matter of coming to grips with the problematic nature of constructions (p.145).

Steier (1991) states that the research process can be seen as socially constructing a world or worlds, with the researcher included in, rather than outside the body of their own research. This same author suggests that:

....by holding our own assumed research structures and logic as themselves researchable and not immutable, and by examining how we are a part of our data, our research becomes not a self-centered product, but a reciprocal process. The voices of those with whom we interact, our reciprocators (a calling I prefer), respondents, informants, and subjects, are enhanced rather than being lessened. Rather than being narcissistic, we become, through taking reflexivity seriously, social constructionist researchers" (P.7).

However, I was not sure that this was the case in my study. The respondents gave me their story and I waltzed away to do with it whatever I would, apparently rarely granting the women who gave me these stories a second thought. I did not return the interview transcripts to them for review or allow them the courtesy of examining my analytic framework which claimed to represent the "sense" I made of their story. Failing to incorporate a process of having the respondents in the study review the conceptual framework I proposed in this research report leaves me with a sense of dissatisfaction. The ownership of the interpretation of this data falls solely on my shoulders. Giving a realistic and reliable account of someone else's story is incredibly difficult. The dilemma may have been partly avoidable with more careful planning during the research design stage.

In summary, I encountered four problems while conducting this study. Three relate to the research

process and one to the research approach. First, the sheer volume and complexity of data generated for this study was quite daunting. While using a computer and a qualitative software program to manage data and construct the coding framework was helpful, I found it difficult at times to "see the data as a whole". In the early stages, the coding framework seemed to take on a life of its own. Second, qualitative research involves long periods of uncertainty. My supervisors were many miles away from the field location of this research. While they were extremely helpful by phone and email, I was often anxious, unsure, and felt isolated. Without an established hypothesis to test and established protocol to follow, much of the first half of the study required a good measure of faith and hope. Thankfully, there did come a time when after much patience, perseverance, and perspiration things became clearer and panic turned into product. My third concern relates to the failure to include informant checks. I believe the study would have been significantly enhanced if I had obtained feedback from the women about the interpretations I made of the data.

My fourth and more fundamental concern relates to the overall approach I took to the study. Research that uses both phenomenological and grounded theory

procedures and perspectives requires certain qualities of the researcher. The qualities in particular are confidence, creativity and experience. This approach is a challenge for the novice researcher who may just be beginning to develop these qualities. While I consider myself to be a fairly creative and confident person, I was not an experienced qualitative researcher prior to engaging in this study. It is said that making errors is the best learning experience. I can certainly relate to this. I made many errors but learned enormously from each of them. I look forward to my next research opportunity.

APPENDICES

- **CONSENT FORM**
- **CORRESPONDENCE**
- **REFERRAL FORM**
- **INTERVIEW GUIDE**

RURAL OLDER WOMEN
Research Project

Consent Form

I, _____ agree to participate in the *Rural Older Women* research project conducted by Patricia MacKenzie. I understand that the interviews may be audio taped and that every effort will be taken by the researcher to ensure confidentiality. I further understand that the material gathered will only be used for the purposes of academic work and scholarly publication.

Signed _____

Date _____

HUMBOLDT CLINIC

G. J. JUNK
E. T. HENNING
Z. KONDZIELEWSKI
W. N. HUBER
A. K. ROY

PHYSICIANS AND SURGEONS
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Phone 306-682-2618
Fax 306-682-4499

F. N. OOSHAN
D. KIRCHGESNER
B. GEREMIA
A. CRIEB

September 19, 1995

Ms. Patricia MacKenzie
Box 217
Wakaw, Sask.
S0K 4P0

Dear Ms. MacKenzie:

I was interested in your planned "Rural Older Women" Study, as outlined at the session on August 23, 1995.

I will certainly assist in referral of some of the older female patients who fit your study profile. Your brochure will be helpful as a way of introduction.

Enclosed are some names and addresses of several patients who are interested in meeting with you.

I would be happy to receive a copy of your final results from this study.

Best wishes for your project.

Sincerely,



B. Geremia - M. D.

BG/hs

enclosure

HUMBOLDT CLINIC

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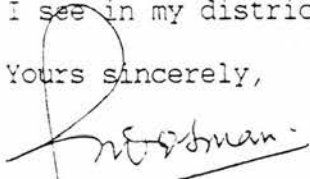
September 08, 1995

TO WHOM IT MAY CONCERN

RE RESEARCH PROJECT BY PATRICIA MACKENZIE
FEMALES OVER THE AGE OF 80 LIVING INDEPENDENTLY

This is to confirm that after having listened to the presentation by Patricia Mackenzie on the topic of women living on their own in small communities in Saskatchewan, I am fully in support of her research project. In fact, I am supporting her in arranging referral for her among the patient population that I see in my district.

Yours sincerely,



F. N. Oosman - M. D.

FNO/hs

HUMBOLDT CLINIC

G. J. JUNK
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Z. KONDZIELEWSKI
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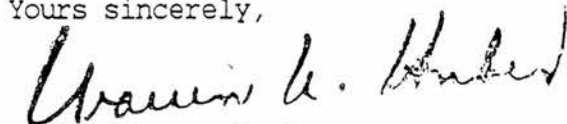
September 19, 1995

Ms. Patricia MacKenzie
Box 217
Wakaw, Sask.
S0K 4P0

Dear Ms. MacKenzie:

In response to your note of September 05, 1995; I hereby acknowledge to participate in your Research Project - Rural Older Women.

Yours sincerely,



W. N. Huber - M. D.

WNH/hs

dictated but not read

RURAL OLDER WOMEN
RESEARCH PROJECT
REFERRAL SLIP

NAME OF SENIOR _____

ADDRESS _____

PHONE # _____

IS SENIOR AWARE OF REFERRAL? _____ YES

_____ NO

OTHER PERTINENT INFORMATION _____

THANK YOU,

PATRICIA MACKENZIE
(306) 233-5568

RURAL OLDER WOMEN
Research Project

INTERVIEW GUIDELINE

PART ONE - (Establishing rapport/Information gathering)

A. Personal data

- DOB
- Place/country of birth
- Emigration date (if applicable)
- Date of marriage(s), widowhood(separation/divorce)
- Family composition (family of origin and procreation)
- Religion
- Educational background
- Work history

B. Housing information

- own, rent (public or private market, single or congregate living)
- distance from previous residence
- tenure/recent changes in residence

C. Activities of Daily Living

1. Could you tell me how you manage your day to day activities?
2. Who are the people you see most often?
3. Does anyone assist you with specific tasks/duties? If so, who and in what way?
4. How often do you get out and about?
5. Where do you go and how do you get there?

PART TWO (reciprocal/non-reciprocal social support analysis)

A. Discussion of the composition and function of the social support system

1. Could you tell me who you would consider to be the members of your social support system?

(? Sketch out Sociogram during discussion)

2. How would you describe the involvement you have with:

- family
- friends
- other acquaintances
- "formal" helpers

in terms of:

- frequency of contact
- type of contact (telephone, letters, personal visit in your home or in the home of the other, purpose of contact)

3. Are you satisfied with both the quantity and quality of the social contact available to you?

4. Do you feel there is "mutual benefit" to each of you in these contacts? If so, could you describe this for me?

5. How would you describe the contributions you have made to these relationships? Has that changed over time? If so, in what way?

6. Are there factors which limit the kind of involvement you have, or would like to have, in your social contacts? (eg. health concerns, access, cost, distance, weather.....)

7. How would you describe your general well being (physical, emotional, social, economic)?

8. Do you feel comfortable with the level of influence or control you have over your day to day decisions? What about other, larger decisions - do you feel you make them on your own or is there someone for you to confide in or consult with?

9. Who would/do you turn to in times of distress or need? Is there any one person you feel close to, who you trust and confide in, without whom it is hard to imagine life?

10. From the people you have mentioned as members of your social network, who would you consider to be the most important to you?

What is it specifically, that makes this an important relationship?

11. What opportunities do you feel you have to maintain a sense of self esteem and personal identity? Are such things important to you?

12. How would you describe yourself? How do you suppose others would describe you?

PART THREE

A. Subject's analysis of community

1. Why do you live in_____?

2. Could you describe the best/worst features of_____?

3. What do you like best (least) about living here?
4. Is this a good community for seniors? Why or why not?
5. Do you feel safe here? Would you go out alone after dark? Does going out alone at any time make you uneasy or nervous?
6. How do you feel about the proximity/adequacy of community services available to you? For example:
 - commercial(consumables - food, clothing, banking)
 - transport
 - health care
 - social and recreational opportunities
7. Are there any community services or programs that you have found particularly beneficial? If so, how do they help? What would you do if this help was not available?
8. Can you think of anything that would make you want to leave here?
9. Is there anything that could happen which would make it necessary for you to leave, even if you wanted to stay? If so, what would that be like for you?
10. Do you feel the community has changed over time? If so, how would you describe these changes?
11. What, if anything, do you feel the community needs to have to make it a better place to be, especially for older women?

BIBLIOGRAPHY

- Adams, J. (1965) "Inequity in social exchange" in Advances in Experimental Social Psychology Academic Press: New York
- Adams, R.G. (1986) "Secondary friendship networks and psychological well-being among elderly women" Activities, Adaptation, and Aging 8 (2): 59-72
- Adams, R.G, and R. Blieszner, (1989) Older Adult Friendship: Structure and Process Sage: Newbury Park, CA
- Age Concern Scotland (1994) The Rural Dimension in Community Care
- Allen, I. (1988) "Ageing as a feminist issue" Policy Studies 9(2) p. 35-50
- Anderson, J. M., (1991) "The phenomenologic perspective" in J.M. Morse (Ed.) Qualitative Nursing Research: a Contemporary Dialogue Sage: Newbury Park
- Antonucci, T.C. (1985) "Personal Characteristics, Social Support, and Social Behaviour" in H. Binstock and E. Shanas (Eds.) Handbook of Aging in the Social Sciences Van Nostrand Reinhold: New York pp.94-128
- Antonucci, T.C. and Akiyama, H. (1987) "An examination of sex differences in social support among older men and women" Sex Roles 17 (11/12) 737-748
- Antonucci, T. C., and J. Jackson (1990) "The Role of Reciprocity in Social Support" in B.R. Saranson, I.G. Saranson, and G. Pierce (Eds.) Social Support: an Interactional View John Wiley: New York pp. 173-98
- Aronson, J. (1994) "A pragmatic view of thematic analysis" The Qualitative Report Vol.2 Number 1, Spring, 1994
- Aronson, J., and Neysmith, S.M. (1997) "The retreat of the state and long-term care provision: Implications for frail elderly people, unpaid family carers and paid home care workers" Studies in Political Economy 53, summer/97 p. 37-66
- Aronson, J. and S. Neysmith (Eds.) (1988) Women's Caring: Feminist Perspectives on Social Welfare McClelland and Stewart: Toronto

- Arber S. and J. Ginn (1991a) "The invisibility of age: gender and class in late life" *The Sociological Review* 39(2) 260-291
- Arber S. and J. Ginn (1991b) Gender and Later Life - A Sociological Analysis of Resources and Constraints Sage: London
- Arber S. and J. Ginn (1995) Connecting Gender and Ageing: A Sociological Approach Open University Press: Philadelphia
- Atchley, Robert C. (1994) Social Forces and Aging 7th Edition Wadsworth: Belmont, CA
- Auslander, G.K. and H. Litwin, (1990) "Social support networks and formal help seeking: differences between applicants to social services and a non-applicant sample" *Journal of Gerontology: Social Sciences* 45(3):S112-19
- Baker, C., J. Wuest, and P. Stern (1992) "Method slurring: the Grounded Theory/Phenomenology Example" *Journal of Advanced Nursing* 13 1-15
- Baldassare, M.S., Rosenfield, S., and K. Rook (1984) "The types of social relations prediciting elderly well-being" *Research on Aging* 6(4) 549-59
- Baltes, M.M. (1996) The Many Faces of Dependency in Old Age Cambridge University Press: Cambridge
- Bankoff, E.A. (1981) "Effects of friendship support on the psychological well-being of widows" in Lopata, H. and D. Maines (Eds.) Research on the Interweave of Social Roles: Friendship JAI: Greenwich, CT.
- Barber, I.C. (Ed.) (1998) Canadian Oxford Dictionary Oxford University Press: Toronto
- Barrera M., (1986) "Distinctions between social support concepts, measures and models" *American Journal of Community Psychiatry* 14((4) 413-415
- Bartlett, P. (1990) "Qualitative methods in rural studies: basic principles" *The Rural Sociologist* 10 3-14
- Becker, H. (1963) Outsiders Free Press: New York

- Beggs, J., V. Haines, and J. Hurlbert (1996) "Revisiting the rural-urban contrast: Personal networks in nonmetropolitan and metropolitan settings" Rural Sociology 61(2):306-325
- Belenky, M. F., Clinchy, B., Goldberger, N., and Tarule, J. (1986) Women's Ways of Knowing: The Development of Self, Voice and Mind Basic Books: New York
- Bernard, M and K. Meade (Eds.) (1993) Women Come of Age Edward Arnold: London
- Bertaux, D. (Ed.) (1981) Biography and society: the life history approach in the social sciences Beverly Hills: Sage
- Berkman L., and S. Syme (1979) "Social support networks, host resistance and mortality" *American Journal of Epidemiology* 109 186-204
- Black, M., (1985) "Health and Social Support of older Adults in the Community" *Canadian Journal on Aging* 4(4) 213-226
- Black, S., Chapman, P., Clark, G. and M. Shucksmith (1994) "The Good Life? : Rural Disadvantage and Older People" A report of the Department of Land Economy: Aberdeen University
- Blau, P. (1964) Exchanges and power in social life John Wiley: New York
- Blazer, D., (1982) "Social support and mortality in an elderly community population" *American Journal of Epidemiology* 115 684-694
- Blieszner, R. (1989) "Developmental Processes of Friendship" in Adams R.G. and R. Blieszner (Eds.) Older Adult Friendship: Structure and Process Sage: Newbury Park
- Blumer, H. (1969) Symbolic Interactionism: Perspective and Method Prentice Hall:Englewood Cliffs:NJ
- Blytheway, B. (1990) "Age" in Peace, S. Researching Social Gerontology Sage: London"
- Bogdan, R. And Taylor, S.J. (1975) An Introduction to Qualitative Research Methods John Wiley:New York

- Braithwaite, V. (1990) Bound to Care Allen and Unwin: North Sydney, Australia
- Brody, E.M., Hoffman, C., Kleban, M.H., and Schoonver, C.B. (1989) "Caregiving daughters and their local siblings: perceptions, strains, and interactions" *The Gerontologist* 35, 122-126
- Brown, J.A., Jonsson, J.O., Archer, R. and M. Dallowicz, (1985) Strategy for the Development of Rural Saskatchewan: A Government of Saskatchewan Special Task Force Report Queen's Printer: Regina, Saskatchewan
- Brubaker, T.H. (1985) Later Life Families Sage: Beverly Hills, CA
- Bull, C. N. (1993) Aging in Rural America Sage: Newbury Park, CA
- Bull, C.N., D. Howard and S. DeCroix-Bane (1991) Challenges and Solutions to the Provision of Programs and Services to Rural Elders National Resources Center for Rural Elderly: University of Missouri-Kansas City
- Bulmer, M., (1979) "Concepts in the Analysis of Qualitative Data" *Sociological Review* 27 (4) 651-677
- Burkhardt, M.A. (1989) "Spirituality: An analysis of the concept" *Holistic Nursing Practice* 3(3), 69-77
- Cantor, M.H. (1979) "Neighbours and friends, an overlooked resources in the informal support system" *Research on Aging* 1:434-63
- Cape, E., (1982) "Aging women in rural society: Out of sight, out of mind" in E. Nett (Ed.) Women as Elders Resources for Feminist Research: Toronto 11(2) July
- Cape, E., (1987) "Aging Women in Rural Settings" in V.W. Marshall (Ed) Aging in Canada: Social Perspectives 2nd Edition Fitzhenry and Whiteside: Toronto
- Central Statistical Office (1991) *Social Trends* 21 HMSO: London
- Census Canada (1996) "Rural areas: population and dwelling counts" Minister of Public Works and Government Services: Ottawa

Chappell, N.L. (1987) "The Interface Among Three Systems of Care: Self, Informal, and Formal" in R.A. Ward, and S. Tobin (Eds.) Health in Aging: Sociological Issues and Policy Directions Springer: New York pp. 159-79

Chappell, N. L. (1992) Social Support and Aging Butterworths:Toronto

Chappell, N. L. And M. Badger, (1989) "Social Isolation and Well-Being" *Journal of Gerontology:Social Sciences* 44:S169-76

Chappell, N., Strain L., and A. Blandford (1985) Aging and Health Care: A Social Perspective Holt, Reinhart, Wilson:Toronto

Charmatz, K. (1990) "Discovering chronic illness: Using grounded theory" *Sociology of health and Illness* 30 1161-1172

Chenitz, W.C. and Swanson, J.M. (1986) From Practice to Grounded Theory: Qualitative Research in Nursing Addison-Wesley: Menlo Park, CA

Chers, B. (1990) "Rural Disadvantage" *Australian Social Work* Vol 43, No.1

Cicirelli, V.G. (1985) "Sibling relationships throughout the life cycle" in L.L'Abate (Ed.) Handbook of Family Psychology Springer: New York

Clarke, A. and J. Fujimara (Eds.) (1992) The right tools for the job: At work in twentieth-century life sciences Princeton University Press: Princeton New Jersey

Cockerham, W.C. (1997) This Aging Society: Second Edition Prentice-Hall:New Jersey

Cohen, C.I. and J. Sokolvsky (1981) "Social networks and the elderly: clinical techniques" *International Journal of Family Therapy* 3(4) 281-294

Cohen, L. (1984) Small Expectations: Society's Betrayal of Older Women Toronto:McClelland and Stewart

Cohen, S. and S.L. Syme (1985) "Issues in the study and application of social support" in Cohen, S. and S.L. Syme (1985) Social Support and Health Academic Press: Orlando, Florida

Collins, J. M., and Paul, P. B., (1994) "Functional Health, Social Support and Morale among Older Women Living Alone in Appalachia" *Journal of Women and Aging* 6 (3) 39-52

Corin, E., (1987), "The relationship between formal and informal social support networks in rural and urban Contexts" in Marshall, V., (Ed.) Aging in Canada: Social Perspectives 2nd Edition Fitzhenry and Whiteside: Toronto

Coward, R.T. (1979) "Planning community services for the rural elderly: implications from research" *The Gerontologist* 19 (3) 275-282

Coward R.T. and G.R. Lee (Eds) (1985) The Elderly in Rural Society: Every Forth Elder Springer: New York

Coward, R.T. (1987) "Poverty and Aging in Rural America" *Human Services in the Rural Environment* 10, 41-47

Coward R.T. and S.J. Cutler (1989) "Informal and formal health care systems for the rural elderly" *Health Services Research* 23 785-806

Coward, R.T., Cutler, S.J. and L. Mullens (1990) "Residential differences in the comparisons of helping networks of impaired elders" *Family Relations* 39 44-50

Coward, R.T., Horne, C., and Dwyer, J.W. (1992) "Demographic perspectives on gender and family caregiving" in J.W. Dwyer and R.T. Coward (Eds.) Gender, Families and Elder care Sage: Newbury Park

Coward, R.T., Lee, G.R., Dwyer, J., and K. Seccombe (1993) Old and Alone in Rural America American Association of Retired Persons: Public Policy Institute: Washington D.C.

Coyne, J.C. and DeLongis, A. (1986) "Going beyond social support: the role of social relationships in adaptation" *Journal of Consulting and Clinical Psychology* 54 454-460

Cresswell, R. (1994) Research Design: Qualitative and Quantitative Approaches Sage: Thousand Oaks, CA

Crohan S., and T. Antonucci (1989) "Friends as a Source of Social Support in Old Age" in Adams, R. G., and R.

Blieszner (Eds.) Older Adult Friendship: Structure and Process Sage: Newbury Park, CA

Cullen, T., P.Dunn and G. Lawrence (1990) Rural Health and Welfare in Australia Centre for Rural Health Research: Charles Sturt University-Riverina

Dalley, G. (1988) Ideologies of Caring: Rethinking Community and Collectivism MacMillan: London

Denton, F.T. and Spencer, B.G. (1997) "Population aging and the maintenance of social support systems" Canadian Journal on Aging 16(3) 485-498

Denzin, N.K. (1989a) Interpretive Interactionism Sage: Applied Social Research Series (Volume 16), Newbury Park, CA

Denzin, N.K. (1989b) Interpretive Biography Sage: Newbury Park

Denzin, N.K. (1989c) The research act: A theoretical introduction to sociological methods Prentice-hall: Englewood Cliffs, NJ

Denzin, N. and Y. Lincoln (Eds) (1994) Handbook of Qualitative Research Sage: Thousand Oaks, CA

Derek, G., and J. Urry, (1985) Social Relations and Spatial Structures MacMillan: London

Diaz, P. and P.Gingrich (1992) "Crisis and Community in Rural Saskatchewan" in Hay, D. and G. Basran (Eds.) Rural Sociology in Canada Oxford University Press: Toronto

Dowd, J, (1975) "Aging as exchange: a preface to a theory" *The Gerontologist* 3:584-594

Durkheim, E. 1893/1964 The Division of Labor in Society Free Press: New York

Dwyer, J.W., Miller, M.D. (1990) "Determinants of primary caregiver stress and burden: area of residence and the caregiving networks of frail elders" *Journal of Rural Health* 6(2) 161-184

Ehrlich, P. (1985) "Informal support networks meet health needs of rural elderly" *Journal of Gerontological Social Work* (9) 85-97

Ekstrom, B., and F. L. Leistritz (1988) Rural Community Decline and Revitalization: An Annotated Bibliography Garland Publishing: New York

Evers, H. (1985) "The frail elderly woman: emergent questions in ageing and women's health" in E. Lewin and V. Oleson (Eds.) Women, Health and Healing: Towards a New Perspective Tavistock: London

Ezell, M., and J. W. Gibson, (1989), "The impact of informal social networks on the elderly's need for services" *Journal of Gerontological Social Work* 14 (3-4); 3-18

Faulkner, A.O. and Micchelli, M. (1988) "The aging, aged, and the very old: women policy makers forget" *Women and Health* 14 (3/4) 5-19

Fennell, G., Phillipson, C., and Evers, H., (1988) The Sociology of Old Age Open University Press: Milton Keynes, Bucks.

Ferraro, K.F., Mutran, E., and C. Barresi (1984) "Widowhood, health, and friendship support in late life" *Journal of Health and Social Behavior* 25, 246-259

Finch, J. and D. Groves (1983) A Labour of Love: Women, work and caring Routledge and Kegan Paul: London

Finch J. (1990) "Filial obligations and kin support for elderly people" *Ageing and Society* 10(2) 151-175

Finch J., (1991) "Feminist Research and Social Policy" in Maclean M., and D. Groves (Eds.) (1991) Women 's Issues in Social Policy Routledge: London

Fischer, L.R. (1993) "The oldest-old in rural Minnesota" in C. Neil Bull (Ed) Ageing in Rural America Sage: Newbury Park, CA

Foa, U. and Foa, E. (1974) Societal Structures of the Mind Charles C. Thomas: Springfield, Ill.

Foa, U. and Foa, E. (1980) "Resource Theory: Interpersonal Behaviour as Exchange" in K. Gergen, J, Greeberg, and R. Willis (Eds.) Social Exchange: Advances in Theory and Research Plenum: New York pp. 77-101

Friedan, B. (1993) The Fountain of Age Simon and Schuster: New York

Galaskiewicz J., and S. Wasserman (1993) "Social Network Analysis - Concepts, Methodology and Directions for the 1990's" *Sociological Methods and Research* Vol 22 No 1 3-22

Gearing, B. and T. Dant (1990) "Doing Biographical Research" in S. Peace (Ed.) Researching Social Gerontology Sage: London

Gee, E. and Kimball, M., (1987) Women and Aging Butterworths: Toronto

Geertz, C., (1973) "Thick Description: Toward an Interpretive Theory of Culture" in Geertz, C. (Ed.) The Interpretation of Cultures Basic Books: New York pp. 3-30

Gilbert, J. (1982) "Rural Theory: The Grounding of Rural Sociology" *Rural Sociology* 47:609-33

Glaser, B. (1978) Theoretical Sensitivity: Advances in Methodology of Grounded Theory The Sociology Press: Mill Valley, CA

Glaser B. and Strauss, A. (1967) The Discovery of Grounded Theory: Strategies for Qualitative Research Aldine Publishing Co: Chicago

Glaser, B. (1992) Emergence vs. Forcing: Basics of Grounded Theory Sociology Press: Mill Valley. CA

Glasgow, N. (1988) The Non-metro Elderly: Economic and Demographic Status US Dept of Agriculture: Washington, D.C.

Glasgow, N. (1993) "Poverty among rural elders: trends, context and directions for policy" *Journal of Applied Gerontology* 12, 302-319

Glasgow, N, Holden, K., McLaughlin, D., and Rowles, G. (1993) "The rural elderly and poverty" *Rural Sociological Society Reports* Westview: Boulder, CO.

- Glasgow, N., and D. Brown (1998) "Older, Rural, and Poor" in Coward, R., and J. Krout (Eds.) Aging in Rural Settings Springer: New York
- Glendinning, C. (1992) The Costs of Informal Caring HMSO: London
- Goland S.M. (1979) "Central city, suburban and non-metropolitan area migration patterns of the elderly" in S.M. Goland (Ed.) The Location and Environment of Elderly Population Wiley: New York
- Goudy, W. (1990) "Community Attachment in a Rural Region" *Rural Sociology* 55:178-98
- Gourash, N. (1978) "Help-seeking: a review of the literature" *American Journal of Community Psychology* 6:413-23
- Gottlieb, B.H. (Ed.) (1981) Social Networks and Social Support Sage: Beverley Hills
- Guba, E. G. (1990) "Carrying on the Dialog" in E.G. Guba (Ed.) The Paradigm Dialogue Sage: Newbury Park, CA pp. 368-78
- Guba, E.G. and Lincoln, Y.S. (1989) Fourth Generation Evaluation Sage: Newbury Park
- Hammersley, M. (1992) "Some reflections on ethnography and validity" *Qualitative Studies in Education* 5(3), 195-204
- Hammersley, M. and P. Atkinson, (1983) Ethnography: Principles in Practice Tavistock: New York
- Hansson, R. O., and B. Carpenter (1994) Relationships in Old Age: Coping with the Challenge of Transition Guilford Press: New York
- Hay, D. and G. Basran (1992) Rural Sociology in Canada Oxford University Press: Toronto
- Health and Welfare Canada (1998) Fact Book on Aging in Canada Minister of Supply and Services: Ottawa
- Heilbrun, C. (1988) Writing a Woman's life W.W. Norton: New York

Hillery, G. (1955) "Definitions of Community: Areas of Agreement" *Rural Sociology* 20: 11-23

Hochschild, A. (1973) The Unexpected Community University of California Press: Berkley, CA

Hodge, G., and Quadier, M. (1983) Towns and Villages in Canada Butterworth: Toronto

Hodge, G. (1993) Canada's Aging Rural Population: The Role and Response of Local Government ICURR Press: Toronto

Hodge, G. (1984) Shelter and Services for the Small Town Elderly: The Role of Assisted Housing Canada Mortgage and Housing Association: Ottawa

Homans, G. (1961) Social behavior: Its elementary forms Harcourt Brace: New York

Hooyman, N. (1983) "Social Support Networks in Services to the Elderly" in J. Whittaker and J. Gabarino (Eds.) Social Support Networks: Informal Helping in the Human Services Aldine: New York

Hooyman, N. And W. Lustbader, (1986) Taking Care: Supporting Older People and Their families Free Press: New York

Hooyman, N.R., (1997) "Is aging more problematic for women than for men? Yes!" in A.E. Scharlach and L.W. Kaye (Eds.) Current Controversies in Aging (pp.126-130) Allyn and Bacon: Needham Heights, MA

House J.S. and R.L. Kahn (1985) "Measures and concepts of social support" in Cohen, S. and S.L. Syme (Eds.) Social Support and Health (1985) Academic Press: Orlando

Hughes, M. and W.R. Gove (1981) "Living alone: social integration and mental health" *American Journal of Sociology* 87 48-74

Humphreys, J. and F. Rolley (1991) Health and Health Care in Rural Australia Armidale Press: Canberra

Jensen, L. and M. Allen (1994) "A synthesis of qualitative research on wellness-illness" *Qualitative Health Research* 4(4) 349-369

Joseph, A.E. (1992) "On the Importance of place in studies of rural aging" *Journal of Rural Studies* 8(1) 111-119

Joseph, A. and Martin Matthews, A. (1994) "Growing Old in Aging Communities" in V. Marshall and B. McPherson (Eds.) Aging: Canadian Perspectives Broadview Press: Peterborough, Ontario

Joseph, A. and Cloutier, D. (1990) "A framework for modeling the consumption of health services by the rural elderly" *Social Science and Medicine* Vol 30 45-52

Joseph A., and Cloutier D.S. (1991) "Elderly Migration and its Implications for Service Provision in Rural Communities: An Ontario Perspective" *Journal of Rural Studies* 7(4) 433-444

Johnson J.E. (1991) "Health care practices of the rural aged" *Journal of Gerontological Nursing* 17(8) 15-19

Johnson, C.L., and D.J. Catalano, (1983) "A longitudinal study of family supports to the impaired elderly" *The Gerontologist* 23, 613-618

Kaden, J. and McDaniel, S.A. (1990) "Care-giving and care-receiving: a double bind for women in Canada's aging society" *Journal of Women and Aging* 2(3) 3-26

Kahn, R., and Antonucci, T.C. (1980) "Convoys over the Life Course: Attachments, Roles and Social Support" in P.B. Bates and O.G. Brim (Eds.) Life Span Development and Behaviour Volume 3 Academic Press: New York pp. 253-286

Kahn R. L. and T.C. Antonucci (1981) "Convoys of social support: A Life Course Approach" in Keisler, S.B., Morgan J.N. and V.C. Oppenheimer (Eds) Aging: Social Change Academic Press: New York

Kasper, J.D. (1988) Aging Alone: Profiles and Projections The Commonwealth Fund Commission on Elderly People Living Alone: New York

Keating, Norah C. (1991) Aging in Rural Canada Butterworths: Toronto

Keating, N.C. (1992) "Older Rural Canadians" in Hay, D.A. and G. Basran (1992) Rural Sociology in Canada Oxford University Press: Toronto

- Keating, N.C. and Fast, J.E. (1997) "Bridging policy and research in eldercare" Canadian Journal on Aging 16 (supplement) 22-41
- Kivett, V., (1985) "Aging in Rural Society: non-kin community relations and participation" in R. Coward and G Lee (Eds) The Elderly in Rural Society Springer: New York
- Kivett, V., (1990) "Older rural women" *Journal of Rural Community Psychology* 11 83-102
- Kivett, V.R. (1993) "Informal supports among older rural minorities" in C. Neil Bull (Ed) Aging in Rural America Sage: Newbury Park
- Kontos, P.C. (1998) "Resisting institutionalization: constructing old age and negotiating home" Journal of Aging Studies 12 (2) 167-186
- Korte, C. (1990) "The elderly in rural environments" *Journal of Rural Studies*, 4, 103-114
- Kottack, C. (1982) Researching American Culture Ann Arbor: University of Michigan
- Krout, J.A. (1983) The Rural Elderly: An Annotated Bibliography of Social Science Research Greenwood Press: Westport, CT
- Krout J. A. (1986) The Aged in Rural America Greenwood Press:Westport, CT.
- Krout J.A. (1988) "Community size differences in service awareness among elderly adults" *The Gerontologist* 43 S28-S30
- Krout J.A. (1989) "Rural versus urban differences in health dependence among the elderly population" *International Journal of Aging and Human Development* 28 141-156
- Krout, J. (Ed) (1994) Providing Community Based Services to the Rural Elderly Sage: Thousand Oaks, Ca.
- Larson, R., Mannell, R., and J. Zuzanek (1986) "Daily well-being of older adults with friends and family" *Psychology and Aging I*, 117-126

- Lee, G.R., J.W. Dwyer, and R.T. Coward, (1993) "Gender differences in parent care: demographic factors and same gender preferences" *Journal of Gerontology* 48:9-16
- Lee, G.R., and Shehan, C.L., (1989) "Social relations and self-esteem of older persons" *Research on Aging*, 11, 427-442
- Lee, G.R. and M.L. Lassey (1980) "Rural urban differences among the elderly: economic, social and subjective factors" *Journal of Social Issues* 36 62-74
- Leavitt, J., and M. B. Welch (1989) "Older women and the suburbs: a literature review" *Women's Studies Quarterly* 17(1/2) 35-47
- Leninger, M.M. (1985) "Ethnography and Ethnonursing: Models and Modes of Qualitative Data Analysis" in M.M. Leninger(Ed.) Qualitative Research Methods in Nursing Grune and Stratton: Orlando, FL
- Lincoln, Y.S. and Guba, E.G. (1985) Naturalistic Inquiry Sage: Newbury Park
- Lincoln, Y.S. (1990) "The making of a constructivist" in Guba, E.G. (Ed.) The Paradigm Dialog Sage: Newbury Park
- Litwak E., and I. Szelenyi, (1969) "Primary group structures and their functioning: kin, neighbors, and friends" *American Social Review* 34:465-81
- Litwak, E., (1985) Helping the Elderly: The Complementary Roles of Informal Networks and Formal Systems Guilford: New York
- Litwin, H. (1995) "The Social Networks of Elderly Immigrants: An Analytic Typology" *Journal of Aging Studies* 9(2): 155-74
- Lofland, J. (1971) Analysing Social Settings: A Guide to Qualitative Observation and Analysis Wadsworth: Belmont CA
- Love, J.G. (1994) "The hermeneutics of transcript analysis" *Qualitative Report* Volume 2, Number 1, Spring, 1994
- MacDonald, B. with C. Rich (1984) Look me in the Eye: Old Women, Aging and Ageism Spinsters Ink: San Francisco

- Maclean, M., and D. Groves (1991) Women's Issues in Social Policy Routledge:London
- MacRae H., (1992) "Fictive Kin as a Component of the Social Networks of Older People" *Research on Aging* 14(2) 226-247
- Magaziner, J., and D. Cadigan (1988) "Community care of older women living alone" *Women and Health* 14 (3/4) 121-138
- Maguire, L. (1983) Understanding Social Networks Sage: Beverly Hills
- Marshall, D. (1987) Silver Threads: Critical Reflections in Growing Old Between the Lines Press: Toronto
- Marshall, C. and G. Rossman (1995) Designing Qualitative Research: 2nd Edition Sage: Thousand Oaks, CA
- Marshall, V.D. and B Mc Pherson (Eds) (1994) Aging: Canadian Perspectives Broadview Press: Peterborough, Canada
- Martin Matthews, A., (1988) "Aging in Rural Canada" in E. Rathbone-McCuan and B. Havers, (Eds.) North American Elders:United States and Canadian Perspectives Greenwood Press: Westport Connecticut
- Martin Matthews, A., and Vanden Heuval A., (1985) "Conceptual and methodological issues in research on aging in rural versus urban environments" *Canadian Journal on Aging* 5 (1) 49-60
- Mattson, G. A. (1997) "Redefining the American Small Town: Community Governance" *Journal of Rural Studies* Vol. 13 No. 1: 121-130
- Matthews, S. (1979) The Social World of Old Women Sage: San Diego,CA
- McAllister L., and C.S. Fischer (1978) "A Procedure for Surveying Personal Networks" *Sociological Methods and Research* 7(2) 131-138
- McCallum, J. (1990) "Health: the Quality of Survival in Old Age" in Australia's Health 1990 Canberra: Australian Institute of Health AGPS

- McCulloch, J. and V. Kivett (1998) "Older Rural Women: Aging in Historical and Current Contexts" in Coward, R.T and J. Krout (Eds.) Aging in Rural Settings: Life Circumstances and Distinctive Features Springer: New York
- McDaniel, Susan A. (1986) Canada's Aging Population Butterworths: Toronto
- McDaniel, Susan A. (1987) "Demographic Aging as a Guiding Paradigm in Canada's Welfare State" *Canadian Public Policy* 13: 330-336
- McLaughlin D.K. and Jensen L. (1993) "Poverty among older Americans: The plight on non-metropolitan elders" *Journal of Gerontology: Social Sciences* 48 S44-S54
- Meddin, J. and A. Vaux (1988) "Subjective well-being among the rural elderly population" *International Journal of Aging and Human Development* 27 193-207
- Miles, M.B. and A. Huberman (1984) Qualitative Data Analysis: A Sourcebook of New Methods Sage: Beverley Hills, CA
- Miller M.K. and A. Luloff (1981) "Who is rural? A typological approach to the examination of rurality" *Rural Sociology* 46 (4) 608-625
- Minkler, M. (1981) Applications of social support theory to health education: implications for work with the elderly." *Health Education Quarterly* 8(2) 147-165
- Mizruchi, M.S. (1994) "Social Network Analysis - Recent Achievements and Current Controversies" *Acta Sociologica* Vol 37 No 4 329-34
- Moberg, D. (1979) Spiritual Well-Being: Sociological Perspectives University of America Press: Washington, D.C.
- Morse, J. (1992) (Ed.) "Introduction" in Qualitative Health Research Sage: Newbury Park, Ca.
- Morse J. and P. Field (1985) Qualitative nursing research: The application of qualitative approaches Aspen: Rockville, MD
- Mor-Barak, M., and L.S. Miller (1991) "A longitudinal study of the causal relationship between social networks

and health of the poor, frail elderly" *Journal of Applied Gerontology* 10(3) 293-310

Moustakas, C. (1994) Phenomenological Research Methods Sage: Thousand Oaks, CA

Munro, S. (1994) The Rural Dimension in Community Care Age Concern Scotland: Edinburgh

Neild, S. and R. Pearson (1992) Women Like Us Women's Press: London

Newby, H., (1986) "Locality and Rurality: The Restructuring of Rural Social Relations" *Regional Studies* 20(3) pp. 209-215

Nilsson, R.D. and D. Weaver (1991) A Survey of Older Adults in Saskatchewan University of Regina Press: Regina, Saskatchewan

Norbeck, J., Linsey, A., and Carrieri, V. (1981) "The development of an instrument to measure social support" *Nursing Research* 30(5) 264-269

Oakley, A. (1981) "Interviewing women: a contradiction in terms?" in H. Roberts (Ed.) Doing Feminist Research Routledge: London

O'Bryant S.L. and Morgan L.A. (1990) "Recent widow's kin support and orientations to self-sufficiency" *Gerontologist* 30 (3) 391-398

O'Bryant S.L. (1985) "Neighbor's support of older widows who live alone in their own homes" *Gerontologist* 25(3) 305-310

O'Brien, M. (1991) "Never-married older women: the life experience" *Social Indicators Research* 24 310-15

Ollenburger, J., S. Grana and H. Moore (1989) "Labor force participation of rural farm, rural non-farm, and urban women: a panel update" *Rural Sociology* 54:533-50

Olson, L.K. (1988) "Aging is a women's problem: issues faced by the female elderly population" *Journal of Aging Studies* 2(2) 97-108

Oleson, V. (1992) "Feminisms and Models of Qualitative Research" in Denzin, N.K. and Y. S. Lincoln (Eds.) Handbook of Qualitative Research Sage: Thousand Oaks

O'Reilly P. (1988) "Methodological issues in social support and social network research" *Social Science and Medicine* 26(8) 863-873

Patton, M.Q. (1990) Qualitative Evaluation and Research Methods 2nd Edition Newbury Park: Sage

Peace, Sheila (1990) "Introduction" in S. Peace (Ed) Researching Social Gerontology Sage: London

Peterson S.A. (1989) "Elderly women and program encounters: a rural study" *Journal of Women and Aging* 1(4) 41-56

Pilisak M., and M. Minkler (1980) "Supportive networks: life ties for the elderly" *Journal of Social Issues* 36 95-116

Phillipson, C., (1992) " Family Care of the Elderly in Great Britain" in J. Kosberg (Ed) Family Care of the Elderly Sage: Newbury Park, CA

Phillipson, C. and A. Walker (1986) Ageing and Social Policy: A Critical Assessment Gower Publishing Group: Aldershot

Powers, E., Keith, P., and Goudy, W. (1981) "Family networks of the rural aged" in R. Coward and W. Smith Jr. (Eds.) The Family in Rural Society Westview Press: Boulder, Co.

Qualitative Solutions and Research Pty Ltd. (1996) QSR.NUD*IST User's Guide Sage Publications Software: Sage Publication Inc., Thousand Oaks, California (Distributed by Scolari)

Qureshi, H., (1990a) "Boundaries between formal and informal care-giving work" in C. Ungerson (Ed.) Gender and Caring Harvester Wheatsheaf: New York

Qureshi, H. (1990b) "Social Support" in S. Peace (Ed.) Researching Social Gerontology Sage:London

Redfield, R. (1941) The Folk Culture of Yucatan University of Chicago press: Chicago

Reinharz, S., (1979) On Becoming a Social Scientist San Francisco: Jossey-Bass

- Reinharz S. (1986) "Friends or foes: gerontological and feminist theory" *Women's Studies International Forum* 9(5) 503-514
- Roberto, K. A. and Scott, J., (1984) "Friendships patterns of older women" *Journal of Aging and Human Development* 19, 1-10
- Roberto, K. A. and Scott, J. (1987) "Friendships in late life: A rural-urban comparison" *Lifestyles* 8, 146-156
- Roberto, K. A. (1989) "Exchange and Equity in Friendships" in R. Adams and R. Blieszner (Eds.) Older Adult Friendship: Structure and Process pp. 147- 165
- Roberts, H., (1988) Doing Feminist Research Routledge: London
- Robinson, K. (1986) "Older women: a literature review" *Journal of Advanced Nursing*, 11, 153-160
- Rodeheaver, D., (1987) "When old age became a social problem, women were left behind" *Gerontologist* 27(6) 741-746
- Rodin, J., and J.R. Ickovics (1990) "Women's Health: review and research agenda as we approach the 21st century" *American Psychologist* 45, 1018-1034
- Rook, K., (1989) "Strains in Older Adults' Friendships" in Bleiszner, R., and R. Adams (Eds.) Older Adult Friendship" Structure and Process Sage: Newbury Park, CA
- Rosenberg, M. (1979) Conceiving the Self Basic Books: New York
- Rothe, J. P. (1994) Qualitative Research: A Practical Guide PDE Publications: Toronto
- Rowles, G.D. (1984) "Aging in rural environments" in Altman, I, J. Wohlwill, and M.P. Lawton (Eds.) Human Behaviour and the Environment: the Elderly and the Physical Environment Plenum Press: New York
- Rowles, G, D. (1990) "Place attachment among the small town elderly" *Journal of Rural Community Psychology* 11:103-120
- Rowles G.D. and H.K. Johansson (1993) "Persistent elderly poverty in rural Appalachia" *Journal of Applied Gerontology* 12 349-367

- Rubin, A. and Babbie, E. (1997) Research Methods for Social Work Pacific Grove, CA.: Brooks/Cole
- Rubinstein, R.L., J.C. Kilbride, and S. Nagy, (1992) Elders living Alone: Frailty and the Perception of Choice Aldine: New York
- Saskatchewan Health (1992) Health Reform: an Agenda for Change Queen's Printer, Regina, Saskatchewan
- Saskatchewan Health (1995) Supporting Wellness: Supportive Services in Saskatchewan, A Policy Framework Queen's Printer: Regina, Saskatchewan
- Saskatchewan Health (1996) Health Renewal is Working: A Progress Report Policy and Planning Branch; Saskatchewan Health: Regina
- Saskatchewan Women's Secretariat (1996) A Report on Women in Mid to Late Life Queen's Printer: Regina, Saskatchewan
- Sauer, W.J. and R.T. Coward (1985) Social Support Networks and the care of the Elderly: Theory, Research, Practice and Policy Springer: New York
- Schatzman, L. and A. Strauss (1973) Field Research: Strategies for a Natural Sociology Prentice-Hall: Englewood Cliffs, NJ
- Schwandt, T. A. (1990) "Paths to inquiry in the social disciplines: Scientific, constructivist, and critical theory methodologies" in Guba, E.G. (Ed.) The Paradigm Dialog Sage: Newbury Park
- Scott, J and A. Ferligoja (1994) "Social Network Analysis - A Handbook" *Journal of Classification* 11 (2) 295-296
- Shapiro, J. (Ed) (1989) Ourselves Growing Older: Women Ageing with Knowledge and Power Fontana: London
- Shank, M.J. and M.A. Lough (1989) "Maintaining health and independence of elderly women" *Journal of Gerontological Nursing* 15(6) 8-11
- Shea, L., Thompson, L., and R. Blieszner (1988) "Resources in Older Adults' Old and New Friendships" *Journal of Social and Personal Relationships* 5, 83-96

Shenk, D. (1991) "Older rural women as recipients and providers of social support" *Journal of Aging Studies* 5(4) 347-358

Shenk D. and D. McTavish (1988) "Aging women in Minnesota: Rural Non rural Differences in Life History text" *Journal of Rural Studies* 4 133-140

Siegel, J.S. (1993) A Generation of Change: A profile of America's Older Population Sage: New York

Skodol, W. and S. Hutchinson (1991) "Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory" *Qualitative Health Research* 1, 263-276

Smith, D. (1987) The Everyday World as Problematic: A Feminist Sociology Northeastern University Press: Boston

Smith, Louis M. (1994) "Biographical Method" in Denzin, N.K. and Y. Lincoln (Eds.) Handbook of Qualitative Research Sage: Thousand Oaks

Smith-Lovin, L. and J. Miller McPherson (1993) "You Are Who You Know: A Network Approach to Gender" in England P. (Ed.) Theory on Gender/Feminism on Theory Aldine de Gruyter: New York

Sokolovsky, J. (1986) "Network Methodologies in the Study of Aging" in C. Fry and J. Keith (Eds.) New Methods for Old Age Research Bengin and Garvey: Massachusetts

Sokolovsky, J. and C. Cohen (1981) "Measuring social interaction of the urban elderly: a methodological synthesis" *Aging and Human Development* 13 233-244

Spradley, J. P. (1979) The Ethnographic Interview Harcourt Brace: Fort Worth, TX

Statistics Canada (1991) Profiles-Urban and Rural Areas, Canada, Provinces and Territories Part 1. Catalogue 94-129 Minister of Supply and Services Canada: Ottawa

Statistics Canada (1996) Population Projections for Canada, Provinces and Territories Catalogue 84-537 Minister of Supply and Services Canada: Ottawa

Steier, F. (1991) Research and Reflexivity Sage: Newbury Park

Stoller, E.P., and L.L. Earl, (1983) "Help with activities of everyday life: sources of support for the non-institutionalized elderly" *Gerontologist* 23:64-70

Stoller, E.P. (1984) "Self-assessments of health by the elderly: the impact of informal assistance" *Journal of Health and Social Behavior* 25:260-70

Stone, L.O. and S. Fletcher (1986) A Profile of Canada's Older Population Institute for Research on Public Policy: Montreal

Stone, L., and C. Rosenthal (1996) "Profiles of the Social Networks of Canada's Elderly: An Analysis of 1990 General Social Survey Data" in H. Litwin (Ed.) The Social Networks of Older People: A Cross National Analysis Praeger: New York p. 77-97

Stoneall, L (1983) Country Life, City Life: Five Theories of Community Praeger: New York

Strauss, A. (1987) Qualitative Analysis for Social Scientists Cambridge University Press: New York

Strauss, A., and J. Corbin (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques Sage: London

Strauss A. and J. Corbin (1994) "Grounded Theory Methodology" in Denzin N.K. and Y. Lincoln (Eds.) Handbook of Qualitative Research Sage: Thousand Oaks

Stevens, E.S., (1992) "Reciprocity in social support - an advantage for the aging Family" *Families in Society: The Journal of Contemporary Human Services* 73(9) 533-541

Storm, C., Storm, T., and Strike-Schurman J., (1985) "Obligations for care: beliefs in a small Canadian town" *Canadian Journal of Aging* 4(2) 75-85

Stone, L., and H. Freunken, (1988) Canada's Seniors Ottawa: Statistics Canada (Cat. 98-121)

Taietz, P. (1975) "Community facilities and social services" in R. Atchley and T.O. Byerts (Eds.) Rural Environments and Aging Gerontological Society of America: Washington

Taylor, S.J. and Bogdan, R., (1984) Introduction to Qualitative Research Methods: the Search for Meanings John Wiley and Sons: New York

Tesch, R. (1991) "Software for Qualitative researchers: Analysis needs and Program capabilities" in N.G. Feilding and R.M. Lee (Eds.) Using Computers in Qualitative research p.16-37 Sage: London

Thompson, J., (1989) "The elderly and their informal social networks" *Canadian Journal on Aging* 8(4) 319-332

Toennies, F. (1887/1957) Community and Society Charles Loomis (Ed.) Michigan State University Press: East Lansing, MI

Townsend, P. (1957) The Family Life of Old People Routledge and Kegan Paul: London

Tutty, L.M., Rothery, M.A. and Grinnel, R.M. Qualitative Research for Social Workers Boston:Allyn and Bacon

Ungerson, C., (1990) Gender and Caring Harvester Wheatsheaf: New York

Unruh, D. (1983) Invisible Lives Sage: Beverley Hills

van Maanen, J., Sabbs, J. and Faulkner, R. (1982) Varieties of Qualitative Research Sage: Beverley Hills

van Maanen, J. (1988) Tales of the Field: On Writing Ethnography The University of Chicago Press: Chicago

van Manen, M. (1991) Researching Lived Experience: Human Science for an Action Centered Pedagogy State University of New York Press: New York

van Wormer, K. (1997) Social Welfare: A World View Nelson-Hall Inc.: Chicago

Vaux, A., Phillips, J., Holly, L., and B. Thomson (1986) "The social support appraisals (SS-A) scale: studies of reliability and validity" *American Journal of Community Psychology* 14 195-219

Vaux A. (1988) Social Support: Theory, Research and Intervention Praeger: New York

- Walker, M., Wasserman S., and B. Wellman (1993) "Statistical Models for Social Support Networks" *Sociological Methods and Research* 22: 71-98
- Walster, E., Walster, G., and E. Berscheid (1978) Equity: Theory and Research Allyn and Bacon: Boston, MA
- Ware, John E. (1986) "The Assessment of Health Status" in Aiken, L. and D. Mechanic (Eds.) Applications of Social Science to Medicine p. 204-228 Rutgers University Press: New Brunswick, NJ
- Weiss, L. and M. Lowenthal (1975) "Life course perspectives on friendship" in Lowenthal, M.F., M. Thurnher, D. Chiriboga and Associates (Eds.) Four Stages of Life Jossey-Bass: San Francisco
- Wellman, B., and B. Leighton (1979) "Networks, Neighborhoods, and Communities: Approaches to the Study of the Community Question" *Urban Affairs Quarterly* 14: 363-90
- Wellman, B. (1981) "Appying network analysis to the study of support" in Gottlieb, B. (Ed) Social Networks and Social Support Sage: Beverly Hills
- Wellman, B., Carrington, J. and A. Hall (1988) "Networks as Personal Communities" in Wellman, B. and S. Berkowitz (Eds.) Social Structures: A Network Approach Cambridge University Press: Cambridge
- Wenger G.C., (1982) "Ageing in rural communities: family contacts and community integration" *Ageing and Society* 2 (2) 211-229
- Wenger, G.C. (1984) The Supportive Network Coping with Old Age Allen and Unwin: Sydney, Australia
- Wenger, G.C. (1989) "Support networks in Old Age - Constructing a Typology" in M. Jeffreys (Ed.) Ageing in the 20th Century Routledge: London
- Wenger, G.C., (1990) "The Special Role of Friends and Neighbours" *Journal of Aging Studies* 4 149-169
- Wenger, G. C., (1991) "A Network Typology: From Theory to practice" *Journal of Aging Studies* 5(1) 147-62
- Wenger, G. C. (1992) "Dependence, independence and reciprocity after eighty." in J. Gubrium and K. Charmaz

(Eds.) Ageing, Self and Community JAI Press: Greenwich, CT

Wenger, G.C. (1994) Support Networks for Older People: A Guide for Practitioners Centre for Social Policy Research and Development: Bangor, Wales

Wenger, G.C. (1995) "A Comparison of Urban with Rural Support Networks: Liverpool and North Wales" *Ageing and Society* 15:59-81

Wilkin, D. (1990) "Dependency" in S. Peace (Ed.) Researching Social Gerontology Sage: London

Wilson, P.A., Moore, S.T., and Rubin, D.S. (1990) "Informal caregivers of the chronically ill and their social support: a pilot study" *Journal of Gerontological Social Work* 15, 155-170

Williams, C.J. (1991) "Growing Old in the Country: Issues and Perspectives on the Planning and Implementation of the Home and Community care program in Rural Areas" *Regional Journal of Social Issues* No. 25

Willits, F., R. Bealer and D. Crider (1982) "Persistence of rural/urban differences" in Dillman, D. and D. Hobbs (Eds.) Rural Society in the U.S.: Issues for the 1980's Westview Press: Boulder, CO

Windley, P., and R. Scheidt (1980) "The well-being of older persons in small rural towns" *Educational Gerontology* 353-373

Windley, P. (1983) "Community services in small rural towns: patterns of use by older residents" *The Gerontologist* 23 (2) 180-184

Wolf, D.A., (1990) "Household patterns of older women: some international comparisons" *Research on Aging* 12 (4) 463-486

Wuest, J., (1995) "Feminist Grounded Theory: An Exploration of the Congruency and Tensions Between Two Traditions in Knowledge Discovery" *Qualitative Health Research* 5 (1) 125-137

Yin, R.K. (1989) Case Study Research: Design and Methods Sage: London