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**NARRATIVES OF AGEING:  
EXPERIENCES OF OLDER WOMEN**

A thesis

submitted in partial fulfilment

of the requirements for the Degree

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By

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## **Abstract**

The aim of this research was to contribute to the growing body of academic literature regarding older women's stories of ageing. The initial impetus for the thesis came out of the disparity I observed between the way old women were often portrayed and the way older ageing was being lived by women I knew. Six women were recruited using an age range of 65 years and over and an association with a particular community organisation as recruitment guides. Two methods of data collection were used: diaries and semi-structured interviews. A qualitative narrative approach was taken to the data collection and analysis. The analysis revealed that the women viewed their ageing in a positive light. They constructed themselves as family orientated, as being and having friends and as active, independent participants within their own lives. Participants had clear ideas and expectations surrounding what they wanted from community participation and life in general. They spoke of the expectations of others and how these expectations sometimes lead to ageism and discrimination. Despite this it was apparent that being older had brought with it, for them, confidence, freedom, self-awareness and assertiveness. In short, these women required, actively sought, and usually accomplished, control of their own lives which involved places to go, people to see, things to do and most importantly the right to make their own choices.

## Acknowledgements

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This thesis is the culmination of a number of years of study. I would like to take this opportunity to thank all the people at the University of Waikato who have helped me on the way.

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# CHAPTER ONE

## Introduction

This thesis is about six older New Zealand women and the way they constructed their stories of ageing in the context of their participation in community life. In this thesis 'ageing' and 'older' refer to the process of years passing after the age of sixty-five, a chronologically defined time widely regarded as the point where middle age becomes old age. Using an exploratory, in depth, narrative approach I took the stance that it is important for older women to determine the criteria for their successful ageing, and that the stories they weave about ageing can offer insights into what is important in the lives of older women. Accordingly, this study focused on older women's stories of ageing and participation in community life as reflected in interviews and diaries.

To achieve this, women aged sixty five years or older were sought from a community organisation specialising in older age-related activities and needs. A semi-structured life narrative approach was taken to the data collection and analysis process, which involved diary-keeping and an interview with each woman. This chapter provides a general overview to the thesis by outlining core issues.

### **Setting the context: An ageing population**

The population of developed countries is ageing at a rate faster than ever before. The global population of people aged 65 and over was 420 million in 2000. By 2050 the number of older people is expected to reach 2 billion. For the first time in human history the population of older people will outnumber the population of children. In New Zealand, 2005, people aged 65 years and older made up some 12% of the total population (approximately 490,000 people). This total is projected to rise to 1.2 million people aged 65 years and over by 2050. Women represent 56% of that figure overall, with the



proportion of women to men varying from 52% among 65-74 year olds to 70% and above among those aged 85 years and over (United Nations Population Division, 2002). The diversity and rapidity of this sectional population explosion presents a range of possible research areas.

Currently, both in New Zealand and overseas, research is being undertaken on the impact this rising population of older people will have on the rest of the population. The underlying message seems to be focussed on the negative implications this increase will have on health and welfare resources. This approach constructs older people as unwell and as a financial burden. While not minimising the importance of the increasing cost of health-care, superannuation and support in frailty, it appears that there is not widespread awareness that the vast majority of older people are relatively well and independent. This is particularly important to older women who, because they live longer tend to be associated more with the 'problems of ageing' and are therefore often pathologised as frail and needy, regardless of their health and ability.

Much of the literature surrounding older women is based around widowhood, poverty, ill health or their lives as unpaid caregivers. All these factors are important, having implications for their housing, health, and access to services. However there is also a need for research focussed towards older women as capable people with choices and rights whose advancing years are not necessarily synonymous with decrepitude and dependence. One way of doing this is to gain a picture of the way older women experience old age through their stories.

Community and participation are closely linked, in that communities provide places in which people participate, and participation creates and maintains community. Because community participation increases and enhances self esteem and allows people to develop a sense of ownership within their communities, it allows for the development of competencies that can

potentially benefit both the individual and his or her wider community. In this way participation and the subsequent sense of community creates and maintains strong social networks, feelings of social connectedness and social capital. All of these areas have been closely linked with positive health and wellbeing outcomes in communities. Community organisations provide ideal fora both for people to participate in and develop these social bonds and for researchers to study how and what people do when they participate in their communities of choice.

In New Zealand, community-based organisations such as Age Concern play a significant role in the social participation and inclusion of older people in society. Age Concern Hamilton is a community organisation that works to highlight needs, address issues, and provide practical help, social support and membership for older people in the community. It provides a forum for participation, empowerment and inclusion. For these reasons Age Concern was selected as a place of recruitment for participants for this research. Involvement with Age Concern also indicated that the women interviewed for this research were active participants in at least one facet of their wider community.

## **The study**

My decision to focus this thesis on older women was shaped by a desire to contribute to my understanding of the lives of older women. I have been fortunate in the quantity and quality of relationships I have had with older women. Within these relationships I have observed the way these women's lives and approaches to life do not relate well to the way, in my opinion, older women appear to be constructed as dependent, frail and burdensome. I work with the understanding that knowledge is shaped through a process of interaction and further, that my world view is shaped by my personal history.

This thesis consists of five chapters. A review of literature relating to older people is provided in chapter two. The review encompasses the increasing older population, both worldwide and in New Zealand, older women, academic narratives of ageing, social support, participation and community. The methodology chapter, chapter three, presents the aim, theoretical approach and setting for this research, and discusses the methods used to gather the stories from the six participants. Each participant was (separately) interviewed and these in depth interviews were further augmented by diaries kept by each of the participants over a set period. Chapter four presents an analysis and discussion of the diary and interview contents, using emergent themes in which to group the data. The thesis is completed in chapter five with a discussion of the main themes from the analysis and the way these related to each other and to the wider literature. Attention is given to the overall contribution this study made to my understanding of ageing and possible areas of further study arising out of this research.

## CHAPTER TWO

### Literature Review: Perspectives on Ageing

*Communication about ageing does not necessarily rely on communication with the ageing. (Hazan, 1994)*

This thesis is about six older New Zealand women. The initial impetus for this thesis emerged from the disparity I noted between the way older women seem to be regarded by the wider community, and the older women I knew. It was apparent to me that older women were often constructed as frail, foolish, burdensome, unwell and dependent. This did not seem to be a reality for the large number of older women I knew. I chose to investigate this anomaly by entering into research that would allow a group of older women to articulate, in their own words, how they found the process of growing old. I was interested in their experiences of ageing and being older women, particularly in relation to the way they participate in their communities. My approach to this research included taking an interpretive social science approach, based around a constructionist epistemology.

As part of the research process I read widely in the area of ageing and older people. I found that much of the literature appeared to portray older people, particularly older women, as frail, aged, widowed, poor, needy, dependent and numerous (*cf* Adams-Price, Arber & Ginn, 1995; Burr, Caro & Moorhead, 2002; Coleman, Bond & Peace, 1993; Dwyer, Grey & Renwick, 1999; Estes, Linkin & Binney, 2001; Feldman & Poole, 1999; Friedan, 1993; Henley & Hale, 1998; Hurd, 1999; McHugh, 2003; Moen, 1996; Narushima, 2004; Scott & Wenger, 1995; Silver, 2003). I am aware this is a direct result of much of the academic literature being focussed towards the serious issues faced by older people, and older women in particular, and that looking at problems is part of the process of finding ways to address problems. However, one unintended consequence of this is that older ageing is often cast as a bleak and negative prospect. However, there was also a comprehensive range of

research focussed towards both the positive aspects of ageing and how to ensure old age is fulfilling and meaningful for older people. I found this present particularly in qualitative research with older people, such as that undertaken by Dwyer and colleagues (1999) Heim (1990), Maclean (2000), and Narushima (2004).

This thesis is about New Zealand women aged over 65 rather than members of the 'baby boom generation'<sup>1</sup> itself. Some significance has been given to the baby boom generation because of the way the projected numbers of ageing 'baby boomers' are influencing the way in which the needs of older people are being studied and met and the way in which this cohort has raised the profile of ageing as a social issue in general. This thesis is not intended to be a comparative study between men and women or between Māori and Pakeha. However, for context, some detail about the projected difference in the longevity of Pakeha in relation to Māori, and women in comparison to men is necessary because this difference in life expectancy results in a high proportion of Pakeha women who live their older years alone, which in turn influences the participatory and community needs of these women (Age Concern New Zealand, 2002; Hamilton City Council, 1999; Koopman-Boyden, 1993; Maclean, 2000; Ministry of Social Policy, 2001; Saville-Smith, 1993; Social Advisory Council, 1984; Statistics New Zealand, 2004b, 2004c).

This thesis builds on available research on constructions of ageing and older women's experiences of participating in their communities. Section one of this chapter presents a review of the literature on world population ageing. Section two focuses on ageing in New Zealand. The third section examines ageing and older women. Section four discusses the ways in which ageing is conceptualised and constructed and the fifth section discusses community and participation amongst ageing people.

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<sup>1</sup> See p.10 for further discussion of the 'baby boom generation'.

## **Worldwide trends in ageing**

One of the most noteworthy forces shaping the 21<sup>st</sup> century is the ageing of the population. In particular, worldwide, an ever increasing number of people with diverse needs and expectations will be reaching and living in old age. While people surviving into old age are not unique to the 21<sup>st</sup> century, the increase in the longevity of older people and the proportion of the population they represent is (Dharmalingham & Barnes, 1998; Dwyer, *et al.*, 1999; Ministry of Social Policy, 2001; United Nations Population Division, 2002). Being in the majority and because “the needs of any society are shaped by its members” (Laz, 1998. p 19) older people are set to play an important part in the development of the institutions, practices and policies that will impact on them and future generations of old people (Ministry of Social Policy, 2001; United Nations Population Division, 2002).

The term ‘population ageing’ refers not only to a higher number of older people in the population but also to a proportionate shift of the percentage of older people in the population (Davey & Gee, 2002; United Nations Population Division, 2002). Population ageing is a result of the convergence of worldwide mortality and fertility declines. The downward trend in the overall birth rate means the proportion of older people to younger is increasing and improvement in life expectancy overall throughout the world means people, in general, are living longer (Arber & Ginn, 1995; Bird & Drewery, 2000; Coleman, *et al.*, 1993; Dwyer, *et al.*, 1999; Ministry of Social Development, 2004; Ministry of Social Policy, 2001; United Nations Population Division, 2002).

Currently people aged 60 years or older make up about one out of every ten people.<sup>2</sup> It has been predicted that within the next 20 years older people will account for approximately 30% of the population in most Western societies (Dharmalingham & Barnes, 1998; Hodgetts, Pullman & Goto, 2003). The

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<sup>2</sup> While my study is focussed on people 65 years and over, a number of overseas studies use the age of 60 as the defining point of the onset of old age.

United Nations predicts that by 2050 one person of every five will be aged 60 years or more (United Nations Population Division, 2002). This equates to, over the next 50 years, the number of people aged 60 or older rising from an estimated 600 million to almost 2 billion worldwide. For the first time in human history the population of older persons will outnumber the population of children (0-14 year olds) (Maclean, 2000).

The oldest old (80 years and over) will make up the most rapidly increasing portion of the older population (60 years and onwards). It has been predicted that by 2050 nearly 20% of all people aged over 60 will be in their 80's and above. The number of centenarians (aged 100 years or older) is projected to increase 15-fold, from approximately 145,000 in 1999 to 2.2 million people worldwide by 2050 (United Nations Population Division, 2002).

The changing age composition associated with population ageing has a considerable impact on a range of economic, social and political conditions (United Nations Population Division, 2002). Directly associated with the increasing numbers of older people are the quantity of retirement pensions, superannuation payments, health services and other social benefits associated with older age (Maclean, 2000; Social Advisory Council, 1984; Statistics New Zealand, 1998, 2004a, 2004b; United Nations Population Division, 2002). Although a decline in the cost to the state for youth-related needs has been predicted, the reduced costs are not expected to significantly offset the increased costs of age support (United Nations Population Division, 2002).

## **Ageing in New Zealand**

The number of people in New Zealand aged 65 years and over has doubled over the last fifty years and is expected to double again over the next fifty by which time older people will account for one out of every four New Zealanders (Ministry of Social Development, 2004; Office for Senior Citizens, 2002, 2005). Three factors in particular have contributed to the ongoing change in New Zealand's population structure (Davey & Gee, 2002). These are increases in life expectancy, reducing fertility and the ageing of the baby boomers (Spoonley, Pearson & Shirley, 1994).

The increases in overall life expectancy in New Zealand have been influenced by a variety of factors including improvements in employment conditions, housing, medical treatment and knowledge, a better understanding of the benefits of physical activity and diet and awareness of the dangers inherent in the use of substances such as tobacco and alcohol (Ministry of Social Development, 2004). There is still, however, some ethnic and economic related disparity. While in 2002 the average overall life expectancy at birth for all New Zealanders was 76.3 years for males and 81.1 years for females, this is heavily influenced by the high proportion of older European or Pakeha people. The ethnic distribution of New Zealand's population comprises approximately 80% European/Pakeha, 15% Māori, 6% each Asian and Pacific and .7 other<sup>3</sup> (Ministry of Social Development, 2004). Nine out of every ten older New Zealanders (65 years and over) are solely of European ethnicity (Statistics New Zealand, 2004b). About 2.3 percent of the 65 and over age group are Asian while about 1.7 % are Māori or Pacific people. The low numbers of Asian elders currently in New Zealand is a result of the majority of Asian immigrants being of working age (younger than 65 years) whereas the low Māori and Pacific figures are indicative of the high mortality rate among older Māori and Pacific people. Despite Māori comprising around 15 % of the overall New Zealand population, by the age of 65 years

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<sup>3</sup> Some people identified with more than one ethnicity hence the percentage figures do not total 100 %.



only about 4 percent of the people in this age bracket are Māori (Statistics New Zealand, 2004c).

In individual terms this equates to the average Māori man not reaching the age of 70 while his Pakeha counterpart is likely to live beyond 77 years. Māori women have a longer projected life expectancy than Māori men, living on average to 73.2 years of age, but there is still an average 8.7 year difference in life expectancy between European/Pakeha women and Māori women (Ministry of Social Development, 2004).

The second factor affecting the population structure is the declining fertility or birth rate in New Zealand. This is of interest to the study of older ageing both because of the eventual influence on the total population overall and because of the reduction of available kin for future generations of older people to turn to for support. In 1960 the average completed family had four children; in 2003 this number was less than two (Ministry of Social Development, 2004). The reduction in the birth rate has been influenced by various factors. These include access to and reliability of contraception, changing expectations around traditional roles for women, economic reasons, higher levels of education available for men and women generally and more women in professional employment choosing to delay or avoid having children altogether (Koopman-Boyden, 1993; Social Advisory Council, 1984; Statistics New Zealand, 2004c).

The third factor is the ageing of the baby boom generation. The earliest members of this baby-boom generation will reach old age, or 65 years by 2011. The baby boom generation is generally defined as the cohort of people born in the two decades following the Second World War (1946 to 1965) (Binstock & George, 1996; Coleman *et al.* , 1993; Coni, Davison & Webster, 1992; Davey, 2002; Davey & Gee, 2002; Maclean, 2000; McPherson, 1998; Ministry of Social Development, 2004; Social Advisory Council, 1984; Spoonley *et al.* , 1994; Statistics New Zealand, 1998, 2004b, 2004c). In New

Zealand the period of higher birth rates lasted longer than those experienced overseas, continuing in to the early 1970's. It has been extrapolated the effects of population ageing in New Zealand will therefore occur over a longer period (Spoonley *et al*, 1994). In New Zealand the post war baby boom years saw more children born and survive infancy and childhood than ever before, resulting in a cohort that has shaped New Zealand's schooling system, workforce, welfare and health system.

People aged 65 years and older currently make up 12% (approximately 463,000 people) of the total population of New Zealand. This is projected to reach 490,000 by 2005 (Office for Senior Citizens, 2002). By 2050 people aged 65 and over will account for approximately 25% of the total population, or 1.18 million people (Davey & Gee, 2002; Dharmalingham & Barnes, 1998; Office for Senior Citizens, 2002; Peace, 1990; Statistics New Zealand, 2004b, 2004c).

Every year new people swell the ranks of old people. The ageing of the baby boom generation simply means many more people than previously are approaching old age at the same time. These people have generally had better education, better financial resources and better health than past generations. They will lead active and engaged lives until late old age and will have more expectations, and the ability to ensure these expectations are met, than any generation before them (Bytheway, 1997; Coleman *et al.* , 1993; Davey, 2002; Silver, 2003). Time spent in old age will also be longer, adding to the diversity of needs and expectations for this age group (Everingham, 2003; Silver, 2003). Part of the preparation for an increasingly aged population is finding out how old people currently experience their ageing, what is done now to meet their needs and what can be improved or developed further (Everingham, 2003).

Despite the ageing of the global population being evident for some time, it is only over the last two decades that the projected increase and diversity of the

older population has had any significant impact on policy and programme delivery in developed nations (Bernard, 2000; Coleman *et al.* , 1993; Estes *et al.* , 2001; Statistics New Zealand, 2004a). The policy responses have largely centred on the role of the welfare state taking financial responsibility for its older members (Estes *et al.* , 2001; Hazan, 1994). Two important implications of the ageing population for central government are increased demands for health and other age-related care services and for retirement income support (Davey & Gee, 2002). Government focus on ageing in New Zealand follows a somewhat similar fiscal path (Age Concern New Zealand, 2002; Davey & Gee, 2002; Maclean, 2000; Ministry of Social Development, 2004; Statistics New Zealand, 2004c) although the development of the Positive Ageing Strategy to guide Government policy moves well beyond a purely financial and health related focus (Ministry of Social Policy, 2001).

Governmental responsibility for the provision of health care to older people in New Zealand began with the State's response to the needs of elderly people 'who were poor and without family support' (Saville-Smith, 1993; Tennant, 1989). This response took the form of the 1885 Hospitals and Charitable Institutions Act, which was further augmented by the 1889 Hospitals and Charitable Aid Bill (Saville-Smith, 1993; Tennant, 1989). Prior to this older people who required care and were without family or financial means to provide this care were reliant on the limited assistance offered by various charitable organisations such as the benevolent societies (Saville-Smith, 1993; Tennant, 1989).

According to Tennant (1989) the provision of regular state subsidised care, both health and residential, indicated the State's recognition of their responsibility towards their older citizens. In more recent years there has been a shift from the State dominated responsibility for the care and support of older people, with the responsibility for care being put back on the individual, the family and the wider community (Ministry of Social Policy,

2001; Office for Senior Citizens, 2002; Pearlin, Aneshensel, Mullan & Whitlatch, 1996; Robinson, 2000).

In New Zealand in 1898 the old age pension was introduced (Maclean, 2000; Preston, 2001). Men and women of 65 and over were entitled to a pension subject to a rigorous means test and provided they were of proven good character and sober habits, had not deserted their family or recently been in prison (Maclean, 2000; Saville-Smith, 1993). The recipients of this pension were largely European. Although Māori were entitled to the pension the inclusion of communally owned shares in Māori land as individual assets precluded many from receiving even a partial rate (Preston, 2001). Asian people<sup>4</sup> were excluded entirely from this government pension support until the Pensions Amendment Act 1936, which also stopped Māori land being included in the asset test (Preston, 2001).

Government support of only the 'deserving aged', as defined by rigid British Colonial standards (Preston, 2001; Tennant, 1989), changed with Michael Savage's Labour government in the 1930's (Maclean, 2000; Saville-Smith, 1993). The first Labour government came to power in 1935 (Spoonley *et al.* , 1994). Three years later as part of the Social Security Act setting up the welfare state, it introduced national pensions paid out of taxation to everybody of 65 years and over (Spoonley *et al.* , 1994).

The basic structure of pension payments continued largely unchanged for over 30 years until the last quarter of the 20<sup>th</sup> century when various amendments began to occur as successive governments struggled to cope with the rising cost of providing pension payments to ever increasing numbers of older people (Else & St John, 1998; Maclean, 2000).

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<sup>4</sup> The predominantly Chinese Asian population in New Zealand at this time, brought in to the country in the late 1800's to provide a cheap source of physical labour, were blatantly discriminated against, both socially and officially (Preston, 2001).

Ensuring people are financially secure is important. Finances however are not the only issue facing older people. One response to the projected needs of older people within New Zealand has been the formation of the Office for Senior Citizens. The Office for Senior Citizens is administered by the Ministry of Social Development and provides policy advice to the Minister on matters of relevance to older people (Ministry of Social Development, 2004).

In April 2001, the Office for Senior Citizens launched New Zealand's Positive Ageing Strategy (Ministry of Social Policy, 2001; Office for Senior Citizens, 2002). This strategy is the cornerstone of the Senior Citizens Portfolio. The intent of the Positive Ageing Strategy is to raise the profile of older people and highlight the importance of recognising their rights and needs. The development of the strategy reinforces Government's commitment to 'promote the value and participation of older people in communities' (Ministry of Social Policy, 2001. p.9). One aim of the strategy is to ensure Government policies support this vision (Ministry of Social Policy, 2001; Office for Senior Citizens, Ministry of Social Development, 2005a).

The Strategy sets out the Government's vision for a society where people can age positively, where older people are highly valued, and where they have continuing opportunities for participation (Ministry of Social Policy, 2001). There is recognition that for some older people, full participation in society is prevented because of restricted opportunities (Ministry of Social Policy, 2001). This may arise through one or more of a range of circumstances including "lack of access to personal, community or state resources, and facilities, insufficient personal capacity and opportunity, and negative attitudes toward ageing" (Ministry of Social Policy, 2001. p.9). The underpinning premise of the strategy is that the years of older age should be viewed and experienced positively. The focus therefore is not only on the experience of older individuals, but also on younger generations' attitudes expectations and actions regarding ageing and older people (Ministry of Social Policy, 2001).

The strategy was developed in partnership with a wide range of people and organisations within New Zealand. These included non-government groups and the aged-care sectors, local government and various advisory and expert groups. Wide-scale community consultations were undertaken via focus groups managed by Te Puni Kokiri, the Ministry of Pacific Island Affairs and by the Senior Citizens Unit of the Ministry of Social Policy (Ministry of Social Policy, 2001).

One of the outcomes of the extensive nationwide consultation process was the development of the Positive Ageing Strategy's ten priority goals, with recommended actions to achieve these goals<sup>5</sup>. They reflect the priority issues that were identified as necessary to improve opportunities for older people to participate in the community in the way that they choose (Office for Senior Citizens, Ministry of Social Development, 2005a). The Positive Ageing Strategy is a living document that is a basis for action (Ministry of Social Policy, 2001). Every year since its launch, annual reports discussing the progress of the previous year's goals, and updated action plans are produced.

A number of local government councils within New Zealand have policies related to ageing in place. The policies may differ, having been created specifically for the needs of each area. They do however share a common intent which is to best meet the needs of the ageing population in their area. An example of this is the Hamilton City Council (HCC) Older Persons Policy. The framework of this policy guides HCC actions in addressing the needs of older people in Hamilton City, with an ultimate focus on moving Hamilton towards being an environment that values and includes people of all ages (Hamilton City Council, 1999).

Responses to ageing do not just occur at government levels. There are many community organisations formulated to meet the needs of older people in the

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<sup>5</sup> See appendix p. 1 for a copy of the goals.

community. Examples of these include Grey Power, Older and Bolder, Mature Employment *Service*, Pacific Older Peoples Network, Retired Persons Association, Frankton Dinsdale Rauawaawa Charitable Trust, U3A, Pukeariki Kaumatua Kaunihera, Senior Citizens Clubs, Probus and Age Concern. Other organisations are based around illnesses that are usually age-related such as the Parkinsonism and Alzheimer societies and Stroke Foundation. Some such as the Returned Service Association have evolved along with their members over the years.

### **The lives of older women**

Women tend to live longer than men and are more likely to live alone in old age (Dwyer, *et al.*, 1999). New Zealand, as with many first-world countries such as Australia, United Kingdom, Netherlands, USA, Canada, Germany, Norway and Sweden, has a ratio of 97 males per 100 females (Central Intelligence Agency, 2005; Geohive, 2003; Statistics New Zealand, 2004b, 2004c). These overall population figures do not reflect the difference between the numbers of men and women over the age of 65: women significantly outnumber men in the older population (United Nations Population Division, 2002). For example, in 2000 the global sex ratio of people aged 60 and over was 81 males per 100 females, which equated to 63 million more women than men in this age bracket (United Nations Population Division, 2002).

Statistics that show the disproportionate quantity of women to men living alone in later years point to widowhood as the predominant cause of 'singlehood'. In fact, according to some researchers in this area, widowhood is an event so common it can be considered a life stage (Arber & Ginn, 1995; Bernard, 2000; Bowling & Cartwright, 1995; Koopman-Boyden, 1993). Bernard (2000) suggests over half of all older women are widowed or single. Furthermore, she determined that the numbers of widows increase with age, with three quarters of women over the age of 85 being in this situation. In New Zealand the consequences of the differences in mortality between men

and women mean that by the time women reach the 75 to 84 age group two thirds of women will not be partnered. By the time they reach their late 80's nearly 9 out of 10 women are alone (Statistics New Zealand, 2004).

Being single, due to widowhood, divorce or choice, has an impact on many women financially (Dwyer, *et al.* 1999). Women have proportionately lower income levels than men in their older years (National Health Committee, 1998; Qureshi & Walker, 1989). For a number of reasons, including lower average pay rates throughout their working lives, the lesser likelihood of being employed in situations where they belonged to superannuation schemes and significant gaps in employment due to care-giving responsibilities, women tend to enter retirement with limited financial resources to augment the government pension (Dwyer, *et al.* 1999; Ministry of Social Policy, 2001). Furthermore, these resources need to last longer (Arber & Ginn, 1995; Koopman-Boyden, 1993). These factors, combined with the single status of many women can place women at a disadvantage. The single pension rate is slightly more than half the joint pension rate. However this still does not adequately take into account expenses that remain the same whether for one or two (or more) people, such as rates, rent, car registration and so forth (Else & St John, 1998). However, there are compensations; studies have shown that many women, financial matters notwithstanding, find that being single in their older years brings with it a number of rewards, including a sense of freedom and choice that they may not have experienced before (Arber & Ginn, 1995; Bowling & Cartwright, 1995; Friedan, 1993; Hurd, 1999; Koopman-Boyden, 1993; Maclean, 2000; Silver, 2003).

Research related to women often underlines the way their lives are circumscribed by their roles as carer-givers (Arber & Ginn, 1995; Bernard, 2000; Moen, 1996; National Health Committee, 1998). A high proportion, approximately 80%, of all carer-givers are women (National Health Committee, 1998). Narushima (2004) maintains that caring has been an



essential part of the self development of most older women throughout their lives. This is evident in the high proportion of care-giving in New Zealand that takes place within a family setting that is usually provided by a single family member who is most likely be female and over the age of 40 (Coni, *et al.* 1992; Dwyer, *et al.* 1999; National Health Committee, 1998; Opie, 1992; Qureshi & Walker, 1989).

### **Conceptualising ageing**

Hazan (1994) , in *Old Age: Constructions and deconstructions*, asserts there is no process of aging in itself; the discourse of ageing is born of relations within a given culture at a given time. Other experts in the field variously present older ageing as a dynamic, multi-faceted social process shaped by the passing of years, changes in physical vigor and appearance, social attitudes and values, technological advances and varying degrees of health, economic and social changes or losses or in terms of deficits which highlight the cost of ageing in financial, physical and social loss (Binstock & George, 1996; Fry, 1996; McPherson, 1998; Wilson, 2001). Because this thesis is about older people, and because older people are more than anything defined by their age, a précis of various perspectives on ageing available in the literature is presented.

Koopman-Boyden (1993) believes age can be defined in a number of ways including social, emotional, functional and chronological. Arber and Ginn (1995) take a similar position arguing for three different meanings, the chronological, social and physiological, encompassing the myriad of factors that influence people's lives. McPherson (1998) takes a broader approach, recognising that individual and population ageing are influenced by a larger variety of factors. These include chronological, biological, sociological, functional, subjective and psychological features unique to an individual or age cohort, the social, economic, political and technological changes within a society and the historical events experienced at a particular age or stage in

life (Cleaver & Muller, 2002; Kaufman & Elder Jr, 2002; McHugh, 2000, 2003; McPherson, 1998; Moen, 1996). In conjunction with these definitions a concept labelled 'the mask of ageing' has been studied in relation to social and personal perceptions, expectations and experiences of ageing.

The social age of any person is based on societal roles and expectations considered appropriate to their life stage, in combination with his or her physical appearance and ability (Armstrong, 2002; Fry, 1996; McPherson, 1998; Santrock, 1999). For example, older social age has been based on factors such as wisdom and experience and often linked with parenthood, grandparenthood and/or succession to senior roles in families (Armstrong, 2002; Hazan, 1994; Hurd, 1999; Kaufman, 1986; Kaufman & Elder Jr, 2002, 2003; Laz, 1998). It can be shaped by the age of others around them; a 65 year old may feel and be regarded as youthful in comparison to their 85 year old parents, but old in relation to their grandchildren (Hurd, 1999; Kaufman & Elder Jr, 2003). Older people may feel young compared to people of the same chronological age who are infirm or less active or able-bodied, but old compared to those (of the same chronological age) who are more robust (Hurd, 1999). People of different chronological ages can assume a similar social age when they assume similar roles, such as grandparenthood, regardless of the difference of age in years (Kaufman & Elder Jr, 2003).

Age is also socially constructed, composed of an infinite number of overlapping points of view with regard to a given person (Hazan, 1994). This is different to a person's social age because it relates to how people are defined by the expectations of others, and by his or her own expectations, as opposed to being defined by the roles they fill. In this sense age is used as a unit of information, with factors relating to age such as hair colour, wrinkles, retirement and frailty all used to create a composite construction of how the person is supposed to think and act and how they will be regarded by others. This social construction of old age is fashioned in large part not only on the expectations of others but also upon the attitude of others in the society we

inhabit (Estes *et al.* , 2001). Clearly, here, the well known phrase ‘you are as old as you feel’ is countered by viewpoints that suggest ‘you are as old as others make you feel’ (Hurd, 1999).

Socially constructed expectations of others, as well as a persons own about age are heavily influenced by appearance (McHugh, 2003). Physical appearance in particular has an impact both on the way people feel about themselves and in the way others view and react to them. The ‘mask of ageing’ is a term used by Featherstone and Hepworth (1991) to describe the way in which a person’s ‘facade’ is no longer representative of the way in which they perceive themselves. It works in at least two ways. One is when a person looks older than he or she feels; the ‘real’ self is masked by an ageing appearance. The other is when the older feeling self is concealed by a mask of youth that a person must live up to.

The first way results from the notion that a person’s sense of self as youthful or unchanging is masked by an ageing body and face (Featherstone & Hepworth, 1991). While a person’s sense of self develops and evolves over time, it remains intact, while their mask- the physical manifestation of themselves that they present to the world- changes as their physical body ages (Featherstone & Hepworth, 1991; Godfrey, Townsend & Denby, 2004; Hazan, 1994; Hurd, 1999; McHugh, 2003; Ogonowska-Coates, 1993). Sometimes there is a tension between the way the self feels and acts and the way the mask indicates to others how a person should feel and act (Clever & Muller, 2002; Featherstone & Hepworth, 1991; Godfrey *et al.* , 2004; Hurd, 1999; Kaufman, 1986; Laz, 1998; McHugh, 2000). Ogonowska-Coates (1993) interviewed a number of older people in a rest home. Her findings, presented in a book titled *I’m still Elva inside*, describes how outward physical ageing has masked, to others, the people these elders once were and still feel themselves to be. Their lives and behaviour are circumscribed by the expectations of others that they act in ways that are appropriate for the age they look to be. ‘Elva’ still feels inside the same person she always has, but is

treated not only as if she is an old lady but as though she has never been anything else (Ogonowska-Coates, 1993).

The second version suggests the mask of ageing is something that is assumed to conceal the real ageing self (Andrews, 1999; McHugh, 2000). McHugh (2000), in his study of ageing and the retirement industry in America, discussed the use of masks in the context of successful ageing versus unsuccessful ageing. The successful people were depicted as vibrant and ageless, with people staying outwardly youthful, active and involved (regardless of how they feel behind their mask) while the unsuccessful agers were those who looked and acted 'old' (McHugh, 2000). In this version the mask of ageing speaks about people seeking to repress and deny their old age in order to maintain their 'fit' in a society that adulates youthfulness (Andrews, 1999; McHugh, 2000).

Notwithstanding how old a person is or is made to feel every person is subject to other types of ageing. Biological age is a person's age in terms of their biological health or physical capacity (Santrock, 1999). Biological ageing is based on the rate of change and deterioration of internal biological functions, which in turn influence the number of years an individual is likely to survive (Kimmel, 1990; McPherson, 1998; Santrock, 1999). Biological ageing is also linked to a person's ability to function.

Functional age refers to how well an individual can perform specific physical, cognitive or social tasks. In New Zealand, for instance, this definition is used to determine older people's ability to drive, and thus retain a license (Davey, 2004). Often functional age is a more useful guideline than chronological age because it is based on what people can do, which takes into account that ageing is a multi faceted and very individual process (McPherson, 1998). There are also psychological developments that influence the ageing process.

Psychological ageing occurs throughout an individual's life cycle (McPherson, 1998). Those who adapt more effectively, are motivated and able to think and reason competently in comparison to their chronological age-mates are considered to be psychologically young, whereas those who do not adapt as effectively are considered to be psychologically older (McPherson, 1998; Santrock, 1999). Psychological age has also been referred to as subjective age or the age a person feels they are, regardless of their 'actual' age in years (Cleaver & Muller, 2002; Gubrium & Sankar, 1994; Hendricks, 2004; Kaufman, 1986; Kaufman & Elder Jr, 2002; Laz, 1998).

However the 'actual' or chronological age of an individual is significant. Chronological age serves as an approximate indicator of growth and decline; of physical, social and emotional development and maturity and of expected patterns of social behaviour (Hazan, 1994). It is the simplest, most comparable and most widely used measure of age, quantifying the number of years that have elapsed since a person's birth (Bytheway, 1997; McPherson, 1998; Santrock, 1999). Chronological measures of ageing simply provide a crude index of events and experiences, based on time passed (Arber & Ginn, 1995). They define membership in an age cohort, and add an historical perspective to a person's life experiences (Feldman & Poole, 1999; McPherson, 1998).

Koopman-Boyden (1993) suggests that in modern societies old age has been increasingly identified in terms of chronological age because it is a simple way of categorising specific members of the population. Old age begins "...at an age determined by the state" (Koopman-Boyden, 1993. p3). Many social services and public resources assigned to the aged are based on this definition of old age. For instance New Zealand exemplifies the widespread practice of using age 65 for census and other official purposes, including national superannuation (Dharmalingham & Barnes, 1998). In this way age can be used both as a form of social control and a way to regulate people's lives (Hazan, 1994).

Chronological measures, while less accurate overall than other ways of measuring the varied facets of age, are necessary because there is no satisfactory general alternative (Bytheway, 1997). The use of chronological age to define 'legal' age serves to provide social order and control in a society (Laz, 1998; McPherson, 1998). Legal systems use a person's age in years to regulate areas such as education, marriage, the age of sexual consent, licensed driving, purchasing alcohol and tobacco products and labour force participation (Laz, 1998; McPherson, 1998). Thus this definition serves to influence a person's rights within his or her community, his or her economic situation, his or her relationships with others and his or her social roles (Bytheway, 1997; Heim, 1990). Chronological indicators of age can be problematic in that they neglect a range of definitions, circumstances and expectations, not acknowledging for instance the differences that can occur between people of the same age (Hazan, 1994; Laz, 1998; Santrock, 1999).

The different methods of explaining and defining age, including the biological, functional, psychological/subjective, social and chronological are all useful tools for describing the process of ageing. The mask of ageing clarifies ways in which ageing can be hidden or made central to a person's identity. Each of these measures serve to highlight age based similarities and differences between people. The difficulty with all the definitions is that they cannot account for the difference the wide variation in life experiences has on ageing. The chronological definition however is immediately available and comparable. Regardless of how age is defined, ageing experiences are located in the social structures or communities people inhabit. Ageing is significant to communities because of the way the age of the participants influences and guides the development and direction of communities. In return communities provides important sources of support, activity and social networking, and have the potential to empower and provide a sense of wellbeing and purpose to those who participate within them (Sixsmith & Boneham, 2003).

## **A sense of community**

Most people can define what they understand to be community; often it is the area they live in, a place they share something in common with, a group they belong to or identify with or the society in general that they live in. The term 'community' initially emerged from sociology and the seminal work of Tonnies (1887), who saw community as vital for understanding relationships and interconnectedness within society (cited in Bess, Fisher, Sonn & Bishop, 2002). Tonnies originally described an idealised community as a system of relationships based on commonality and shared understandings that are governed through kinship (Bess *et al.* , 2002). This early vision of the village community, however, was later transformed into the concept of local community, which denoted group belonging to a particular territorial area (Colombo, Mosso & De Piccoli, 2001).

The concept of community in contemporary psychology was greatly influenced by the early work of Tonnies (1887), and later by the efforts of McMillan and Chavis (1986). The latter authors have referred to the term 'community' in two primary ways. The first is the relational community, which refers to a group of individuals who come together to participate or involve themselves in a particular activity such as work or catching up with friends at clubs and sporting events. The second is the locational community, which refers to a group of people who share a sense of belonging to certain territories, such as neighbourhoods and villages.

Regardless of the different ways people define it, most of us are aware of community and know it when we sense it (Colombo *et al.* , 2001). Generally a sense of community is associated with positive group experiences, a feeling that members have of belonging, of having meaningful ways and places to participate, enhanced feelings of safety and trust and a conviction that members matter to one another and to the group (McMillan & Chavis, 1986; Zeldon & Topitzes, 2002). This definition of sense of community is

particularly useful for understanding the processes by which groups of people can share a commonality, organise themselves, maintain social relationships, take communal action, feel empowered and experience social support (Colombo *et al.* , 2001; Dokecki, Newbrough & O'Gorman, 2001). It bears a strong relationship to the way in which social support, social networks, participation and the ability to draw on these for help if necessary define the concepts of social capital.

### **Social capital**

Social capital can be described as the substance that holds communities together. Putnam (1995) presents it as the feature of social organisation such as social networks, reciprocity, trust and mutual cooperation for mutual benefit. It is about value being gained through membership. This has significance to a discussion of community participation because participants in communities characterised by high levels of social capital are both more likely to have high levels of perceived control over their everyday lives and more likely to be healthy (Campbell & Jovchelovitch, 2000). In an individual context this relates directly to feelings of well-being and empowerment. According to Campbell and Jovchelovitch (2000) communities that are rich in social capital are those that provide a supportive context within which people can collectively re-negotiate social identities and receive and provide social support.

### **Social support**

A discussion of the significance of social support and well-being in relation to community is relevant to this research because social support is intrinsic to participation and well-being is an outcome of support and participation (Maton, 2000). According to Baum (1999) there is growing recognition of the influence of community on health and wellbeing, with emphasis on the way social cohesion and strong networks benefit participants in a range of ways. Putnam (1993) supports this stance maintaining that participation in



community constitutes one important way in which people can develop supportive networks. We all live in social systems or networks comprising relationships held with individuals, groups and organisations (Pearlin *et al.* , 1996; Scott & Wenger, 1995). Within almost every social network there is a social support network. A social support network is a set of people connected by a set of ties (relationships). Social support networks comprise available, or perceived to be available sources of emotional support, companionship, help and advice (Ministry of Social Development, 2002; Narushima, 2004; Sixsmith & Boneham, 2003).

Each person's personal support network is part of a larger social network that ages and evolves along with them. The size and stability of these networks can be affected by fertility, mortality, health, employment, marriage, other personal relationships and migration (Ross & Mirowski, 2002; Scott & Wenger, 1995; Sidell, 1995). The contributors include family, friends, neighbours and work colleagues; cohorts that diminish in size as time passes (Binstock & George, 1996; Pearlin *et al.* , 1996; Scott & Wenger, 1995; Sidell, 1995). There is a strong correlation between the functioning of one's support network and one's quality of life. Everyday interaction with family and friends along with participation in the community is noted as an important way in which older people both give and receive support ( Ross & Mirowski, 2002; Sixsmith & Boneham, 2003; Statistics New Zealand, 2004b, 2004c). Friendships, family relationships, social support, marital status, participation in community, personal resources, the type of community people live in and health issues all impact on wellbeing in old age (Scott & Wenger, 1995; Sixsmith & Boneham, 2003; Wenger, 1990).

Outside of family a person's interpersonal contacts and therefore their social support occur within and in relation to their involvement in organisations within their community (Bond,1998; Boyd & Angelique, 2002). Participation or membership in a community organisation provides a sense of community, as discussed previously, by creating a sense of safety and security, providing

companionship, support and opportunities to participate in meaningful ways (McMillan & Chavis, 1986; Riger, 1993). Having community membership which encompasses acceptance, support and belonging is empowering. Rappaport (1987) has conceptualised the notion of empowerment as a community-level construct that impacts on health. In this way a community in which people are empowered becomes a healthy community. Healthy communities can reduce social, psychological and physiological problems, which in turn contribute to individual wellbeing<sup>6</sup> and to a healthier society overall (Department of Psychology, 2003; Maton, 2000; McMillan & Chavis, 1986; Sheldon & Bettencourt, 2002; Thomas & Veno, 1996).

## **Participation**

Various studies have shown that having community-based organisations available is important because they provide necessary spaces for people to participate, and thus create social connectedness or capital (McMillan & Chavis, 1986; Ministry of Social Development, 2004; Opie, 1992; Phillipson, Bernard, Phillips & Ogg, 2001; Putnam, 1993; Ross & Mirowsky, 2002; Scott & Wenger, 1995; Sixsmith & Boneham, 2003). The importance of social connectedness/capital and its relationship to community participation and creating a sense of community is recognised within policy responses to older New Zealanders. One of these is the Positive Ageing Strategy<sup>7</sup> which recognises the importance of raising the profile of older people within the community and enhancing opportunities for older people to participate within their communities (Ministry of Social Policy, 2001).

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<sup>6</sup> For the purposes of this thesis I am using the definition of wellbeing used in the 1988 Royal Commission of Social Policy, *April Report* and *The Social Report*, 2004 which states that well being is “The extent to which all have a reasonable expectation of achieving those things which are generally accepted as necessary for a healthy and happy life” (Royal Commission on Social Policy, 1988).

<sup>7</sup> See discussion about the Positive Ageing Strategy and its ongoing development on p. 13

According to Campbell & Jovchelovitch (2000) there are three key dimensions that need to be unpacked in order to understand community participation. When speaking of community they refer to a group of people who;

- 1) Share an identity which the community is able to articulate; 2) share a set of social representations which organises the world views of community members and guides their interpretations of reality and their everyday practices; 3) share the conditions and restraints of access to power, both in terms of material resources and symbolic recognition (p. 264).

Participation, in this sense, describes groups of people sharing common identities, ways of understanding, common world views and resources. Participation is intrinsic to creating and maintaining a sense of community.

At this point in history ideal old age for New Zealanders appears to be constructed around living healthy, meaningful and independent lives (Dwyer, *et al.*, 1999). The literature suggests that to achieve this older people need to be involved in active participation in a range of community based activities (Age Concern New Zealand, 2002; Hamilton City Council, 1999; Koopman-Boyden, 1993; Maclean, 2000; Ministry of Social Policy, 2001; Saville-Smith, 1993; Social Advisory Council, 1984; Statistics New Zealand, 2004b, 2004c). The activities discussed include socialising with other people, participation in cultural groups and activities, religious and civic participation and involvement in voluntary work (Statistics New Zealand, 2004).

Community participation increases and enhances self esteem and supports individual members to develop competencies for both themselves and their communities (Burr *et al.*, 2002; Guareschi & Jovchelovitch, 2004). It involves individual and social awareness along with a public sphere, or community, capable of meeting the needs of its participants (Campbell, 2003). It is through participating in this public sphere that people can develop awareness of their own resources and those of their community

(Campbell & Jovchelovitch, 2000). Community participation is considered, in current social policy, to be a key social component for successful and happy ageing (Ministry of Social Development, 2004; Ministry of Social Policy, 2001; Statistics New Zealand, 1998, 2004b, 2004c). Community participation is particularly empowering for older women in terms of developing self- confidence, leadership skills, and social networks outside their nuclear families (Abrahams, 1996; Dwyer, *et al.* , 1999; Itzhaky & York, 2000).

One of the reasons community participation is particularly important to older women is because many older women will be alone for a large part of their later years (Dwyer, *et al.* , 1999; United Nations Population Division, 2002). More than that however, community is central to their sense of well being, identity and usefulness, essential for companionship and inclusion and necessary for the access it provides to active meaningful participation in community groups and activities (Bowling & Cartwright, 1995; Bytheway, 1997; Davey & Gee, 2002; Friedan, 1993; Heim, 1990; Hurd, 1999; Itzhaky & York, 2000; Maclean, 2000; McPherson, 1998; Ministry of Social Policy, 2001; Moen, 1996; Office for Senior Citizens, 2002; Opie, 1992; Phillipson *et al.* , 2001; Robinson, 2000; Ross & Mirowsky, 2002; Scott & Wenger, 1995; Social Advisory Council, 1984; Statistics New Zealand, 1998, 2004b, 2004c).

One way of supporting the inclusion and participation of older women is by ensuring there are suitable community organisations available in which to participate, and equally important, that older women have the resources they need to ensure they can participate if they choose (Ross & Mirowsky, 2002; Royal Commission on Social Policy, 1988). The importance of this is highlighted in the growing body of research that illustrates that health outcomes are positively affected by regular engagement in some form of meaningful community participation (Guareschi & Jovchelovitch, 2004; Statistics New Zealand, 2004c; Thompson, 2005; Wilson, 2001). Personal accounts from older women also underscore the importance of having things

to do and places to do them (Cleaver & Muller, 2002; Feldman & Poole, 1999; Heim, 1990; Maclean, 2000; Thompson, 2005).

The next chapter discusses the theoretical stance and research techniques used for this thesis. It includes information on the research participants, the procedures used and the rationale for these.

## **CHAPTER THREE**

### **Methodology**

#### **Aim, Approach and Methods**

This chapter sets out the research aim, approach and methods. I engage with conceptual issues central to my interpretivist approach to narratives of ageing. This requires consideration of the researcher/participant relationship, the research setting and my disciplinary orientation. How and why the participants were accessed and selected is discussed, along with the diary and interview methods used to gather the participants' stories. The actual data collection, how it was developed, how it worked, changes that were made through the course of development and recruitment and other areas relating to the process are presented.

#### **Research aim and purpose**

The aim of this research was to gain insight into the ways older women construct their experiences of ageing and participation within various communities. As previously stated, for the purposes of this thesis the terms older and ageing refer to people aged 65 years and over. The purpose of this research was to provide a place for a different story to be told, from the perspective of older women. I have known many older women who, regardless of their health and personal circumstances, are not the restricted, dependent, non-contributing, resource-absorbing, unhealthy, unhappy, querulous creatures that, in my perception, they are often presented as. Rather, they are people living their lives on their own terms, with vigour, humour, dignity and courage, and also with impatience, irritation, mistakes and forgetfulness.

I believe that knowledge is formed through a process of interaction. It is shaped by social, historical and cultural conditions and is located in both

time and place. In order to be reflexive about the processes and the understandings I come to throughout this research it is necessary that I understand my own social reality. My knowledge, my ways of understanding, have been formed in cultural, historical and social contexts that include my Pakeha ethnicity, my Northland Methodist settler heritage, my rural farming background, my family, my time in paid employment, and in academic study. Particularly of relevance to this thesis are the older female role models I have had in my family and extended family. These are the women who demonstrated through their words, actions and outlook on life that their 'older women-ness' was not compatible with the frail, helpless creatures older women often appear to be portrayed as.

## **Research Approach**

There are a number of different approaches to research in psychology today (*cf* Flick, 2002; McBurney, 1999; Minichiello, Aroni, Timewell & Alexander, 1995; Murray, 1997). This thesis is based on an interpretivist, constructionist approach according to which meaning is understood to be socially constructed by human beings as they engage with the world they are interpreting (Crotty, 1998). Narrative techniques were used in the data collection and analysis because these complement.

A specifically interpretivist approach to social science is often associated with critical psychology (Prilleltensky, 2001). An interpretive researcher sets out to explore what is meaningful or relevant to people experiencing a specific social phenomenon, set of relationships or situation in life and how they construct these experiences. The researcher does this by getting to know a particular social setting and attempting to 'get inside' local inhabitants' points of view regarding such spaces (Neuman, 2000). The interpretive approach forms the foundation of social research techniques that are sensitive to context, that use various methods to get inside the ways others see the world, and that are more concerned with achieving an empathic

understanding of feelings and world views than with testing laws of human behaviour (Neuman, 2000). This approach adopts a practical orientation to research, concerning itself with how ordinary people manage their practical affairs and construct meaning in everyday life (Neuman, 2000).

### ***Participant/researcher relationship development***

Public accounts are sets of meanings in common social currency that reproduce and legitimate the assumptions people take for granted about the nature of social reality (Cornwell, 1984). In contrast, a private account is the personal story an individual constructs about her or himself. Private accounts spring from personal experience in which people reveal personal stories they would not generally share in a public forum or with strangers (Cornwell, 1984). Private stories refer to an individual's cognitive representations or social communication of events unique to that person (Rappaport, 2000). To gain a private account requires a relationship to be present between a researcher and participant. The relationship between the researcher and the participant is an important component of any research (Flick, 2002; Gubrium & Sankar, 1994; Neuman, 2000). The social interaction generated between them will affect both the tone and the content of the data collected (Gubrium & Sankar, 1994). Some researchers maintain that unless there is a prior relationship between the researcher and the participant, a single interview may not allow enough time for any more than a public account of people's lives (Cornwall, 1984; Flick, 2002; Gubrium & Sankar, 1994; Neuman, 2000).

Mindful of these factors, care was taken during this research to establish a relationship between each individual participant and me. Equally important to the establishment of a research relationship with participants is both sharing the outcomes of their input into the project and finalising the research relationship. A follow up fourth visit was arranged to present a brief feedback report about the research findings. This meeting also served to close things off by ending the research relationship.



### ***Researcher reflexivity and responsibilities***

Researcher reflexivity is concerned with those involved in research being aware of the way their own life experiences and history impacts on their ways of working, and on the effects of their research on participants (Hodgetts, Thompson, Ridley, O’Meeghan, Whangapiritia & Hira, 2004). The researcher must be aware that establishing a bond with people in order to gather their personal thoughts and feelings for the researcher’s own ends brings with it an inherent responsibility (Russell, 1999). There can be specific issues of concern intrinsic to the research process when interviewing people who may be vulnerable because of their age, health, social networks and perceived social status. Russell (1999) speaks of “undermining jealously guarded identities as independent people”, so creating dependency (p.405). A further consequence of the creation of these meaningful social bonds is that they may make withdrawal from the completed research difficult for the participant once the project is completed (Gubrium & Sankar, 1994).

A counterpoint to the stance that research with older people is a situation containing risks to participants’ physical and emotional well-being are the benefits of companionship, being actively listened to and having the opportunity to both express themselves and explore their experiences. (Russell, 1999). Opie (1992) maintains that older people need to be heard and have their views accurately portrayed, and this is dependent on research in which the stories of older people are central. A qualitative narrative research approach attempts to do this. Collaborative, qualitative, narrative research has an advantage when the participants’ own words are used through verbatim quotes, which conveys a real depth of personal meaning and experience (Patton, 1990). Qualitative research is of specific relevance to the study of social relations in the way it utilises participants’ knowledge and practices (Flick, 2002).

### ***Constructionist epistemology***

Social constructionism is an approach to psychology which focuses on meaning. It is called social constructionism because it aims to account for the ways in which phenomena are socially constructed (Gergen, & Gergen, 2000; Gergen & Shotter, 1994). There is no simple or single definition of social constructionism. Crotty (1998, p.42) has described constructionism as:

*The view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context.*

Important to social constructionism are the social processes giving rise to our common understandings of the world (Gergen & Gergen, 2000).

Constructionism is about people constructing meaning to make sense of the world based on their personal knowledge and understanding of their worlds. Understanding and knowledge are formed through a process of interaction and mediated by individual, historical, social and cultural conditions. When making and refining such meanings people often construct stories (Murray, 2000).

### ***Narrative***

For this research a personal narrative account of participants' lives, with a focus on a particular area, was sought. This is a useful approach because it puts the person in context. Personal narratives are means by which the links between body, self and society are articulated (Bury, 2001). This type of information is considered to be most effective when generated through the establishment of a productive relationship between the researcher and participants (Neuman, 2000).

Narratives are devices through which people represent themselves and their worlds to other people (Bury, 2001; Sunwolf & Frey, 2001). Narratives allow

adults to see their lives as coherent and purposeful with a past, present and future that are connected and make sense (Adams-Price, *et al.* 1998). Encouraging people to talk about their lives, verbally and in written form, has the potential to glean information rich in meaning and relevance to the communities they participate in. Being given the space to narrate his or her story implies value and attributes reality to a person's lived experiences (Frank, 2002). Encouraging narratability, listening to people's own stories means that events and lives are affirmed as being worth telling and thus worth living (Frank, 2002). These types of narratives allow the researcher to learn about issues of importance to those communities. At the personal level of analysis, narratives are expressions of the lived experience of the narrator; at the societal level the analysis is concerned with the socially shared stories (Murray, 2000). Personal narratives provide especially rich and 'thick' sources of data, and are particularly useful for the study of meanings that people attribute to their lives (Kenyon, 1996).

Narratives of people's lives are social constructions that draw on basic cultural narratives and life histories offered by the culture (Flick, 2002). The use of narratives as a means of researching and analysing aspects of human experience fits with the epistemological focus of the social constructionist paradigms and supports the interpretivist approach taken for this research, by allowing the participants to present their personal stories in their own words. After all, storytelling is a common practice through which people create meaning, interpret events and make sense of specific experiences (Kenyon, 1996). A narrative approach to psychology maintains that human beings are storytellers and that the exchange of stories permeates our everyday social interaction (Murray, 1997). Narratives can enable people to give order to their experience and share that experience with others (Sunwolf & Frey, 2001). This is important because shared narratives are the surrounding substance of our social world (Rappaport, 2000). Not only is the psychological sense of a community engendered by its shared stories, without

a shared narrative a community cannot be a community (Rappaport & Seidman, 2000).

I acknowledged the premise that narrative research entails ethical obligations that go further than simply obtaining the consent of the participant to have their stories recorded and analysed (Frank, 2002). In soliciting people's stories I was aware that this research was not simply data collection, but rather the product of a relationship I had built with the participant. As such I was aware of the necessity of treating my participants and their stories with respect, maintaining a non-judgemental attitude and being aware of the possibility of created dependency between the participants and myself. According to the findings of seminal research in this field such as that of Koopman-Boyden (1993) Russell (1999) and Silver (2003), this has particular relevance for research with older people.

### **Research setting**

Age Concern is a community organisation focussed towards meeting the needs of older people. For this reason it was selected as a recruitment locale for making contact with potential participants for this research. Making an association with Age Concern one of the participant selection criteria ensured that contact would be made with older women who have actively chosen to participate in at least one community organisation. It also provided a forum in which to explore the importance of organised community participation and the way participation is constructed by its members.

Age Concern Hamilton is a community-based organisation that works to highlight needs, address issues and provide practical help and social support for older people in the community. This organisation promotes the idea of an inclusive society, where people of all ages and cultures, as they grow older, have opportunities and support to make choices, which lead to quality of life and personal fulfilment. Their vision is of a society for all ages, where older

people are the valued threads in the fabric of the community (Age Concern Hamilton, 2003c; Age Concern New Zealand, 2002; Age Concern New Zealand Incorporated, 1992). There is recognition in this organisation of the ever-increasing demand for the services they provide and of the importance of evolving and growing with the needs of this ageing population (Age Concern Hamilton, 2003c; Age Concern New Zealand, 2002; Age Concern New Zealand Incorporated, 1992). Age Concern takes a largely ecological perspective to ageing issues, with the realisation that many of the problems faced by older people are socially rather than individually constructed. One response to this is empowering older people by promoting independence, positive ageing and providing opportunities for participation at various levels.

Age Concern aims to provide its members with a solid sense of community, belonging, support, participation and appreciation of diversity. Age Concern provides a focal point for older people, families of older people and agencies promoting and providing services specific to the needs of older people. It provides or has the ability to provide the fundamentals necessary for a relational community, such as connectedness, inclusiveness, having a shared mission, provision of support and a feeling of belonging.

### **Selection criteria for participants**

Along with involvement in Age Concern, age and gender were the criteria used for the selection of participants for this research. Sixty-five years of age was chosen as the lower age limit for participants largely because this is the time that various benefits and pensions begin to be paid specifically because one has reached 'old age'. Koopman-Boyden (1993) suggests old age begins "...at an age determined by the state" (p3). In New Zealand there is a widespread practice of using age 65 for various official purposes, including national superannuation (Dharmalingham & Barnes, 1998). Many social services and public resources assigned to the aged are based on such official

arrangements. Although there are a number of recognised ways in which to classify age, an easily applicable and universal definition of age was necessary to determine the age of the participants for this research. Therefore, the chronological definition of the participants' age was used as one of the participant selection criteria for this research. Gender has been described as "an analytical category designed to refer to and aid the understanding of the social and cultural origins of male-female differences in personal characteristics and behaviour (Busfield, 1996). In relation to participation and community Sixsmith & Boneham (2003) suggest that communities are places that are structured along gender lines whereas Laz (1998) argues that gender is a social construction as well as an individual accomplishment. I used gender as a selection category because it was the lives of older women I wanted to explore.

In one sense the selection criteria were limited in terms of gender and age, as well as the type of participants I was likely to make contact with at Age Concern. Members of Age Concern are predominantly Pakeha/European and they are, by virtue of their membership and interest in this study, people who participate in their wider communities. In another sense these limits were strengths. I was able to gain a great deal more depth in this research than I would have from a wider, more random scatter of people.

### ***Selection methods***

Methodologists advise that it is what is under study that should be the determining factor for choosing a method and not the other way around (Flick, 2002). With these recommendations in mind, various interview methods were considered in the context of the target population of older women and the research aims. Initially the plan was to use a combination of two semi structured individual interviews and participant diaries. During the first interview personal information would be gathered and discussion initiated around the participants' involvement in their communities. I would leave the diaries with people at this time, and collect them prior to the second

interview. The second of the interviews would be based around discussing in more depth some areas arising from the first interview and the content of the diaries. In this way the diaries would form part of the research in which the participants actively participated in both recording and reflecting on their experiences beyond the interview setting (Elliott, 1997). This combination of diary and interview methods was a deliberate attempt to provide participants with different media in which to express themselves.

However, I had an informal consultation with a group of older friends. This consultation evolved at a women's fellowship evening I had driven my mother to and decided to attend myself. Over a meal a conversation surrounding my progress with the thesis evolved and I outlined the process detailed above for gathering information. This developed into a spontaneous and highly informative discussion with a number of older women who told me they would be more comfortable if they knew a bit about the interviewer and the subject before the actual interviews. Their views were supported by a number of researchers in this area (Flick, 2002; Gubrium & Sankar, 1994). This group of older people also suggested I should make the diary available before the start of the interview process, in order that the participants could make themselves familiar with my topic, so that they would not be 'caught on the hop'. One query I made to the group was "would they be comfortable answering the questions"? Whereas I was referring to the possible intrusiveness of the content, their response reflected the relationship I had with them, with their answer being "we'd be comfortable talking to you". Their feedback prompted a change in my approach. I realised the importance of developing a meaningful relationship with my participants before I gathered stories from them. I had to ensure that my approach would meet their needs as well as my own.

The course I followed was to have an informal initial meeting with each of the participants and at that point pass out the diary. I collected each diary

approximately one week after distributing it and at that point agreed on an interview time with each of the participants.

### ***Contact process***

A letter of invitation containing information about the research, the criteria for participation, an invitation to participate and my contact details were placed in the display area at Age Concern, where they would be seen by potential participants. Initially I had intended to involve five women in this research. Two people who met the recruitment criteria contacted me requesting the opportunity to participate prior to my leaving the invitations to participate at Age Concern. One person contacted me straight after I left the forms at Age Concern, and said she and three friends would like to be part of the project. She gave me the contact details of the other three. I chose at this point to have six participants rather than turning one person away. I contacted the office manager at Age Concern and requested that she remove the rest of the invitations.

The next step taken was to contact each of the six prospective participants, inform them about the procedures that would be followed and give them the opportunity to either consent or to decline to be involved. The women were informed that they could pull out of the research at any time without explanation. At this time I arranged to meet with each of them. These initial meetings were intended to be a 'getting to know one another time'. This was a deliberate attempt to build a relationship between myself and each of the participants, in order to establish a more meaningful rapport during the interviews.

During this first meeting I gave each of the participants a copy of the diary and a copy of the consent form<sup>8</sup>, and I explained informed consent. I arranged to collect the consent forms and diaries during our next visit. I

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<sup>8</sup> See Appendix 2, p.117 for copy of diary and Appendix 5, p. 139 for the consent form



reiterated that the participants could choose not to continue with the research process at any stage. I also answered any queries the women had on the diaries and generally about the research and we spent an hour or two chatting. I did not record these first discussions. However after each meeting I journalled my thoughts and reflections on the process and noted areas of interest that arose from the meetings.

## **Method**

### ***Diaries***

Diaries were used as a method of data gathering for this research. Diaries were chosen in the understanding that some people prefer a more considered, less pressured approach to articulating their stories and writing their thoughts provides such an opportunity. Such methods have been utilised in a number of ageing studies, particularly in the area of health research (Berman, 1994, 1994a; Bytheway, Johnson, Heller & Muston, 2000; Corti, 1993; Elliott, 1997; Johnson & Bytheway, 2000). The potential held by personal diaries for “illuminating a variety of aspects of psychological functioning and social life” has long been recognised (Berman, 1994a, p. 214). Personal diaries also have an inherently narrative structure appropriate to this research. Although the questions or topics in the diaries were provided by me, the participants would be answering them in their own words. In this way their responses would be based on what the participants thought without the influence my presence would have on the participant responses.

Johnson and Bytheway (2000) identified a number of strengths and weaknesses inherent in the diary method. Advantages of this method are the way in which the method captures the participant’s perspective, giving a place to both record and reflect on experiences. They are effective at capturing changes in mood, and “embedding the flux of experience in the larger context of meaning” (Berman, 1994, p.212). Participants in various

studies reported finding the process rewarding (*Berman, 1994; Bytheway et al. , 2000; Elliott, 1997; Johnson & Bytheway, 2000*). The participants can use the diaries as a way to guide the researcher through their stories. The collaboration in the construction of the account gives them a stake in the research process (Elliott, 1997). Using the diary can allow people to ‘bring up’ issues that they may not have the opportunity or the words for in an oral exchange. In the case of older diary authors, Berman (1991) suggests that the personal journals of older adults are creative constructions that help them maintain a coherent sense of self.

One weakness with using this method can be the refusal of the participants to participate due to anxiety about exhibiting a “lack of competence” both of literary ability and “handling their lives properly” (Johnson & Bytheway, 2000, p.190). People may have problems with this method due to poor vision, dexterity, comprehension and literacy skills. However on balance the benefits of self expression seem to outweigh the limitations of non-participation due to impaired physical ability or anxiety about competence.

I divided the diaries into sections. In the first section I introduced myself and gave some background information on events that led me to this research. This was followed by some demographic questions designed to help me build a picture of my participants. The third section contained seven questions or broad topics designed to prompt and encourage the participants to think about their lives and experiences<sup>9</sup>. The seven topics were identified from a number of areas, including the literature review, personal knowledge and discussions with other older people. These identified areas were;

1. What are the most important things in your life?
2. How old do you feel?
3. How do you occupy your time, what do you do in a typical week?
4. What does participation mean to you?

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<sup>9</sup> See Appendix 2, p. 117 for copy of diary

5. How important is participation to you?
6. What could be done to enhance your life?
7. If you went back 20 years what would you change (if anything)?

The final section contained contact details for a number of helping agencies, in recognition that reflections on ones life and experiences can prompt issues to arise that may be difficult to deal with alone.

The intent of the diaries was to encourage participants to explore the experiences of ageing important to them, prompted by the research. The seven to eight day timeframe allowed between giving out and collecting the diaries was intended to allow the participants time to write. It was not my expectation that the participants make a specific amount of entries based on that timeframe.

I contacted each of the participants by phone approximately a week after the initial meeting with them to enquire about their diary progress and to arrange collection. All of the women completed the diaries in the time allotted, although all of them added a little more after the phone contact. The diaries were collected during a brief second visit and a time made for a recorded interview. This contact time was intended to be brief; however some discussion and explanation of diary entries or related matters was initiated by the participants.

### ***Interviews***

The development of interview prompts to guide the interviews utilised progressive focussing. This is a technique that uses what is found in one area of a data collection process to inform the development of the next (Crotty, 1998). In this case I utilised what was found in the analysis of the diaries to design discussion prompts or topics specific to each of the participants. <sup>10</sup>

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<sup>10</sup> See Appendix 3, p. 136 for an example of interview prompts used.

The interviews began using a 'generative narrative question'. A generative narrative question is one which refers to the topic of study and is intended to stimulate the participants main story (Flick, 2002).

I chose to use a semi-structured in-depth interview format. This allowed each participant, with some guidance as to the focus of the interview, to speak freely on the topic, on areas and taking perspectives of importance and relevance to them (Gubrium & Sankar, 1994). The semi-structured interviews encouraged these older women to tell their own stories about their experiences of community and participation. The interview prompts were used simply as a guide rather than as a rigid set of questions asked of everyone in the same way.

Semi-structured in-depth interviewing techniques are predominantly used as part of exploratory studies in which the researcher is attempting to gain understanding in a particular field of study, rather than test theories (Flick, 2002; Minichiello *et al.* , 1995). The content of the interviews was focussed on the issues that were central to the research question while allowing a great deal of flexibility in the interview (Flick, 2002; Minichiello *et al.* , 1995).

A major advantage of using open-ended questions and a semi-structured in-depth method is that it encourages the participants to speak freely, in their own words, about their own lives and experiences as they relate to the topic under discussion. Because in the process of in-depth interviewing, the data collection is based on the participants' interpretation and presentation of their experiences, followed by the researchers' interpretation of events this can be viewed as a disadvantage of this method. However it can also be construed as a strength, particularly for a highly reflexive researcher. A researcher needs to be reflexive in his or her approach to the data, understanding his or her own experiences and expectations in relation to the research topic (Hodgetts *et al.* , 2004). Another disadvantage inherent in in-depth interviewing is that it tends to reduce the comparability of interviews

within a study (Flick, 2002; Minichiello *et al.* , 1995). However this small case study of six older women was not intended to achieve statistical generalisations. It was recognised however that qualitative work of this nature is valuable in uncovering insightful and holistic explanations of how ordinary people live ordinary lives (Sixsmith & Boneham, 2003).

All of the interviews took place in the participants' homes and constituted our third meeting. Each interview took approximately two hours. I deliberately allocated an afternoon to each interview in order to remove any time constraints. At this time I asked the participants whether I should use their real names in the thesis or whether they had other preferences, such as the use of first names only, or *noms de plume*. The interviews were audio recorded and later transcribed. The question that signalled the beginning of each interview and was intended to stimulate the interviewee's main narrative (Flick, 2002) was 'Tell me about your participation in Age Concern' (or words to that effect). I, when necessary, utilised a form of progressive focussing discussed above, using themes that both guided and arose from the diaries to encourage discussion in the area of the community and the participant's experiences and expectations.<sup>11</sup>

## **Participant profiles**

This section presents profiles compiled from the diaries of each of the participants. The diaries began with demographic questions then moved on to some open-ended enquiries which I anticipated would also guide the interviews. All the participants connected well with the diaries. Some of them expressed doubts (unfounded) as to the interest or importance of their words. One had some difficulty writing because of her impaired vision, another because of arthritis in her hands. Not all the questions or topics were answered by all of the participants. Some individuals were fluent writers; others were more brief in their responses. A key point to note overall is that

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<sup>11</sup> See Appendix 3, p. 136 for the interview guide.

the diaries worked well. According to the feedback from the participants the diaries both prepared them for the interview process and provided a place for them to reflect on their lives and experiences in the context of community and participation.

All of the participants are of British extraction. Five of the six women who participated in this research were born in New Zealand. The other was born in England and identifies as English. Of the five New Zealand-born, one identifies her ethnicity as New Zealander, one as White New Zealander and one as Pakeha New Zealander. Another is less definite about her ethnicity, "*I guess I am classed as being a Pakeha*" (Esther). The fifth woman sidestepped the question and gave instead the birthplaces of her parents. The youngest participant in this research is 69 years old, the eldest 94. Two of the participants are in their mid 80's and the other two are in their early and late 70's respectively.

Three of the six participants have been divorced; one while in her 30's and one while in her 50's. The third woman has been divorced twice, the second time in her 50's. One participant is still married. One has been widowed twice, once in her 40's and the second time in her 70's. The sixth woman was married for 63 years and lost her husband recently. Four of the six women live alone. One lives with her husband and one with her son. Five of the six participants own their own homes. Three of the six own and drive cars. Two do not and never have. The sixth woman has recently stopped driving. All of the participants live independently of their families (The woman who lives with her son is in a mutually supportive relationship, rather than one in which she needs his care or visa versa.) All of the women indicate they have family members who are available to them should they need some sort of assistance. One woman had one child, two had two children, with one woman also having three stepchildren. Two of the participants had three children and the final woman, four children. All of the women have descendants beyond these children, ranging from one woman who has one grandson to

another who has 26 great grandchildren. The women had varied experiences of caring for spouses or other family members in their later years. One of the women was a high-level caregiver to her husband towards the end of his life. Another woman who was widowed twice noted that her first husband died suddenly and unexpectedly while they were in their middle age years. She commented (about her 2nd husband), “*he stayed well despite his illness, ’til the end then slipped peacefully away*” (Joyce). He did not need intensive levels of care from her. The three divorced women were separated from their partners long before any age-related care was required. The woman who is still married reports her husband as being in good health, although a family history of stroke and high blood pressure makes her very aware of his eating and exercise habits.

This section presents a profile on each of the participants compiled from the interview and diary data.

### **Elizabeth**

Elizabeth, or Betty as she is commonly known, was born in East Grinstead, England in 1936. She is married and lives with her husband in their own home in the Waitetuna Valley. Betty worked for most of her adult life, mainly in clerical positions. She retired at 60 years of age when her job was restructured. Apart from some arthritis and blood pressure problems Betty enjoys good health and is fit and active. Betty is cheerful, articulate, well-read, up to date in current affairs, involved and engaged in her community. She has her own car and values the freedom and independence that it provides. A recent shift (18 months ago) from Auckland to Waitetuna after her husband’s retirement has seen a change in Betty’s level of community participation. This is primarily caused by the more isolated, rural place she shifted to, coupled with her husband’s retirement ending a long voluntary relationship in organisations connected with his workplace. Because her husband chose to recommence work (in a different area) once they had built their new home, Betty has not joined organisations with him as she initially

envisaged she would after he retired. However, she has involved herself with a number, Age Concern being one of these. Currently she feels that Age Concern is “*not her thing*” but “*will be useful in the future*”, when she is older. Living now in close proximity to five of her six grandchildren Betty participates in regular school activities and ferries the children to various activities. She has joined a tramping group and has made some contact with other local groups. Betty maintains her links with her Auckland women’s fellowship group, and notes the sense of loss she feels more and more now that she does not go regularly to church (She attended the same church for 15 years in Auckland.) For Betty, church was a place of friendship and belonging as much as worship. She has been unable to find the same sense of belonging and friendship from the church in the area she now lives. Betty has chosen not to involve herself at this time with voluntary organisations (such as op shops, food banks etc) as in the past. She wants the freedom to pursue activities without the obligation of others relying on her to perform set tasks at set times. Focussing on this research and the background for it has created some anxiety for Betty, making salient for her some of the more negative aspects of ageing such as less income, increased frailty, the prospect of loss of independence or ability to go out when and where one wants. “*Life would be bleak without places to go and things to do*”.

## **Una**

Una was born in Hawera, New Zealand in 1926. She has been divorced for approximately 50 years, and has three daughters, six grandchildren and six great-grandchildren. Una lives on her own in her own home in Rotorua. She moved there recently from Auckland. This move was prompted by the loss of community she felt with the area she had lived in for a long time. This was caused primarily by the deaths and moves of the neighbours she had known for many years, and the changing population of renters and migrant families and society in general. She no longer felt safe walking to the train and bus stops or going out/returning to her home at night. Una is a fit, healthy, well informed and engaging lady. She worked in clerical positions most of her



adult life and has been the sole support of herself and for her daughters during their childhoods. Una has had a long involvement in the voluntary sector, in various roles mostly associated with her church. She is a regular and long-term church-goer, enjoying the fellowship and the community of people this brings her into contact with. A big change for Una due to her shift to Rotorua has been the role of “*new person in my new church*”. She likes to have input into what is going on and is not enjoying the feeling of being on the sideline. Una is a participant who likes to be actively involved in organisations rather than simply a member. She is already vice president of her croquet club after 6 months of membership. Una has had involvement in Age Concern Hamilton in various ways and intends to investigate the Rotorua branch as soon as she finds the time. Una does not drive and never has. She relies on public transport but has friends and family available to provide transport if necessary.

### **Esther**

Esther was born in 1935 in Blenheim, New Zealand. She has been divorced for many years. She gave birth to two sons and one daughter. She has three grandchildren and one great grand-child. Esther keeps reasonable health. She walks and exercises on a daily basis. Esther does not drive; she walks or relies on public transport. Her younger son, whom she shares a house with, does have a car and drives her places when needed, after work or in the weekends. Esther was the sole financial supporter of her family for many years. She worked long hours in low-paid jobs. Esther was unable to make extra provision for herself during her working life for her retirement years. The government superannuation is her only form of income and she lives in rented accommodation. This is an issue for Esther; she feels trapped by having to rely on landlords. She and her younger son are hoping to purchase their own home together in the near future. Esther is involved with Age Concern on a weekly basis. She has some other memberships. Transport and finances limit what organisations Esther belongs to. In the weekends her son and his car are available for shopping or visiting her daughter.

## **Joan**

Joan was born in New Zealand in 1919. She has a daughter and a son and four grandchildren. Joan was divorced many years ago. She lives alone in her own home, which borders the school her parents bought in 1921, when she was 2 years old. She was a pupil, teacher and is now a fellow of this school. Joan owns and drives a car. Joan is a very outgoing woman who has an abiding interest in people, always seeking to “*get inside their heads*”, and find out what is important to them and for them. She speaks of getting their stories and gaining their insights by listening to them. She uses what she learns as a base for her approach to the various committees she is involved with. Joan has an active role in decision making at Age Concern and is on the advisory panel for the Government Positive Ageing Strategy. Joan also participates as a guest speaker in lectures at the University of Waikato in areas related to older ageing. Joan is experiencing some health issues at the moment which have been frustrating for her. She has also experienced the death of a family member to whom she was very close. Despite these hardships Joan continues to maintain high levels of participation in her communities of choice. Joan is an energetic, engaging woman, one who is tremendously well read. She is self-reflective, and has the ability to draw people out.

## **Joyce**

Joyce was born in Timaru, New Zealand in 1920. She has been married twice. Her first husband, with whom she had two daughters, died suddenly in 1968. She remarried in 1971 to a man with three daughters. He died in 1996. She has 10 grandchildren, 6 step grandchildren and 26 great grandchildren. Joyce lives on her own in her own home and runs a car. Joyce is an artistic, creative, joyful woman with a flair for poetry and embroidery. She is articulate and reflective. Joyce has good health, is active and makes a point of attending various weekly exercise sessions. Joyce is or has participated in a wide variety of organisations, ranging from voluntary sector positions such as a Lifeline Counsellor, President of Women’s Division Federated Farmers,

membership of the Embroiderers Guild and history student at Waikato University. Joyce has reflected deeply on her life and on issues that have affected her. Among other things she feels now that she lives alone she has become more self-centred and has reached a point where she no longer views this as a bad thing. In Joyce's view her up-bringing and the upbringing of most women teaches them to think of others before themselves, and while she agrees this is necessary sometimes she no longer believes it should always happen, "*I am important too*". Joyce is independent. One of her daughters lives close by but although they have a great relationship they do not have daily or at times even weekly contact. For Joyce life is an exciting adventure.

### **Eveline**

Eveline was born in New Zealand in 1911. She was married for 63 years and was widowed four years ago. She had one son who has in turn had one son. Eveline lives on her own in her own home. She is currently adjusting to life without a car having failed the eyesight part of the driving test recently. Her eyesight also affected her diary-writing. Eveline worked until she was 75. When questioned at the time of her retirement about what she was going to do with her time Eveline made a promise to herself to try one new thing every year, and she says proudly "*I have*". She belongs to many organisations and has a wide circle of friends. Eveline is a strong, articulate and caring woman. Her attitude and energy are reflected in her assertion that "*I don't feel old mostly; I tell people I am a recycled teenager*". Eveline spoke with some regret of the gradual decline of her sense of community in her immediate neighbourhood. Once she and her husband knew everyone in the street; she now knows only two or three residents well. Eveline makes a joke of "*having my wings clipped*" about the loss of her driver's license. However, she feels its loss deeply and despite transport offers from friends expects to have to give up some activities. Her description of how she spent over an hour taking a bus to go to the bank then had to face the return journey demonstrated clearly how difficult being unable to drive herself to places is going to be for Eveline. Eveline spends one day during the week at home doing housework

and catching up on various jobs. The rest of the week she is out at various activities. She makes good use of the telephone as a method of contact.

### **Narrative analysis**

Participant diaries and interviews were analysed using a narrative approach which focused on the ways people made and used their stories to interpret their world and represent themselves (Elliott, 1997; Flick, 2001, 2002; Frank, 2002; Murray, 1997, 2000; Richmond, 2002). It provided a framework that enabled me to reduce each participant's responses to a set of common elements that compared to other respondent's stories, and to the existing literature on ageing. The analysis proceeded by reading and rereading the interview transcripts and diaries, and listening closely to the interview audio tapes. Emergent themes were identified and noted, and relevant quotes used to illustrate key points. The following chapter, chapter four, presents an analysis and discussion of the diaries and interviews.

## **CHAPTER FOUR**

### **Analysis: Constructions of women and ageing**

This chapter presents an analysis of the diary and interview materials. The three major themes explored are: constructions of what it means to be a woman who is ageing; independence, sense of control and choice; and participation and community. Section one begins with a discussion of how the women construct their ageing and some of the factors that shape their views. These have been related to various academic constructs of ageing. The findings show that while the age or aged appearance of the participants can stimulate a negative reaction from others, the way the participants themselves regard their age and ageing process is generally positive. Section two discusses the importance to them of independence, a sense of control and personal choice and the way that that other people's perceptions of older age can serve to restrict or enhance their lives. Section three examines community and participation and what these mean to the lives of these older women. Overall, the analysis explicates the relationship between community participation, personal experiences of being older women, and social constructions about ageing women. The chapter ends with a discussion of the main findings which offers broader links to the existing research literature.

#### **Constructions of women and ageing**

Within this section the way in which the participants discussed and related to their age is reviewed. It is clear from their stories and the sense of themselves that they portray through these stories that a sense of ageing, as it relates to identity is about far more than chronology, despite chronological definitions being the most widely, and often the only definitions used in discussion and decision making around issues related to older age. Within these reflections the importance of public perceptions of older ageing and the potential impact they have on older people becomes apparent. This is often due to the way a

persons ageing is brought to the fore in interpersonal interactions in negative or discriminatory ways.

Age informed the participants' discussions of their experiences of participation and community. All constructed their ageing in terms of chronology, their understanding of what age was and how it related to them, how it influenced their community involvement, the connection between older age and death and the impact on them of other people's perceptions and expectations of age and older women.

Chronological age was used primarily to locate people in time, such as;

*I was in my twenties during WWII, (Joan)*

or

*I am now the oldest person at anything I go to, (Eveline)*

or to make comparisons,

*My mother was 83 when she died, my father in his early 60's and I am 69 so hopefully I will take after my mother... (Betty)*

In this way chronological age was used mostly as an index of events and experiences based on time passed by the participants (Arber & Ginn, 1995), rather than to define themselves. This is reflected in the literature, which, while acknowledging the importance of having a system of defining age that can be universally and categorically applied, also acknowledges that there are other more applicable or relevant ways of discussing and relating to age (Arber & Ginn, 1995; Gee, 2002; Koopman-Boyden, 1993; Laz, 1998; McPherson, 1998).

When the participants spoke about feeling old, they were not commenting on how many years they have lived, so much as the way they constructed their identity. Sometimes this was based on a physiological feeling of age that they

associated with feelings of weakness, tiredness, pain and/or inability to perform some task that may not have presented any difficulties in the past. An example of this is presented in the following excerpt where one of the participants discussed how she felt when she could no longer undertake a once effortless task.

*I have to have a cleaner now, I felt so useless when the doctor said I needed to. (Eveline)*

This statement indicates not only the way changes in the abilities we take for granted, such as cleaning the house, can result in awareness of ageing but also how ageing is experienced through changes in activity, and therefore is not simply a cognitive experience. It also invokes a feeling of the way a change in a role such as this can be linked to a sense of reduced autonomy.

Sometimes age was recognised relationally, as in when a participant noted the first time she felt old was during the funeral of a friend when she realised she was not only a member of the older generation, but also in an ever-shrinking social network. This provides an example of defining one's social age based on socially informed roles, by positioning oneself in a particular age place, in this case as the 'older generation' (Kaufman & Elder, 2003).

Feeling older or younger was discussed in terms of how fluid and changeable this feeling was, and how dependent it was on factors such as the time, what season it is, and outside indicators.

*Old depends on the time of the day. (Joan)*

*I feel younger in the spring. (Joan)*

*I feel my age when I think about having six great-grandchildren.  
(Una)*

For this participant it is not keeping up with her great grandchildren that prompted this comment so much as the knowledge she has three generations of descendants. These examples demonstrate how a person's social age is based on their life stage and surrounding contexts (Hurd, 1999).

One's appearance is another factor that invokes age inspired reactions. A way to make sense of this is in the context of the 'mask of ageing'. The mask of ageing is a way of talking about age rather than a way of defining age. It is discussed as a notion that a person's coherent sense of self is masked or hidden beneath an ageing face and body (Andrews, 1999; Featherstone & Hepworth, 1991; McHugh, 2000, 2003). People construct stories about themselves, and others, based on many factors. One of these is appearance. The mask of ageing is a concept that discusses the way in which appearance can be used to label or define a person's age.

*I know I must look older, but I don't feel older. (Joan)*

*I do not look or feel as old as my years tell me that I am. (Joyce)*

The 'mask' can have a positive effect, such as when a person's self esteem or their social standing is enhanced because of their youthful appearance, which is often in contrast with their chronological age and constructions of how that age should look. It can have a negative effect in the same areas if a person does not look or behave in ways younger than they or others feel they should (Featherstone & Hepworth, 1991; McHugh, 2003). The significance of a person not looking his or her age is discussed in the findings of McHugh (2000) in which he examines the mask of ageing and the way it applies to 'successful' and 'unsuccessful' agers. The focus of the literature is often on the mask in terms of personal self-reflection, such as how an individual appears



to him or herself, or to others. However, for these participants the metaphor is more relevant to how others view them.

McHugh (2000) referred to the successful agers as those who look young, while the unsuccessful were those who looked their age, or older. The complexity of this way of thinking about age is the difficulty of pinpointing what any age actually looks like. During an interview one of the participants noted that she felt she did not appear old.

*I don't look my age. I've always looked younger than I am. (Esther)*

There was a vaguely self-congratulatory feel about her statement which inferred that not looking as old as her chronological age was desirable. In some ways this presents a paradox, with chronological age contributing to her construction of self but as something not to be identified with. McHugh (2003) discusses this in terms of the way that people are disinclined to accept reality at 'face' value regardless of the evidence in the mirror, along with the way in which looking young is idealised.

The mask of ageing is about hiding or being hidden behind an ageing mask that appears to be related to the way in which the participants perceived themselves and were perceived by others. For most of the participants it was the way their mask of ageing or appearance caused others to react to them.

*...They see an old face and a few wrinkles and assume your brain is withered too. (Joan)*

For the women in this study, others' constructions of age had the greatest impact on how they experienced their ageing process (Feldman & Poole, 1999). The women gave numerous examples of the way other people labelled and categorised them and made assumptions of lesser ability, both physical

and mental, based on their status as both 'old' and 'women'. This created frustration, anger and dismay.

*I find it frustrating that getting older seems to mean to some people that I have become stupid... It makes you angry and annoyed. It also makes you feel pretty low... (Betty).*

The casual assumptions of others, apparently modelled on socially learned views of old age as synonymous with debility, loss of mental acuity and illness, at times left the participants dumbfounded,

*...a student said to me 'why don't you old people wear badges saying what's wrong with you?' I said to him 'why don't we wear a badge saying what's right?' (Joan)*

Another participant, who, by her own assertion is doing the things she always has, deeply resents the way assumptions based on how old she is influence the way others relate to her.

*I may be older but I am still doing what I always have...looking after myself and my family, driving, shopping, paying bills, all those things - I've just been doing it for longer that's all. I hate people butting in and trying to tell me how to do something when you can see they just assume you can't do something cause you're old. (Joyce)*

This quote invokes notions of ageing as continuity in life rather than disruption or loss, which, in turn, constructs ageing as a normal process and not an ailment that disrupts a person's life. The following excerpt is one participant's account of how someone constructed a story about her ability based on her age and gender.

*I went to a shop to buy a computer. I dealt with a young guy. He treated me like a fool. He spoke down to me. I was using computers when this boy was still a baby! But he treated me like I knew nothing. I left that shop without a computer. My daughter rang the shop and spoke to the manager and told him how that sales-boy had lost them a sale. She was angry, I was angry and felt humiliated and I still had no computer! (Betty)*

This interaction revealed a number of issues. One was the assumption that because of her age the woman would be technologically incompetent. The implicit message from this interaction seemed to be that older age automatically equates to limited understanding, and, further, it was quite acceptable to assume this because of her status as 'old woman'. A further issue is that although her daughter complained, the woman herself did not and initially was not comfortable with her daughter doing so. She almost excused him, *Well he wouldn't have expected me to be as up on computing as I am, (Betty)* because she recognised that many older people are not computer literate. This excerpt revealed her own unwitting agreement with the constructions surrounding the way in which older women and modern technology are not compatible. It also revealed anger about the social stigma of being an older woman and considered 'past it', or useless, regardless of ability, simply because of gender and age (Feldman & Poole, 1999; Narushima, 2004).

Such extracts suggest that many of the difficulties or negative situations the women interviewed have experienced have been because of social constructs based on their years lived, gender and perceived ability. Two examples are the computer buying experience had by Betty and the suggestion made to Joan about the way old people should wear badges to show what is wrong with them. However the women have countered the effect to some extent with their own constructions of self in which they feature as strong, independent women living their lives on their terms, the same way they

always had. They were clear that age was an ongoing process that brought with it changes, but that did not alter the fundamental person one was. It seems that age, or ageing is used as a category to define a particular group, but within the group itself it has very little to do with who they are.

All of the participants spoke of times when feelings of uselessness or despair or simply being old were generated as a result of the actions or words of others. The women told stories of how, for them, feeling old often had little to do with years lived and a lot to do with how one was positioned in the world by others.

*Sometimes I feel a bit too old for things - I have days.... It's usually other people who make me feel old... (Eveline)*

The attitudes of others had a great impact on these women. Casual deficit-based assumptions made about older women, for instance about their lack of driving ability, computer expertise, ability to contribute meaningfully to their wider community and so forth all served to exacerbate their sense of failure or inadequacy when they did have times or incidences when they felt they were under-functioning as a result of age related processes. Yet, although all of the women resented being treated as old when old was couched in the negative or as a lack, actually being of advanced years was not in itself an issue. Often actually being old was viewed positively.

*I like the freedom being old gives me. (Joan)*

*The freedom of being old is what I like. (Una)*

Both these comments attest to positive feelings about being older.

*I don't feel old at all, there's not much I can't or want to do now, that I did when I was 40. (Joyce)*

*Old isn't about a number of years, other people's attitudes don't bother me. (Joan)*

*The age I am is the age I feel, the age the years give me is irrelevant, it's attitude that matters. (Eveline)*

These quotes all recognise that how people construct themselves is also very much influenced from within (Everingham, 2003; Hendricks, 2004). They also support the premise that chronological age alone is not particularly significant when it comes to constructing ourselves.

There was universal acknowledgement about the way in which becoming an older woman was not a sudden thing, it was a process that events sometimes brought to the fore of people's consciousness.

*Getting older is a process. I didn't wake up old one day, but I did realise one day that I had become old. (Joyce)*

This person did not discuss any single event as the cause of her epiphany about being old, but rather referred to a general realisation that she had now reached a different place in her life development. This demonstrates the myriad of factors can influence how people perceive themselves, and these factors are based on individuals, not their age or gender or any specific event alone.

There seemed to be universal agreement of the importance of and responsibility for preparing for old age and how the lack of preparation had the potential to limit people's lives. The discussion largely took the form of physical health and financial security. This may be a reflection of the government spotlight on these areas of the 'ageing problem' (Else & St John, 1998).

*Money or not enough can stop a person from doing what they want to do. It hasn't stopped me because I don't drink or smoke so I can pay my own way ... (Una)*

Within the discussion around this participant's story of being able to meet her financial needs as a result of her lifestyle choices, there seems to be an expectation of intangible reward for a life well lived. There seemed to be similar expectations surrounding exercise. The following segment illustrates another participant's views about what she expected as a result of her contribution to her physical well-being.

*I am responsible for me, my health and fitness. I think we're all responsible for ourselves... going to those exercises four mornings a week, and eating well, that's my contribution to good health and I expect my body to reward me. (Joyce)*

The recurrent theme seems to be if I work hard and do the 'right' thing I will be rewarded. The 'right' thing seems to be a socially constructed ideal, relevant to the individual, historical, social and cultural conditions of the participants, based on their personal knowledge and understanding and shaped by their experiences (Bytheway, 1997; Friedan, 1993; Murray, 1999).

The participants' discussions about age and longevity brought with them reflections on death. The participants discussed the fact that they had lived long lives and that their advanced age was closely linked with a reducing life expectation. This detail was taken matter-of-factly with a deliberate effort being made to make the best and the most of each day lived.

*I take each day as it comes, laugh a lot, talk on the phone and generally get as much out of life as I possibly can. (Eveline)*

This is one participant's description of the way she deliberately tries to spend her time doing things that she values. This statement demonstrates her ability to exercise control and choice over her life and to gain satisfaction from the ordinary things in life.

People did express regret about what they could no longer do.

*I think the hardest part of ageing is not being able to do some of the things I used to. (Joyce)*

However, the participants did not spend a lot of time lamenting what was not possible and sought as much enjoyment as they could in the time they had left.

Another person noted that she was the oldest person at any event she attended. She said her advanced age gave people something to marvel at.

*I don't know why, all I have done is keep breathing (Eveline)*

It also created a special kind of loneliness because she no longer had anyone left to share memories of places and times relevant to her and her generation. Three of the women mentioned their cohort shrinking, with the death of friends and family members, commenting also on the fact they were now the older generation. There was acknowledgement of the sadness of losing loved ones.

*No one can replace old friends who have died. (Eveline)*

Along with this however was an acceptance that death was part of living.

*Death is part of the circle of life, it happens to everyone. (Joyce)*

In New Zealand people tend to discuss death in an abstract way, avoiding relating to it in a personal manner. They are aware that death happens, just 'not to me and not at the moment'. The way that peoples' understanding of ageing and mortality evolve as people age is discussed by Adams-Price and colleagues in their 1998 article investigating the meaning of ageing for young and old adults. Their findings can be related to the way my participants, particularly those beyond 80 years of age, had embraced the understanding that death was inevitable, while constructing themselves as in control of and making the most of their lives. Being old and closer to *incipient mortality*, (Joan) as one woman referred to it, had caused some of the women to become less tolerant of what they viewed as time wasting. Although in many respects their lives had slowed down, they had feelings of urgency to make the most of time left.

*I hate mucking about, I haven't got time to waste. (Joan) [on committees and similar that take a long time to resolve issues, make decisions etc]*

Making the most of time left also included making the best of the time. One way of doing this was to stay as fit and healthy as possible. All the participants acknowledged the need for people to take responsibility for their own health and well-being. This is discussed further in the next section.

This section has related the ageing experiences of the participants to a number of recognised definitions of ageing. In doing so the relevance of age and the ageing process to real lives has been explored. This has highlighted the way in which self perceptions and the expectations of others, based on older age, can influence the experiences of people as they age. It seems that while ageing can and does define a person's life experiences, age alone does not. It is also apparent that being old, in itself, is not viewed in a negative way by these participants. The stories of the participants' also indicated ways in which their feelings of independence and sense of control could be both



enhanced and compromised by the words and actions of other people. The following section explores this in more depth.

### **On being older women: Constructions of independence, control and choice.**

The maintenance of independence, a sense of control over their own lives, and the right to make choices about how they lived were three areas that featured prominently in the participants' stories of their lives as older women. These three areas are closely inter-related. The participants' discussions around the importance of independence, control and choice revealed the way their constructions of independence and interdependence had evolved along with their ageing.

Part of the independence story was woven around discussions about keeping fit and healthy. Fitness and health were closely aligned with the maintenance of independence. Interestingly, while being fit and healthy was acknowledged as important for personal wellness, the biggest motivator behind healthy eating and exercise seemed to be the desire to 'not become a burden' for the family.

*To me, being a burden is when someone is having to really change their life to look after me, and I am not doing anything in return. Like if my daughter had to give up work, and if I couldn't keep myself clean and needed help washing or eating and she had to do that for me, well that would be being a burden. (Betty)*

To the participants generally, 'being a burden' appeared to mean being reliant on significant levels of help from (generally) family, for daily living and in dealing with personal affairs such as financial issues. Being a burden was not referred to in relation to government responses or costs (such as

pensions or health-care). Equally being a burden was not associated with utilising services that were purchased either personally or by the state, such as home help. Avoidance of being a burden is framed by the participants as taking responsibility for themselves, and not being dependent on family and friends without some form of reciprocity. The emphasis given to not burdening one's children with their personal need for care and assistance while still expecting some form of assistance is reflected in the findings of Hodgetts, Pullman & Goto, (2003). They found that while their participants protected their children from the burden of care it did not so much mean that the participants do not expect their children to care for them, but rather they do not want the caring to dominate their children's lives.

The emphasis on individual self-reliance, or independence, has been referred to as a "legitimate response to an ageing population" (Hodgetts & Chamberlain, 2003. p.2). This 'legitimate response' is framed around the cost of providing care and support for older people, along with the burden of their needs, in reference to consumption of resources and care. Being useful, self-reliant and independent was considered to be part of not being a burden. Needing assistance with areas of day to day living was not construed as giving up independence so long as a feeling of control over their own lives was retained. The relationship between the retention of a sense of control and independence was discussed by Dwyer, Grey and Renwick (1999) in their New Zealand based research into factors affecting the ability of older people to live independently. They found that in order to maintain independence older people must be allowed choice and control, because the ability of older people to be independent is seriously compromised by the interference of others (Dwyer, *et al.* 1999).

Reciprocity or the ability to reciprocate was another factor discussed by the women as part of their independence stories. Their thinking is if you can still contribute or reciprocate in meaningful ways you are not a burden. Reciprocity is an important feature of the relationship between older people

and their families, and inability to reciprocate creates a reluctance to accept help (Cumming, 1998; Qureshi & Walker, 1989). My participants constructed themselves as capable, busy, independent, useful and self-reliant women. They acknowledged they were useful contributors in the lives of others. This is significant, the importance of people being able to envisage and enact their lives in this way is fundamental to the aim of the Positive Ageing Strategy, in which states the Government wants all older people to feel valued and useful (Ministry of Social Policy, 2001). The participants all gave examples of how their need for support was balanced by the support they provided. For instance,

*They know they can call me if they need a hand (i.e. with childcare and household tasks etc.) and I know I can give them a call if I need something. (Joyce)*

*My daughter takes me shopping and I get her washing in when she's at work. I often have my grandchildren after school. (Betty)*

The participants used examples of their involvement as active contributing members of their families and wider community to demonstrate the ways in which they contribute to their lives and the lives of others.

*I like growing my own food and having enough to share the surplus. (Joyce)*

*I knit for the rest-homes. (Eveline)*

*I drove the oldies around. (Eveline)*

Doing tangible things for others was an important part of the independence stories these women wove about their lives. They discussed the way that being busy and active was partly about self-maintenance, such as 'keeping the

hands busy keeps the mind active'. It was also referred to in terms of living a meaningful life. A meaningful life was one in which people felt usefully engaged with, and part of, their communities.

The choice to live a meaningful life took some of these women beyond their usual communities of participation and into areas that provided many new opportunities and experiences. For example, on her retirement, one of the participants became deeply involved in both Government-led strategies on older age-related issues along with organisational and community participation focussing around the needs and interests of older people. One of her observations, that drove her subsequent involvement in advocacy for older people, was that older people, especially older women, often lack confidence in their ability to participate in decision-making and in the validity of their opinions. This observation was also made by Dwyer and colleagues (1999) during their research into factors that affect the ability of older people in New Zealand to live independent and meaningful lives. My participant, Joan, noted this changed when people were given a place to speak, and more importantly were listened to.

*...they went to the community meeting and they saw they did have heads (some worthwhile thoughts to contribute) ...they gave their opinions and people listened and things changed! They saw that they had made a difference (Joan).*

While this participant does not speak in terms of empowerment or capacity-building clearly she is describing the way meaningful community participation empowers people.

The words 'choice' and 'control' were used a lot during the interviews. The right to retain choice and control over their own lives was of great importance to the participants. This was echoed in the findings of Dwyer and colleagues (1999) who found a strong co-relation between feelings of independence and

well-being and a sense of individual control and choice. The word 'choice' from the perspective of the participants was expressed as doing what they wanted and making their own decisions, based on their preferences. Choice for them was synonymous with independence. They spoke in various ways about how they had learned over time to choose what they wanted to do, regardless of the expectations of others. The notion of control was closely related to choice. It was used in terms of being in charge of their lives.

*I don't want to do that now [do what others expect]...It's time to think of me and do what I want, spend some time on me instead. That is something I have got from age. I feel like I can please myself, not worry about pleasing everyone else. (Joyce)*

When choosing places in their community to participate, these women generally seemed to look for company, particular activities based on personal interests and skills, like-minded people, meaningful things to do and entertainment. How the women chose what they participated in seems governed primarily by personal choice. There was a strong sense of liberation in the decisions the women had made about how they lived their lives.

*With age I think you come to this epiphany where you needed to do things on your own terms...I am important to myself...I don't care what others think, I'm not going to change or pretend anymore. (Joyce)*

These conversations expressed the way the participants constructed their advancing age as the means of change, liberating them from some of fetters that had restricted them in the past. 'Thinking of oneself now' was a common theme that seemed to reflect both a lifetime of caring for others and the lessening of general responsibility for others, thus creating a sense of freedom. One woman's description of this sense of freedom was expressed as

participation being a personal choice shaped by preference, need and availability.

*I don't want to belong [in an active role] to lots of things anymore. I want places to go when I feel like it, where I will enjoy myself, meet new people and catch up with old friends but I don't want to be a member or on committees anymore. (Betty)*

For her, participation means involvement in activities with family and friends and does not necessarily require formalised activities or organisations, but rather the opportunity to do what she chooses to do and to share this with people of her choice.

'I don't need to ask permission now', 'I only have myself to suit' were comments made generally that alluded to the single status of five of the participants. They spoke of the freedom that they had to choose and exercising that freedom by belonging to or participating in events that they would not have when they were young women under the supervision of their parents, married and involved in parenting their families or as carers for their own elders. These findings strongly co-relate to those of Coni and colleagues, (1992) Dwyer and colleagues (1999), National Health Committee, (1998), Opie (1992) and Qureshi & Walker (1989) who all found that being single in one's older years can bring with it a number of rewards.

The woman who is still married does not wish not to be. However while she acknowledged the loneliness and sorrow inherent in being widowed, she did express some envy at the freedom she perceived the single state gave to friends and acquaintances.

*I hate having to think about what to cook [him] for tea every night!  
(Betty)*

This comment speaks more of Betty's feelings of resentment at still feeling obliged to put someone else's requirements before her own, rather than the actual meal preparation.

Having the freedom to do what one wants does not have to mean activity.

*I really value the time being old has given me to just sit back and think and reflect. (Eveline)*

This comment was made by one of the oldest participants. Adams-Price and colleagues (1998) also found that a number of the older people involved in their research into the meaning of age considered older age to be a time for self, for contemplation and for the accrual of wisdom.

A feeling of there 'being things I should do, and things I want to do' came through in many of the stories discussing what people chose to be involved in.

*I've been involved in a lot of things in the Church, National Federation of Women, the drop in centre, fellowship groups; that type of thing because that is what you should [do]. Croquet is something entirely separate; it's something I do because I want to... (Una)*

*I've always been involved in church-based community work, like op-shops and drop-in centres and food banks and so on... now I want to do things more for me and my interests... (Betty)*

*I could spend a lot of time running around after other people, but after so many years I now say no, if it suits me to say no. I won't do something unless I want to. I have done my share of things for other people [because I felt obliged]. (Joyce)*

*I still want to be involved but I want to live life on my own terms, I don't think I have to be super active in the community. I have been through all the 'can you volunteer for this and that', I won't anymore...I used to wonder 'when's my turn? You do have to look after yourself. I am important too. (Joyce)*

The participants were definite about it (their older age) being '*time to do what I want*' (Joyce). The fact that they felt it necessary to comment on perhaps reflects the strength of the conditioning that positions women in the role of carers or 'doers' for others, at the expense of what they would do for themselves, if it was a choice between the two things. Researchers such as Bowling & Cartwright, (1995) Feldman & Poole, (1999) and Narushima, (2004) all discussed the way women tend to put the needs of others before their own, how they are positioned as carers by virtue of their gender, and the influence this has, and the restrictions this places on their lives.

Wanting to have a measure of control of one's life and available choices is central to the maintenance of a sense of independence. The participants were realistic in their requirements, understanding that they could not necessarily do all they wanted, yet also not accepting they had to forgo chosen activities just because of their age. Their communities featured strongly in their stories of independence and choice. The importance of social relationships, encompassed in friends, places and opportunities outside the home to extend and enact these friendships, are all strongly co-related to participation and community. The following section discusses the way in which older women construct their participation and their communities.

### **Constructions of participation and community**

For the participants, the ways in which they participate and where they participate has been shaped by a variety of influences, most of them specific to their family and culture (Jefferys, 1999; Phillipson *et al.* 2001; Ross &



Mirowsky, 2002). These influences include such things as social expectations, personal experiences, ethnicity, age and access to resources (Coleman, Bond and Peace, 1993; Friedan, 1993; Jefferys, 1999; Silver, 2003). While these categories are somewhat universal, the way that people are treated is dependent on the society participants inhabit. The key issues discussed in this section include the barriers present that can impinge on the access older women have to participation in their communities of choice, the fulfilment of need community participation provides and the sense of safety it addresses. The section begins with the restraining factors on participation, and then explores how these women participate in spite of such restraints.

As noted above, it is useful to begin with the problems the participants identified because, for most of the participants, discussions of participation and community initially invoked problems and only turned to positive participation once the difficulties of getting to events and activities had been established. While there were no shortages of places in which to participate, the women all noted that access was limited or had the potential to be limited by various factors such as personal finances, health, physical ability and transport. The focus on the problems was driven by the very real impact not being able to participate had upon the women involved in this research. It appeared that financial resources in particular were considered crucial to participation and indeed to any reasonable quality of life. Sometimes choices had to be made over what to be involved in and what could not be afforded. There was a strong awareness of having a fixed income and having to live out one's life on what one had available. For most this was the New Zealand Superannuation, augmented by savings and investments. All of the participants expressed fairly modest requirements.

*Ideally I like enough money to do things and pay my way and have a bit in the bank for presents and treats and a little to fall back on.*

*(Una)*

However, gifts and entertainment were not the only areas for which money was required. For this participant money meant something quite different.

*Sometimes it's a struggle just trying to keep a roof over our heads.  
(Esther)*

The socio-economic impact of lifetime circumstances, choices and experiences cannot be underestimated on a person's older ageing. Older people have widely different financial circumstances, due to different life experiences. Their financial situation is attributable, in part, to personal choices and partly due to environment factors (Dwyer, *et al.* 1999). For example, leaving school early due to family circumstances had a lifelong socio-economic impact on a woman whose employment options were constrained by her limited education. Subsequent life experiences prevented her from moving past these constraints. She raised her family as a sole parent on this limited income and consequently found herself unable to prepare in any meaningful way for her retirement.

*I left school early...I had a lot of time off school when I was young... Mum was sick and then so was I with my back...curvature of the spine...it was too hard to try to catch up, I didn't get any help much to make up what I had missed. I left and started work, and I got married quite young and had the kids. I worked most of the time, even when they were young, in sewing...That's what I've done for work, mostly, was as a machinist in different places. (Esther)*

Yet, similar personal experiences with regard to leaving school before any significant educational achievement was gained, along with lower paid employment and single parent status did not constrain another woman in this way. By her account she is enjoying a comfortable retirement. This highlights the need for a combination of circumstances to be considered when examining the resources people need to live comfortable and

meaningful older lives. This has been recognised in policy development in New Zealand. For example the Positive Ageing Strategy (2001) discusses the need to recognise the diversity of needs of older people.

Transport was an issue discussed by everyone as having the potential to impact on people's ability to participate, or that actually was impacting on the ways that they were able to participate. A person who had recently lost her license expressed her concerns and experiences

*I have lost the freedom to get around without having to rely on others all the time, it's affecting everything. (Eveline)*

Although still active, this person feels she has lost something central to her independence. This area was discussed extensively in research by Associate Professor Judith Davey, Director of New Zealand Institute for Research on Ageing (NZiRA) from Victoria University. Her results indicated strong preferences for private transport, and clearly indicated that access to private transport is an important element in quality of life and in contributing to the community participation envisaged in the New Zealand Positive Ageing Strategy (Davey, 2004; Ministry of Social Policy, 2001). Professor Davey undertook a contract for the Office for Senior Citizens which examined issues that surround older people coping without private transport.<sup>12</sup> This research was undertaken in conjunction with goal four<sup>13</sup> of the Positive Ageing Strategy which covers affordable and accessible transport for older people (Ministry of Social Policy 2001). Professor Davey's research highlighted the way in which the availability of accessible transport is also important to the overall aim of the Positive Ageing Strategy. This aim is about improving the opportunities for older people to participate in the community in ways that they choose (Davey, 2004; Ministry of Social Policy, 2001).

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<sup>12</sup> See Coping Without a Car (Davey, 2004).

<sup>13</sup> See Appendix 1, p. 117 for the list of Goals from the Positive Ageing Strategy.

Access to places, for some of the participants was directly related to their ability to drive themselves to it. The participants expressed their concerns surrounding no longer being able to drive in various ways.

*The thought of no longer being able to drive really frightens me.*  
(Betty)

This was noted by Betty when she was reflecting on the enjoyment she gets from being able to drive. To her driving equates to independence. She views losing the ability to drive as the beginning of a downward spiral of dependence and deterioration. No longer being able to drive would not only limit her access to places she wanted to go, but would have an impact on where and how she was able to live.

Another person, while not resigned to losing her license, has accepted the fact that eventually she will be unable to pass the requirements for a driver's license. She has given some thought to how this will affect her. One way she has decided she will be able to maintain some mobility is to get an alternative method of transport.

*I'll get a mobility scooter that can get me to the school and the shops.*  
(Joan)

This is an independence story this woman has constructed in readiness to cope with an event that has the potential to change her life in significant ways. It is interesting to note that in direct contrast to the very negative perspective that surrounds losing the ability to drive, to a woman who has never driven, it is not currently an issue. She involves herself mostly in things that she can get to on the bus or by walking, or can easily *get a lift (Una)* to, thus maintaining her independence in a different way.

*I must have saved a fortune by not having a car. I suppose there are some things I've missed by not having one, but I can't think of any. I organise myself and what I want to do around how I get there I suppose. I have some good friends who do have cars and I always give them vouchers [petrol] when I go out with them, and I only ask them or the girls [her daughters] for a ride when I have no other options. It's always worked for me. (Una)*

This participant is still fit and active. Her story may well alter if her ability to safely negotiate her way on foot or public transport decreases. Public transport is not necessarily an alternative choice to driving for many older people. One factor identified in the work of Professor Davey (2004) is that often the reasons people are unable to renew their driver's license, such as failing eyesight, diminishing reflexes and general frailty, also preclude them from safely negotiating footpaths, crossings and ascending and descending public transport, particularly buses and trains.

Despite financial and transportation issues, the women involved in this study are involved in a diversity of activities within their communities. These range from group organisations through to academic, sporting, exercise, hobby and leisure pursuits. Time is devoted to organisations such as the National Council of Women, NZ Positive Ageing Strategy, Age Concern and Church Opportunity shops in which the focus is on the needs of other people. The participants were asked to list what they participated in during a typical week. Some women did more than others. Some were involved in more depth with various organisations than others, so had a smaller range. In total, eighty-three activities were collectively listed, with involvement in a further thirteen activities noted as having been performed until recently. Divided by six, this equates to an average of 11.6 activities each in an average week, nearly two per day.

*I don't have a problem finding things to do, or places to go. Sometimes I have a problem fitting every thing in though. I did a part-time job, worked till I was 75... They said to me 'what are you going to do when you retire?' I decided then I was going to try a new thing every year. (Eveline)*

The activities and organisations the women participated in all involved various networks of friends (or the same ones at different events). These friendship groups or individuals were an intrinsic and essential part of the community participation as a whole, providing social support, companionship and an available source of help when needed. There is a great deal of research available that discusses the importance of friendship and social support to older people (*see for example*, Age Concern New Zealand, 2002; Dwyer, *et al.* , 1999; Koopman-Boyden, 1993; Ross & Mirowski, 2002; Ministry of Social policy, 2001; Sixsmith & Boneham, 2003; Statistics New Zealand, 2002). Some examples, which were based around personal stories of ageing, were very relevant to the stories generated by the participants in this research (*cf* Heim, 1990; Maclean, 2000).

The participants discussed the meaning of participation in their communities and society as a whole. Community participation was examined in terms of how people constructed it.

*Participation means making things happen to a group. (Eveline)*

*Participation means taking an interest in your community and country. Things like voting. (Joan)*

One person saw participation as a way of getting people working together for a common cause. She referred to it as *linking and thinking* (Joan). Joan was an advocate for participation and involvement.

*Participation is of great importance, and if we all participate we can all keep growing and learning. (Joan)*

She goes to different places specifically to seek others out to listen to what they have to say.

*I try to find out peoples stories ... because the stories that come up give you huge insight into how people think. (Joan)*

This way of thinking moves beyond personal choice or participation simply for fun, companionship or enjoyment and into the realm of community and civic responsibility (Havir, 1991). Participation is about involvement on all levels, and things like contributing time or money to something is another way of being involved in your community. For example

*That helicopter, Westpac, donating to that, that's participating in your community. These are the sort of things that count. That's participation...you don't have to give a huge amount but you can be part of it... That feeling of being part of the community ...even if you've only given a little bit you know you're part of it ... a different sort of participation ... (Joan)*

Through such statements the participants invoked a sense of community. Colombo and colleagues (2001) propose that most people are aware of community and know it when they sense it. People's experiences of community participation and of ageing are inextricably related (Abrahams, 1996; Everingham, 2003; Heim, 1990; Hurd, 1999; Narushima, 2004; Scott & Wenger, 1995). Their experiences provide a framework within which to understand the way people are shaped by the communities they inhabit. What people expect from their communities and how they participate in them is influenced by their experiences which are in turn related to their age.

Another interpretation of participation was discussed in terms of individuals playing a part in the health and wellbeing of the environment;

*One way I participate in my community is by considering the impact I have on it. I don't use poisons in my garden, I don't use harmful products in my house, I recycle where I can, I no longer use a number of paper products like tissues, napkins and paper towels. I conserve water, because it is a precious commodity. (Joyce)*

Participation on this level recognises that communities are made up not only of people and organisations but also the physical environments we inhabit. The health of the environment has a direct impact on the health of the members of any community and visa versa.

Any form of participation can be an opportunity for company. Participation can have more than one purpose.

*I go to exercises twice a week...Age Concern on Fridays and stay for lunch...the one I go to on Tuesday we always have a cup of tea. That's the social part, almost like a reward for the exercise... (Esther)*

*[an extremely unwell friend] is still participating, just not in the same way...participation is attitudinal too, not just the physical doing but it's the attitude... [She] has an amazing attitude; she still comes to exercise, we have a cup of tea after...that social cup of tea after is hugely important... (Eveline)*

The quote illustrates the way that participation is not something one does only in a state of wellness. Participation in community has a strong co-relationship with participation in life in general. In this way it is an intrinsic part of life that changes and evolves as the person changes and evolves.



People participate in various ways dependent on factors such as choice, ability and access to resources. Having options about how and where they can participate is important. People go to church, to bowls, to clubs and activities, to lectures and seminars, on trips, to visit friends. Meeting other people was listed as the main reason behind this. All the participants actively sought out opportunities to do this in different ways and different places. Personal participation within the community was seen as

*Doing something other than the daily round of chores. (Betty)*

*About being involved in things that you want. (Joyce)*

*Meeting people to talk and to swap stories. (Joan)*

*Having places to go. (Una)*

*I have a need to be out and about and feel useful. (Esther)*

In these examples participation is framed as a way of alleviating or preventing boredom, providing company and mental stimulation and providing places to be useful. Being useful or having meaningful things to do usually involved enhancing the lives of others, which, in many respects, reflects the way the lives of women are framed as carers (Friedan, 1993; Narushima, 2004). The importance of the difference between having a choice about the care, as opposed to an obligation to care is evident here. It was discussed by the woman who expressed her feelings about having to think about what to cook her husband for tea every night. Fifty years of forward planning, purchasing the necessary items, deciding what to have on any given night, getting items out of the freezer, being limited by his preferences, preparing, cooking and cleaning up after meals seems to provide for this participant an example that is central to her feelings of obligation versus personal choice.

Participation was important and generally expressed in terms of need. For example,

*I need to get out and see other people. (Esther)*

*I need the company as much as the activity. (Eveline)*

*I need to have things to do. (Betty)*

Finding out what people consider they need is valuable because need constructs can help determine or predict important outcomes such as well-being and social support (Sheldon & Bettencourt, 2002). Wanting to have places to go, people to be with and meaningful things to do was expressed in varying ways.

*I want good company and interesting things to do. (Joyce)*

*I do what I want when I want. (Joan)*

*Good friends are essential [to the enjoyment of participation].  
(Eveline)*

*What I want to do and can do has changed over the years. (Eveline)*

Overall it was the ability to do what they wanted when they wanted to that was significant to these women.

Beyond the intrinsic benefits of participating in community, such as companionship, a sense of purpose and usefulness, and a connection with the communities' people live in and belong to, is the sense of safety participation provides. There was some discussion around various reports (in the media)

such as the story of Jack and Ruby, an older couple in Auckland who died, in their home, un-noticed by anyone (Carers New Zealand, 2005). Some of the participants shared personally known stories of older people becoming sick and dying alone and unnoticed because they were not missed by anyone. One advantage of regular attendance and active involvement in organisations was considered to be the fact that you would be missed if you stopped attending.

*People notice if I am not there. (Eveline)*

*If somebody doesn't come to exercise somebody will ring and find out why, 'do you need a lift?' or that the kind of thing... (Eveline)*

*...people do care... I am making a difference because people care when I'm not there... (Joyce)*

*I think it's a safety thing too. If you go to things people will miss you if you don't and find out why. Maybe you are ill or had a fall and people will find out. If you don't go to things then maybe no one will notice till it's too late that something's wrong. (Una)*

This type of casual observation works as an informal health-monitoring service. This form of monitoring was also discussed in the research performed by Dwyer and colleagues (1999). Their participants also related stories about the way in which their participation gave them the opportunity to 'keep an eye on each other' (p. 21). This is a valuable aid to health care and maintenance. Observers can step in and organise help, often well before the health system would have had the opportunity to recognise an issue and intervene.

*We noticed [she] wasn't so clean anymore and was forgetting things. It wasn't like her. It turned out [she] hadn't been eating properly and*

*that had started off a sort of senility. [She] got a lot better once she was in a home and someone was looking after her. (Betty)*

In this example, changes in the way a person was behaving alerted others to the fact she required some assistance. This was acted on, thus preventing a deteriorating situation from worsening.

The women spoke of needing companionship and 'something to do'. 'Something to do', for these participants, meant involvement in activities of their choice along with interactions with other participants.

*I've met lots of interesting people, knowing people and likeminded people. (Joyce)*

People want to have places to be involved and people to be involved with.

*I like to have interests and I want to have something to talk about so I make sure I keep informed about things ... (Joan)*

How important participation is to the participants was clearly demonstrated in the way they described the bleakness they envisaged if they were not able to participate. Descriptions of the awfulness of not participating were used to illustrate the depth of feeling the participants had about the importance to them of participating within their communities.

*If someone was to say 'no more participation out there' well... it'd probably kill me. (Esther)*

*People need to have places to go; it must be dreadful not seeing another person or not talking to anybody else. I couldn't bear it... personally I would go round the bend very quickly... (Betty)*

*Participation means a lot to me ... it's been a big part of my life.  
(Joan)*

*If someone was to say to me I can't, [participate] even though to a certain extent I know it will come sometime, it will be devastating, it's a big deal. (Esther)*

*I like to be doing something. No, I need to be doing something. (Una)*

Speaking of it as 'a need' places participation, for this person, on a level with basic requirements such as food and shelter. People related to non-participation in terms of death, of losing their sanity and of the bleakness that they foresaw their lives to hold if they were denied their opportunities to be involved. The necessity of participation in the lives of older people is well supported by the participation literature (Bowling & Cartwright, 1995; Bytheway, 1997; Cleaver & Muller, 2002; Davey & Gee, 2002; Feldman & Poole, 1999; Friedan, 1993; Heim, 1990; Hurd, 1999; Itzhaky & York, 2000; Maclean, 2000; McPherson, 1998; Moen, 1996; Office for Senior Citizens, 2002; Opie, 1992; Phillipson *et al.*, 2001; Robinson, 2000; Ross & Mirowsky, 2002; Scott & Wenger, 1995; Social Advisory Council, 1984; Statistics New Zealand, 1998, 2004b, 2004c; Thompson, 2005 ).

People need to engage with and feel a sense of belonging to their communities. The stories the women tell highlight the way that a sense of community is often constructed and experienced through mundane social actions (Cantillon, 2003). The essential element seems to be that communities provide places that people can interact in meaningful ways with each other. The actual activities are of less importance than the participation and interaction within the community itself. The sense of community invoked by the shared narratives of 'older women-ness' between the participants creates a psychological sense of community such as that discussed by Rappaport and Seidman (2000).

## Discussion

Constructions of ageing were explored in the analysis because these are generally used as the primary point of definition for a person (Arber & Ginn, 1995; Koopman-Boyden, 1993; McPherson, 1998). In particular, chronological definitions of age are used to define and regulate people throughout their lives. It defines their legal entitlements such as driver licensing, age of sexual consent and marriage, their eligibility for pensions, social benefits and health care (Saville-Smith, 1993; Tennant, 1989) and contributes to the expectations others have for the ways they should behave (Adams-Price *et al.*, 1998; Johnson & Bytheway, 1998; Latimer, 1997). Although the chronological age of the participants had an obvious effect on their lives, this measure of age was not of great relevance to these. While they were naturally aware of their chronological age, they primarily referred to it in terms of how long they had lived or how old they were when certain events happened. Findings support Narushima's (2004) suggestion that categorising people by chronological age is a type of demographic determinism that overlooks various factors including socioeconomic conditions, health, lifestyle, cohort differences and gender, all of which affect individual ageing far more than the mere passing of years.

Although age was used by others to define these women and it had some relevance to their identity, they did not use age primarily to define themselves. They saw themselves as women who were living their lives, increasingly on their own terms. They gave evidence of considerable self-reflection, discussing ways they had developed new understandings of why they had made the choices and done the things they had done throughout their lives. This self-reflection appeared to relate to being single as well as older (*cf* Arber & Ginn, 1995; Bowling & Cartwright, 1995; Friedan, 1993; Hurd, 1999; Koopman-Boyden, 1993; Maclean, 2000; Silver, 2003). Five of the participants specifically stated that being older had given them the confidence to speak up when they did not agree with something, or when

challenged about issues. In regards to being single, it seems as though living lives in which they had the space to focus entirely on their own needs clarified for them ways they had been constrained in their lives in the past. For these women, ageing has been about continuing growth, rather than gradual and inevitable loss.

Overall the participants viewed age as both a matter of personal identity and social relations. They made observations about how age was a state of mind, and the way in which chronologically same-aged people could seem years different in outlook and behaviour. This supports Hazan's (1994) suggestion that an older person is someone who regards him or her self as such, and conversely feeling younger is also largely a state of mind. The women stressed they were the same person they always had been, despite the way their advanced age was often used to define them as something different. Their agedness was part of who they were, but not the only thing they were. This strong feeling of people being the same as they had ever been was widely reflected in the literature, particularly that in which the stories of older people had been sought (*cf.* Hazan, 1994; Heim, 1990; Maclean, 2000; Ogonowska-Coates, 1993). The participants spoke of how the attitudes of others could make them feel older or younger and the way in which many of the problems faced by older people are socially rather than personally constructed. In other words, the problems do not exist *a priori* to the existence of ageing.

Discussions of what independence means to people, how definitions of independence and dependence have altered with the passing of years and changing of personal circumstances and how fundamental the concept of independence is to the thoughts and actions of the participants came through clearly in the analysis. All participants constructed themselves as capable, independent women, in control of their lives and doing what they wanted to, living on their terms, expecting and having choices about where and what they participated in. Findings indicate that the way these women construct

different areas in their lives evolved in conjunction with their age, changing needs and circumstances. For instance, rather than being responsible, or feeling a sense of obligation for running and organising events and meetings, most of the participants spoke of now choosing to let someone else fulfil those roles.

The right to make choices and to have a sense of control over his or her life are fundamental to independence (Dwyer, *et al.* 1999). It was apparent, in their discussions of age that independence, control and choice were no longer taken for granted. These are tangible 'things', the loss of which, for some, heralds the downward spiral into life as a burden, and then death. Choice and control are part of 'living life on my terms', a sentiment expressed in varying way by most of the women. Age-related circumstances seem to have created a space within which, for the first time in their lives, these women can live life on their own terms, not answerable to the expectations of others. In effect age, paradoxically, has freed them from some of the constraints imposed by family and society.

There was acknowledgment from participants that age could place restraints on a person's life through debility and illness. Within the women's stories of ageing, independence seemed to become synonymous with not being a burden. 'Being a burden' referred specifically to the onus of care being placed on family. The women appeared to have no concerns with the availability of family support should it be required. However they made a clear distinction between receiving help and creating burdensome situations for their families. Being a burden was framed as a helpless recipient of care and being in a situation that limited independence and curtailed the right or ability to make choices. Conversely, considerable attention was given to expressions of independence and social connectedness through community participation.

The ageing literature invokes the importance of community participation in the lives of older people (Age Concern New Zealand, 2002; Campbell &



Jovchelovitch, 2000; Hamilton City Council, 1999; Koopman-Boyden, 1993; Maclean, 2000; Moen, 1996; Pearlin *et al.* , 1996; Saville-Smith, 1993; Scott & Wenger, 1995; Social Advisory Council, 1984; Statistics New Zealand, 2004b, 2004c). A factor present for older women is that there is a high probability they will be single during their later years (Ministry of Social Development, 2004), which adds a further dimension to the need for companionship and activities outside of their homes. Five of the six participants are single and all spoke strongly about how necessary and how central to their lives their community participation was to them.

Participation in the community was expressed both in terms of its importance and of how devastating it would be not to be able to participate. Community participation provided for them chances to network and interact which, particularly when a person lives alone, are very important (Arber & Ginn, 1995; Friedan, 1993; Koopman- Boyden, 1993). All of the women participated in a wide variety of organisations and groups.<sup>14</sup>None of them had problems finding places to participate. This is not surprising in the context of the women who participated in this research. Their personal stories construct a picture of able, dynamic women who spoke of being 'too busy' to do all they wanted, not people troubled by having nowhere to go.

The focus of access in relation to participation was on transport, which was discussed in terms of how constraints surrounding transport affected the ability of the women to participate within their chosen communities. It was interesting to note the differences in opinion with regard to the importance of driving or having a car. Those that drove or had driven related it to independence, viewing not having a car or being able to drive as a serious problem. Those who were not drivers did not view it as more than an occasional inconvenience, and further, did not associate it at all with their independence. The person who has recently not had her license reissued is

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<sup>14</sup> See for example Appendix four, p. 138 which lists the wide variety and quantity of organisations that these women collectively participate in on a regular basis.

finding the experience very difficult. Not being able to drive where she wishes and having to develop alternative arrangements is proving hard to cope with physically and emotionally. The perceived loss of independence seems to be the central issue. These findings concur with those of Professor Davey, who in her 2004 'Coping without a car' report examined the transport patterns of older people in New Zealand and found a strong correlation between being able to drive and the maintenance of participation and independence. Part of the issue was that people who were no longer fit to drive due to deteriorating eyesight, reflexes or health in general were also not easily able to negotiate public transport or walk to bus stops.

Finances were discussed in broad terms, in reference to the restrictions lack of money potentially could or did place on various activities. Generally, financial issues did not affect community participation for these women, largely because their requirements were modest rather than because they were particularly wealthy. However the experiences or concerns of a couple of them, relating both to themselves and others, do support the literature which portrays single older women generally as financially disadvantaged (Arber & Ginn, 1995; Koopman-Boyden, 1993; National Health Committee, 1998; Qureshi & Walker, 1989; Spoonley *et al.*, 1994). The participants discussed finances in terms of decision-making over what could or could not be afforded, and how that affected or had the potential to affect participation. This was couched in terms of the necessity to conserve what was available today in preparation for what might happen tomorrow. Investments were available as sources of funds, but were viewed as a non-renewable resource that needed to be carefully eked out.

Participants gave numerous examples of benefits gained from being active community participants, which invoked notions of social capital (*cf.*, Campbell & Jovchelovitch, 2000; Putnam, 1993). These included such things as company, support, reciprocity, sharing and mutual cooperation. Community participation was also discussed in terms of the sense of safety

and well-being it provided (Ross & Mirowsky, 2002; Sixsmith & Boneham, 2003), another benefit or outcome of social capital. There was an understanding that participating in groups ensured that the participants were monitored and would monitor the health and well-being of each other. If people became unwell or did not attend activities this informal peer support network would be alerted and move to provide whatever assistance was needed.

A sense of belonging and support was strongly co-related with family, friends and social networks (Scott & Wenger, 1995). While families were central to participants' accounts, it was friends that featured far more as a primary resource on a day to day basis. The role of friends cannot be underestimated. Friendship is based on choice, shared interests and shared memories. It contributes to continued wellbeing, independence and support in old age (Ministry of Social Development, 2004; Scott & Wenger, 1995; Wenger, 1990). Central to the lives of the participants were both the social relationships that involved family and friends and the meaningful activities that gave them a sense of belonging to their wider community (Ross & Mirowsky, 2002; Scott & Wenger, 1995; Wenger, 1990). These findings echo the *Building Good Lives for Older People* study performed by Godfrey, Townsend and Denby (2004) in Britain and the New Zealand based research by Dwyer, Grey and Renwick (1999) in which they found that older people, more than anything, simply wanted to continue participating in society.

Age Concern was discussed in terms of it being a community organisation all of the participants were involved with. Although none of the participants felt that older people should only attend, or have available, older-people-focussed places to go, it was agreed that having places such as Age Concern to attend where old people and their needs, preferences and ways of doing things was the focus, was of great value. These findings were supported by a study of senior centres in rural America in which it was noted that while centres or organisations focussed towards the needs of older people played a potentially

important role, they could not be considered the only type of community organisation required by older people (Burr *et al.* , 2002; Havir, 1991; McHugh, 2000).

To conclude, the analysis suggested these older women resist social constructions that depict them as fragile, needy and dependent and develop their own constructs of themselves as independent people, in control of their lives and making personal choices about what they do. The analysis also illustrated the extent to which membership and participation in community groups and activities were significant factors in their everyday lives.

## CHAPTER FIVE

### Conclusion

*Age is an issue of mind over matter- if you don't mind, it doesn't matter.*

*Mark Twain*

*(S.L.Clemens, n.d.)*

The primary aim of this research was to contribute further insights to a growing academic understanding of how older women construct their experiences of ageing (Abrahams, 1996; Arber & Ginn, 1995; Dwyer, *et al.*, 1999; Feldman & Poole, 1999; Friedan, 1993; Heim, 1990; Hurd, 1999; Maclean, 2000; Narushima, 2004). To do this I focused on accounts of ageing, autonomy and community participation. The six women who participated in this research appeared to be independent, capable, resilient, active, articulate, funny, happy, satisfied and fulfilled. They were all doing things they wanted to do, when they chose to. They had family to care for and friends to enjoy, places to go and things to do. They were living life somewhat autonomously, felt comfortable with who they were and how they looked. Although participants' accounts did not reflect traditional stereotypes of the 'ageing granny' or the 'old spinster', all had experienced the negative implications of such social constructions (Dwyer *et al.*, 1999; Featherstone & Hepworth, 1991; Ministry of Social Policy, 2001). They spoke of the expectations of others and how these could lead to ageism and discrimination.

Much of the existing research literature related to older women revealed a problem focus with an emphasis on discrimination, limitations and deterioration, which can be part of the ageing process (Arber & Ginn, 1995; Binstock & George, 1996; Bytheway, 1997; Coleman *et al.*, 1993; Cornwell, 1984; Estes *et al.*, 2001; Feldman & Poole, 1999; Jamieson & Victor, 1999; Moen, 1996; Peace, 1990). An unintended consequence of the emphasis

researchers place on problems and needs is that in advancing only the more challenging aspects of older ageing, the positive, enriching side has been somewhat overlooked. Thus, it is important to perform research that allows for a different story to be heard (Flick, 2003). In this thesis it was by having the primary focus on the older women and their stories of ageing and the way in which they constructed their lives. My research aim became focussed not only on the way they constructed their stories, but on what was important to them as they moved through their daily lives.

When the different ways researchers, health professionals and policy makers often use to categorise, assess and define age were examined, it became clear that the chronological measures of ageing were the most commonly utilised (Bytheway, 1997, Hazan, 1994, McPherson, 1998 and Santrock, 1999). To the participants, chronological age had little meaning, beyond being a useful way to discuss time passing. Age featured more as a construct other people used to regulate or judge them. To the participants themselves they were who they always had been. Their age was something they alluded to but formed only a small part of their personal stories.

The existing literature led me to expect my participants to be involved in more intensive care-giving for spouses (Bowling & Cartwright, 1995; Pearlin *et al.*, 1996). However, this was not generally the case for my participants. Family was intensely significant, with descriptions of family such as quantity of grandchildren and achievements of various family members central to the participants' written descriptions of self (Armstrong, 2002; Kaufman & Elder, 2003; Ross & Mirowsky, 2002). However through their dialogue it was friends who featured as central to their day to day lives (Scott & Wenger, 1995; Wenger, 1990). The importance of friends was a factor discussed in the social support/social networks literature (Pearlin *et al.*, 1996; Ministry of Social Development, 2002; Narushima, 2004; Scott & Wenger, 1995) and in the context of social capital (Putnam, 1993, 1995; Sixsmith & Boneham, 2003).

Social engagement is the reality for the women interviewed for this research. This social engagement till the end of life presents quite a different story to the current, popular rendition of the lives of older women as bleak and meaningless, or alternatively as 'Nanas' whose lives revolve around knitting for the grandchildren. Clearly we should not jump to quick conclusions about either socially isolated pensioners, or family fixated 'Nanas' because, according to these women, they and many like them are living busy, meaningful lives. These certainly involve family. However, these also encompass so much more. Some things, such as health, mobility and access to finance constrain them at times, but never completely. What is more they work around any perceived difficulties and continue to participate as fully as they can. The meaning invested in 'independence' moves from doing everything for his or her self, to doing what they can and having choices about what they do and what is done for them.

Older age can bring with it loss. Loss was discussed in terms of looks, physical ability, stamina and relationships. It was also discussed as the loss of self consciousness and the loss of feeling they need to be putting the needs of other before their own. Most significantly it was discussed as the loss of feeling they need permission to do what they choose. Older age can bring with it freedom from having other people and their needs - parents, husbands' and children - dictating what they can and cannot do. The age of the participants meant they were no longer regulated by the needs of their own children or parents. Their personal circumstances meant they were not responsible for grand-children, and five of the six were single. The sense of freedom linked to this that the participants alluded to which came about as a result of their age, single status and lessened responsibility to the needs of others was discussed in the literature (Arber & Ginn, 1995; Bowling & Cartwright, 1995; Friedan, 1993; Hurd, 1999; Koopman-Boyden, 1993; Maclean, 2000; Silver, 2003). The participants appear to have reached a point where what other people say or think no longer has the impact,

significance or outcome it may once have had. They construct themselves both as doing what they choose, and having the right to do so, albeit within the constraints of finance, physical ability, time and opportunity. They do not construct themselves as lacking or missing out on doing things they want to which encourages me to conclude they are content with what they are doing and how their lives are.

In short, age is not in itself constructed as a problem, if people have the resources and social supports to live their lives. Being older was constructed as providing a sense of liberation. Involvement and participation in the community is an important factor in the growth and maintenance of an enjoyable later life. Participation is also about choices and control over one's life. There is understanding and acceptance that choices may have to be constrained by factors such as finances or physical ability, but having control over the process of choice is important. Likewise, independence, with age, seems to become less about people doing everything for themselves and more about people having control over choosing what happens in their life.

### **Reflections on the implications and future directions of the research**

Older age does not have to be bleak. It is a stage of life, and like all other stages continuously moving and evolving. Older age often brings with it some limitations, as with all stages, but also new possibilities and directions, something to look forward to and plan for proactively, not something to dread and view as the end of life. As the population ages and more and more people enter the state of 'old age' it will become increasingly important to support people to live lives that are meaningful to them. Findings from this thesis provide a brief snapshot of people who are in control of and content with their lives. These are women who are living the sort of lives that the New Zealand Positive Ageing Strategy (2001) has determined all older people in New Zealand should be living. The challenge will be ensuring this can become



a reality for all older people. One way of doing this will be by supporting further research into ways of recognising and mitigating the effects of negative social constructions, or better yet, ways of posing alternative social constructions, perhaps by promoting the message that 'older age' is a positive state that can equal 'autonomy, freedom and choice'. This has the potential to assist in enhancing the lives of older women, or indeed older people in general.

In considering future research directions it is useful to reflect on some of the strengths and limitations of the present study. One of the strengths of this research was the relationships I developed with the women involved. These relationships helped to ensure that the data I gathered was rich and thick. The participants indicated they felt comfortable sharing personal and meaningful accounts of their lives with me. They were frank about the negative as well as the positive aspects of growing older, and about their own performance and challenges in ways that I do not feel would have been so well expressed had we not taken the time to get to know each other. Conversely, in terms of limitations, this was data gathered from a small group, refined further by age, gender, ethnicity, socio-economic and social class. However, while the content has been generated by a specific group, what they talk about; family, friends, society, independence, choice, empowerment and the importance of being listened to and living meaningful lives are of general importance to us all.

I cannot generalise the findings of such a small group to the wider population of older women, or older people in New Zealand. However, it is important to note that my findings, including the importance of participation, involvement and social capital, transport and socio-economic issues, the impact of negative attitudes about ageing and the way people construct independence, choice and control strongly co-relate to a number of national studies that have been undertaken with representative portions of the New Zealand community. These include The New Zealand Positive Ageing Strategy (2001),

the 1999 research undertaken by Dwyer, Grey and Renwick into factors affecting the ability of older people to live independently, which formed part of the Government's contribution to the International Year of Older People and Associate Professor Davey's research into areas such as no longer being able to drive, older workers and active ageing.

Working with a small group was an advantage in that it allowed for strong working relationships to be built that may have not been possible with a large group. The combination of diary and interview data collection methods worked well, allowing participants to convey their experiences and provide insights into the ways in which they make sense of their life worlds. Information gained from such research with broader groups from among the ageing population has the capacity to contribute in meaningful ways to understanding of the diversity of needs of older people in our communities, and assist in finding out how we can support everyone to age in ways that they construct as rewarding and successful.

There is an ethnic and socio-economic basis to the findings in this research, both of which have influenced the outcomes. They were not discussed by the participants, I think, because they were not recognised. Most noticeable was that the participants made no mention of their ethnicity beyond their identification of themselves as New Zealander, White New Zealander, Pakeha New Zealander or (*I guess I am a*) Pakeha. Perhaps what was not said may be as revealing as what was. The way that their ethnicity appears to have no meaning for them in relation to their discussions of self and society represents the way that the dominant culture of any society is often unaware of their culture and the way that culture influences their experiences (Mulvey, Terenzio, Hill, Bond, Huygens, Hamerton and Cahill, 2000). I do not note this as a criticism of the way these women view themselves, but do identify with it because until I (fairly recently) was awakened to the impact of being a member of a dominant culture, I did not give any thought to how the way I viewed, interacted with, experienced and was treated in my world was related

to my being a middle-class, socio-economically sound, educated Pakeha New Zealander. How different would the lives and experiences of my participants have been had they been of a different ethnicity? Similarly, how would their stories have changed if they were differently socio-economically placed? Although some of the participants are more economically advantaged than others (i.e. wealthier) all have secure homes, all can afford to eat well, pay their bills, access health care, buy clothes and are generally able to drive, bus or taxi to places they choose. Simply, their lifestyle and participation choices are not significantly constrained by lack of finances.

Finally, the aim of this research was to find out how a group of six older New Zealand women constructed their stories of ageing and community participation. I found that they constructed themselves primarily as involved people, living their lives, negotiating issues raised by their age and gender, enjoying the companionship of friends and family and participating in their communities of choice. As the population of the world becomes proportionately older, with increasing numbers of people entering the state known as 'old age' it will become more and more imperative that people are supported to live lives that are meaningful to them. These research findings have given a snapshot of people living rich lives, in which their needs are met. The challenge will be to ensure this becomes a reality for all older people.

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## ***Appendix One***

### **The Goals of the New Zealand Positive Ageing Strategy**

The 10 Positive Ageing goals were developed through nationwide consultation with older people. They reflect the priority issues that were identified to improve opportunities for older people to participate in the community in the way they choose. The goals are:

1. Secure and adequate income for older people
2. Equitable, timely, affordable and accessible health services for older people
3. Affordable and appropriate housing options for older people
4. Affordable and accessible transport options for older people
5. Older people feel safe and secure and can “age in place”
6. A range of culturally appropriate services allows choices for older people
7. Older people living in rural communities are not disadvantaged when accessing services
8. People of all ages have positive attitudes to ageing and older people
9. Elimination of ageism and the promotion of flexible work options
10. Increasing opportunities for personal growth and community participation.

*Appendix Two*

*Diary of  
Elizabeth*



*Narratives of Ageing: Experiences of  
Older Women and Community Participation*

*Participant  
in the thesis research of  
Sally Fenwick Ridley*

# *Introduction*

## *Who am I and why am I doing this research?*

My name is Sally Fenwick Ridley. I am 41 years old. I am married and have four children, two girls and two boys, whose ages range from eleven to sixteen. I was born in New Zealand. My mother is English and my father a fourth generation New Zealander. I have come from a largely rural background. My parents originally dairy farmed up North and came to the Waikato some thirty years ago to a sheep and dry stock unit at Waitetuna. My husband and I and the children still live in Waitetuna, on a small block, and my parents recently built a home on it also.

I left school in 1980 at a time when jobs were freely available, to work in the National Bank, not needing any qualifications beyond school certificate. However, once I had had my children and they had grown up a bit and I was looking at returning to work I found that my lack of formal qualifications had become a problem.

My solution to this was to enter university and gain a degree. I began an undergraduate degree in psychology and education in 2000. This particular piece of research is for my Masters Degree in Psychology. Alongside the Masters degree I am also completing a Postgraduate Diploma in Community Psychology.

Community Psychology is a branch of psychology concerned with how society impacts on individuals and communities. This has guided the focus of my research project.

My choice of older women was influenced by the rewarding relationships I have had and continue to have with a variety of older friends and relatives. Within these relationships I have seen the positive difference that meaningful participation and inclusion makes to the lives of older women. I have also seen the negative effect caused by restrictions around people's ability to participate in ways they choose. It is my hope that a discussion of the issues surrounding older women in their communities will be of benefit both to you as participants and to the wider community.

At the end of our interviews and after the collection of the diary I intend to compile and present you with a summary of the information we have discussed. Once the report is finished I would like to present the overall findings to Age Concern.

Now that we have met and talked about this project you may have some more questions. If you do please feel free to contact me.

Sally Fenwick Ridley  
26 Totara Grove  
Waitetuna, RD 1 Raglan  
(07) 8255770  
fenrid@xtra.co.nz

The contact details for my supervisors at the University of Waikato are:

Bridgette Masters ph 8384466 ext8298, or

Darrin Hodgetts ph 8384466 ext 6456

## *Diary Guide*

Thank you for taking part in this project. The aim of the research is to gain some insight into your experiences of ageing in the context of your community involvement and participation.

You will have this diary for 10 days; however this does not mean you are expected to fill this out every day for 10 days, although you can if you wish. The purpose of this diary is to provide you with a place to reflect on our conversations and record things that come to mind. Remember, there are no right or wrong entries. It is your thoughts about ageing that are important to me.

To begin with I have some short answer questions designed to help me build up a picture of who you are.

On page 9 there are guiding questions around the areas I would like to bring up in our interview. These form the basis of the prompts on pages 10 to 18.

There are a number of blank pages for you to record your reflections and write anything else you may choose to.

I have included a list of helping agencies in the final page if you would like some support.

If you have any queries please don't hesitate to contact me.

Sally 8255770

Thank you for your time.





3. What is your living situation? For instance do you live in your own home, live with spouse/partner/companion/other family member etc?

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4. Do you have transport available?

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5. What is your ethnicity? (eg., English, Mäori, Pakeha, Dutch)

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## *Guiding Questions*

These are some of the questions I will be asking in our interview. They may alter slightly depending on our discussions. I have included them for you to become familiar with them. On the next few pages I have used the theme for each question as a heading to provide a space for your thoughts. When answering the questions please try to include examples.

1. What are the most important things in your life? Eg family, friends, activities, being useful, busy, involved.
2. How old do you feel? – Do others see you as this age?
3. What makes you feel older or younger?
4. In a typical week how do you usually occupy your time? I know you belong to Age Concern. Are you involved in other groups or organisations?
5. When I talk about participation in your community, what does that make you think about?
6. How important is participation outside the home to you? In what activities? Is participating in group activities important to you? Why? Why not?
7. Do you have any thoughts on what, if anything could be done to enhance your life and that of other older people? This could be at a personal level, a community level and a Government level
8. If you were able to go back 20 years and give yourself some advice about the preparing for ageing what would that advice be?





















## *Helping Agencies*

Sometimes discussing topics relating to ones life and wellbeing can raise issues for people. If you would like someone to talk to I have listed some available sources of support:

- Age Concern Hamilton: Phone 8382266
- LIFE Unlimited: Phone 8395506 or 0800 008011
- Anglican Social Services: Phone 8565820
- Lifeline Waikato: Phone 8380719
- Presbyterian Support Services: Phone 8380803
- Health and Disability Commissioner: Phone 0800 112233

## ***Appendix Three***

### **Example Interview Prompts**

- What led you to Age Concern
- What expectations do you have of an org?
- What would stop you participating in an org?
- How important-attitudes of others?
- Attitudes of self?
- Responsibility for life- self
- Others
- Death
- What does participation mean to you?
- What sort of involvement do you like/take in orgs you belong to?
- Deep- involved in running things making decisions
- Participation with no or few responsibilities
- What is best, orgs that meet the needs of elders or general orgs for all evolving as needed?
- Who is responsible for orgs and people/re places to participate, things to do? I.e. council, govt, self, health field
- Who is responsible for setting up, monitoring, paying for these orgs?
- How important is participation to your sense of wellbeing?
- How important I the support of others to you (significant)?
- What difficulties are there in your belonging to orgs of your choice?
- Someone talked about involvement being a safety thing= what do you think?

## ***Appendix Four***

### **Breakdown of “what activities and organisations do you have involvement with?” taken from the diaries**

<b>Group/organisation/ activity</b>	<b>Recent past</b>	<b>Current</b>	<b>Role</b>	
Age Concern		X	Links with	6
Croquet		X	Member, Vice president	1
Probus		X	member	2
National Council of Women	X		Member	2
Methodist Women’s Fellowship	X	X	Rep, member	2
Ass of Presbyterian Women	X		member	2
Church Activities		X	Member, various involvement	5
Red cross	X		Member, President	1
Women’s Division of Federated Farmers	X		Member, President	1
Lifeline Counsellor	X		volunteer	1
Indoor bowls		X	member	1
Waikato embroidery guild		X	member	1
Waikato Patchwork and Quilting club		X	member	1
The chamber music society		X	member	1
University/ continuing education	X		Student	1
Combined services assn		X	member	1
Senior net		X	student	2
lectures		X	Student/personal interest	2
Spinning		X	member	2
Tramping		X	member	1
Bridge		X	member	3
Church		X	member	5



<b>Sub-Total</b>				<b>44</b>
CWI country women's institute	X		member	2
Carers groups (stroke foundation)		X	member	2
Exercise groups- age concern, sport waikato, walking groups etc		X	Members All involved in various types as groups and individuals	6
Retired St John fellowship		X	member	1
Retired Lion's fellowship group		X	member	2
T.O.E		X	member	1
positive ageing for the senior citizens unit, Wellington		X	Ambassador	1
Education programmes at age concern		X	member	4
School fellow		X	Past pupil, teacher and current Fellow at Southwell school	1
family		X		6
Coffee bars and other public arenas		X	Talk to people	1
friends				5
Essential tremor group (lower hutt)	X			1
Parkinsons meetings		X		1
Over 60's club		X		1
Leisure-time travel club		X		1
Church run craft session		X		2
			<b>Sub-Total</b>	<b>39</b>
			<b>First page Sub-Total</b>	<b>44</b>
			<b>Total</b>	<b>83</b>
			Less recently ceased activities	<b>13</b>
			Total weekly activities combined	<b>70</b>

## ***Appendix Five***

### **Consent form**

#### **Researchers Copy**

Participant signed \_\_\_\_\_ date \_\_\_\_\_

Researcher signed \_\_\_\_\_ date \_\_\_\_\_

Participant's name \_\_\_\_\_

Participant's contact phone number \_\_\_\_\_

----- Tear along here-----

#### **Participant Copy**

I, the undersigned have been fully informed of the research and have agreed to participate. I understand that any questions I may have had were fully explained to me and that if I have any queries about the research at a later date I can feel free to contact the researcher.

Sally Fenwick Ridley  
26 Totara Grove  
Waitetuna, RD 1 Raglan  
(07) 8255770

I have been made aware of my rights to withdraw from the research should I wish to. No information collated about myself will be used in the research should I wish to withdraw.

I understand that the researcher will ensure that any information that is gathered about me will be confidential and that anonymity will be extended at all times.

My name and phone number will be held by the researcher only for the purposes of this research and not passed on to others. The phone numbers will be used should the researcher need to contact me for further information about the research.

Contact details for my supervisors:  
Bridgette Masters ph 8384466 ext8298, or  
Darrin Hodgetts ph 8384466 ext 6456

Participant signed \_\_\_\_\_ date \_\_\_\_\_

Researcher signed \_\_\_\_\_ date \_\_\_\_\_