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THE UNIVERSITY OF ALBERTA

AS LONG AS WE HAVE HEALTH:

THE EXPERIENCE OF AGE-RELATED PHYSICAL CHANGE FOR RURAL ELDERLY COUPLES

BY

CHERYL RAIWET

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE
IN
FAMILY LIFE EDUCATION

DEPARTMENT OF FAMILY STUDIES

EDMONTON, ALBERTA
SPRING, 1990

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THE UNIVERSITY OF ALBERTA

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled AS LONG AS WE HAVE HEALTH: THE EXPERIENCE OF AGE-RELATED PHYSICAL CHANGE FOR RURAL ELDERLY COUPLES submitted by CHERYL RAIWET in partial fulfilment of the requirements for the degree of MASTER OF SCIENCE.

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ABSTRACT

An extensive body of knowledge is accumulating on age-related physical changes and much progress has been made in separating normal age-related physical changes from pathological physical changes. However less attention has been paid to the meaning of physical change in the lives of older people. To enhance our understanding of normal aging we need to understand older people's perspectives of their aging, within which physical changes are experienced.

The purpose of this study was to understand the meaning of physical changes to a group of elderly couples living in a remote area of northern Alberta. As homesteaders, the culture of farming, the rural setting and a life requiring daily physical exertion, provide the backdrop against which they must make sense of physical changes occurring as they grow older.

Unstructured, open-ended face to face interviews with 11 couples were conducted. Grounded theory methodology, focussing on the lived experience, facilitated the development of a model for maintaining health. Maintaining health was the informants goal. What people were able to do was influenced by physical changes such as arthritis; environmental factors such as mechanization; and human resources such as spouse, children and neighbours. Informants used strategies such as minimizing and altering expectations and priorities in order to match what they were able to do with what they wanted to do. If the matching was successful, people perceived themselves as healthy. If it was unsuccessful, they saw themselves as unhealthy.

For this sample, health was the ability to do work they valued. The nature of work was different for men and women, and it tended to follow traditional, lifelong patterns.

Additional study is needed on how this matching is accomplished. More knowledge on which strategies are used and when, would assist in understanding matching. It is essential that practitioners understand how people define health to facilitate the development of appropriate interventions.

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The couples who gave of their time and experiences to broaden my understanding of aging and health must also be acknowledged, for without them this project would never have been completed.

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I. Introduction

Statement of the Problem

Aging is a universally experienced process. This process involves chronological, biological, phychological, and social aging, which all interrelate to shape an individual's aging experience (McPherson, 1983). The increase in the number of elderly and the percentage of the population they represent (9.7% in the 1981 Canadian census, Northcott, 1984) has resulted in an increasing amount of interest and research on aging. This research has covered many dimensions of the aging process, yet there is still much that we do not understand about how aging is actually experienced by individuals.

With aging come many physical changes to which we must adjust. An extensive body of knowledge is accumulating on age-related physical changes; including changes in the senses of vision, hearing, taste, smell, and touch, in major body systems, and in mental functioning (Birren & Shaie, 1985). Study of these physical changes has been conducted from several perspectives. While the biological perspective focuses on the steady decline in functioning of each body system, the health/illness perspective has a problem orientation, focussing on declining abilities and the need to intervene to maintain functioning. Attention has been directed to those elderly with specific health problems, who actually comprise only a small percentage of the total number of elderly (Connidis, 1981). Through this research, much progress has been made in separating normal age-related physical changes from pathological physical changes. However, less attention has been paid to the meaning of physical change in the lives of older people. To enhance our understanding of normal aging we need to understand older people's perspectives of their aging, within which the physical changes are experienced. Thus the purpose of this study was to explore age-related physical change and its meaning for rural elderly couples, within their experience of aging.

This research follows the assumption that the elderly are not a homogeneous group and cannot be studied as such. Each elderly individual is shaped by his or her life history, culture and personality, making the elderly a very heterogeneous group. In Alberta, 22.9% of the elderly live in rural settings (Cottle & Engleman, 1986). Because perceptions and meanings are shaped by cultural values, their personality and the cultural context in which they live combine to influence what change will mean for the elderly (Clark & Anderson, 1967). Thus the meaning of the physical changes of aging may be different for elderly rural couples for whom work and daily living require physical exertion, than for those in settings where this is less likely.

A second assumption in this research is that meanings are created as people interact with others. In Alberta, 55% of those over 65 years of age are married (Cottle & Engleman, 1986). Marriage provides long term interaction between partners. As couples interact with each other and the world, they create their reality and their meanings for this reality (Berger & Keller, 1985). Since many of the elderly are married, there is a need to explore the shared meanings about physical changes which may have been developed by the members of elderly couples.

Definitions

A broad perspective is often used to study meaning in life. Meaning in this sense refers to making sense, order or coherence out of one's existence (Frankl,1963; Reker, Peacock, & Wong, 1987). When exploring specific incidents in people's lives it is suggested that meaning is the understanding of a particular event, the personal, subjective significance of the event for the individual (Lipowski, 1969; Taylor, 1983). This concept involves the evaluations and beliefs that the individual develops for the consequences of the event. Lipowski suggests that although the development of meaning is a cognitive process it is not necessarily rational or conscious. Age-related physical change is a gradual process rather than a specific event, as evident in the

literature review in the next chapter. Therefore, for the purpose of this study, exploring the process of age-related physical change, meaning is defined as the personal, subjective understanding of the process and its consequences for one's life.

To develop shared meaning within a couple takes time. Fifteen years or more is considered a long term marriage by some researchers today (Lauer & Lauer, 1987) because it is just over twice the median number of years of U. S. marriages before divorce. For the purpose of this study a couple is two individuals married to each other or living together for 15 years or more.

The physical aging process discussed in this study consists of the characteristics of biological aging, some of which will be experienced by all individuals at some point in life (Levenson, 1984). To ensure informants are within the age range where the physical aging process is evident, elderly means the chronological age of 65 years and over. The term elderly is inclusive of older person, older adult, older people and elderly couples.

Defining rural can be difficult and there is a continuing debate about this issue. Martin Mathews (1988) argues that in rural-urban comparisons the significance of results is affected by how rural is defined, necessitating that researchers clearly state how they are using the term "rural". For this study of elderly homesteaders, rural includes those with past or present involvement in farming, living in an area one or more hours from the nearest centre of major services (police, pharmacy, hospital).

Purpose and Rationale

The purpose of this study was to discover the meaning of physical changes of aging for rural elderly couples. One objective was to discover aging as those experiencing it describe it, rather than to treat it as a series of predetermined biological changes which result in problems requiring professional intervention. The second objective was to

explore the importance of the normal physical changes of aging in the informant's experience of aging.

Thus through this study the researcher explored one source of meaning for a group of rural elderly couples, adding data about the experience of age-related physical changes to the accumulating theories on aging. Understanding this experience and its meaning is necessary for the development of educational, healthcare and social service programming that is appropriate to the needs and desires of this group of elderly people.

II. Review of Literature

The meaning of life in general and specific sources of meaning for older people, such as the physical changes associated with the aging process, have not been extensively studied. Reality and the meanings most salient to one's life are constructed by individuals and couples through their interactions with others and the environment (Blumer, 1969). The lack of information on the sources of meaning for older adults or specific subgroups such as the rural elderly and elderly couples is reflected in the small amount of available literature. Addressing the purpose of this thesis required the examination of literature on physiological aging, and meaning in relation to aging and the research available. The gaps were then explored.

Physiological Aging

There is a commonly held assumption that aging is associated with illness and a steady decline in function of body systems. Although decreasing function appears to be a characteristic of aging over time, disease and illness are not normal aging (Menks, 1986; McKinlay & McKinlay, 1986; Weg, 1973). Many of the functional deficits and illnesses experienced in old age can be the result of neglect throughout life, or have existed since early adulthood (Maas & Kuypers, 1984; Neuhaus & Neuhaus, 1982; Rowe & Kahn, 1987).

That physical changes of aging do occur is not disputed. An immense body of knowledge in this area is accumulating, resulting in many theories of biological aging. This discussion will focus on the macro-level (tissue-organ-system) of age-related change, which affects daily life, rather than the micro-level (cellular), the affect of which is felt indirectly through the macro-level.

One area of change is sensory, the body's method of collecting information. This includes hearing, vision, taste, smell and touch. The most common age-related hearing loss is presbycusis, a sensorineural loss. Salomon (1986) states that 30% of individuals

between the ages of 65 and 74 years have an abnormal hearing threshold for speech, with a rise to 50% between the ages of 75 and 79 years. Structural changes result in impaired discrimination (ability to identify words), impaired tone thresholds and impaired higher-frequency thresholds, making conversation difficult to follow. With impaired higher-frequency thresholds the high frequency consonants such as t, f, g, and s are difficult to hear, therefore the individual with this type of hearing change may hear 'ing' instead of 'sing' or 'ime' instead of 'time'. Hearing loss is considered the most devastating sensory change as it isolates individuals from their environment. It has been associated with suspicion, paranoia, and depression. The depression and resulting confusion from a decreased ability to hear conversation are often confused with senility. Hearing loss can result in significant social and psychological problems (Levy, 1986; Salomon, 1986; Oyer & Oyer, 1979; Shore, 1976; Winogrond, 1984).

The next most frequently researched sensory change is that of vision. The most common of the major structural and physiological changes that occur over time are reduced visual acuity, decreasing power of accommodation (ability to focus), reduced capacity to adjust to changes in illumination (dark adaptation), decreased peripheral vision, decreased ability to judge distance, decreased resistance to glare, decreased visual depth perception, and a shift in colour vision (especially blue and green). The rigidity and compression of the lens, and its increased depth result in a narrower anterior chamber and predispose the elderly to acute narrow-angle glaucoma. Increased lens density leads to greater incidence of cataract formation. Most older individuals have developed presbyopia by their late 40's and 50's, resulting in impaired vision at a close distance and corrected with prescription lenses. But 80% of the elderly have fair to adequate vision to age 90 and beyond (Fozard, 1981; Kallman & Vernon, 1987; Kline & Schieber, 1985; Levy, 1986; Shore, 1976; Winogrond, 1984).

Age dependent changes in the senses of taste, smell, and touch are less well researched. There is a degeneration of the taste buds after age 50, but no perceived

change until around 70 years. Food is often tasteless or bitter and sour due to increased sensitivity to bitterness and decreased sensitivity to sweetness and saltiness. An increase in the smell threshold develops for most odors with 40% of those over 80 years of age having difficulty identifying common smells (Shore, 1976). Within the sense of touch there are many separate processes such as vibratory sensitivity, pressure sensitivity, pain sensitivity, thermal sensitivity, and kinesthesia, which all experience age-related decreases in function (Levy, 1986; Maloney, 1987; Shore, 1976; Winogrond, 1984).

The major body systems such as the cardiovascular, respiratory, gastrointestinal, genitourinary, muscular, skeletal, skin and subcutaneous, metabolic and endocrine, and the central nervous system all incur some change with age, affecting physical energy, stature, mobility, coordination, and physical appearance. Age-related changes in the heart and arterial vasculature contribute to a decline in cardiac output, a decrease in capacity of the heart to respond to and recover from extra work, and a progressive increase in resistance to blood flow with a consequent increase in systolic blood pressure. The three main functions of the respiratory system, ventilation (breathing), diffusion (exchange of oxygen and carbon dioxide between the lungs and the blood), and pulmonary circulation lose efficiency as an individual ages. This is due to a decline in total lung capacity, an increase in residual volume, a reduction in vital capacity, and a thickening of supporting membrane structures between the alveoli and the capillaries. These respiratory changes can result in distressed breathing, especially with exercise, reduced ability to breathe deeply and cough, increased susceptibility to respiratory disease and an impaired diffusion of oxygen (Jacobs, 1981; Levenson, 1984; Menks, 1986).

Changes within the gastrointestinal system lead to impaired gastric digestion due to decreased production of gastric enzymes and hydrochloric acid and diminished intestinal absorption of glucose, lipids, calcium, and certain amino acids. The genitourinary system changes with age result in decreased tone and elasticity of the bladder, urethra, and ureters leading to an increased frequency of urination. Clearance of wastes and drugs

is impaired by the decline in renal blood flow, glomerular filtration rate and tubular excretion. Males may develop benign prostate hypertrophy and women usually experience menopause around the age of 50. Men take longer for an erection with increasing age and have a longer period between orgasms, but both older men and older women can enjoy sexual relations as long as they have a partner (Levenson, 1984; Menks, 1986).

Age-related changes in the musculature result in 50% fewer muscle fibres at 70 years than at 30 years. As muscle fibre is lost, fat content increases. Physical activity becomes more difficult at varying rates, with activities requiring the most stamina and muscle involvement demonstrating the greatest decline. There is a reduced capacity to store glycogen, as muscles atrophy, which results in a loss of reserve sugar used for emergency energy, thereby decreasing the ability to respond to stress and emergencies. The use of muscles is essential to maintain, build and restore strength; thus some effects associated with aging may be from simple disuse. Within the skeletal system the vertebral column becomes compressed, less flexible and shorter, in part due to atrophy of the vertebral discs. Partially flexed knees and hips, kyphoscoliosis and flexed neck are the result of increased calcification and ossification of the ligaments and elastic fibres in the cartilage. The weight bearing joints may begin to degenerate, causing stiffness (Levenson, 1984; Menks, 1986).

Following the noticeable change of posture due to the musculoskeletal changes just mentioned, are other characteristic changes in appearance such as skin changes, distribution of body fat, thinning of hair and loss of hair pigmentation. Wrinkles are caused by the decrease in muscle mass, reduction in blood supply and loss of elastic fibre and collagen. The atrophy of subcutaneous tissues with the loss of some of their insulator functions, results in a decreased tolerance of and adaptability to heat or cold (Jacobs, 1981; Levenson, 1984).

Age-related changes in metabolic and endocrine systems result in a decrease in basal metabolic energy. Inactivity and the decreasing basal rate result in problems with overweight due to the burning of fewer calories. There is a gradual decrease in endocrine gland secretion. Immunity is lowered as immune system hormones decrease (Levenson, 1984; Menks, 1986).

Between the ages of 20 years and 90 years there is a constant and progressive loss of 30% of the cortical neurons of the central nervous system. Neural transmission can be affected by a decrease in neurotransmitter substances, an increase in intraneuronal lipid deposits, and a reduction in RNA and DNA, affecting cell division and metabolism. The most affected part of the aging brain is the hippocampus, important for memory (Levenson, 1984; Menks, 1986; Weg, 1973).

Change also occurs in our major means of processing information, learning and memory. Memory and learning are interdependent and aging affects most measures of both. There are minimal age differences in iconic (brief storage of visual information), primary (temporary, limited-capacity storage), and tertiary (remote) memory, but there is significant decline with age in the acquisition and retrieval of new information from secondary sources (unlimited, permanent storage). A considerable amount of variability at different ages is found in secondary memory (Poon, 1985).

The last area of change is mental functioning, including intelligence and problem solving. There is great variability in intellectual functioning with age. Although a variety of cognitive impairments characterize the process of aging, these impairments may be secondary to pathology rather than typical of aging. It is thought that moderate cortical atrophy in the brain may be compatible with normal intellectual functioning and so may be more closely associated with age than with intelligence (Labouvie-Vief, 1985). Contradictions exist as to whether older adults' problem solving ability is stable or decreases with age. Reese and Rodeheaver (1985) suggest that we are not yet close to understanding the causes of the performance differences on problem-solving tasks

between old and young adults. It is suggested that precise instructions, manner of conveying the problem, the context of the presentation and memory have more to do with the probability of a solution than does chronological age (Levenson, 1984).

All these physical changes are mediated by social and life history factors as well as age. These physical changes do not happen for all elderly individuals and occur at different ages for different people. The changes occur gradually and individuals adapt gradually, often not remembering when they first began to adapt to a change (Atchley, 1987).

A problem with the literature on the physical changes is the lack of any discussion of the impact of this type of change on individuals. Aging, studied and conceptualized from the physiological aspect, is seen as a measurable, slow, linear, physical decline and services are planned based on this conceptualization (Winogrond, 1984). However physical changes of aging are not necessarily experienced, lived, or understood this way. The possible meaning of these changes in the lives of aging individuals has not been explored.

The Meaning of Physical Changes

Few studies are available related to meanings in life, and these often use populations which are in treatment for mental health or criminal reasons (Pearson & Sheffield, 1975; Reker, 1977) or for life threatening illnesses such as cancer (Mishel & Braden, 1988; Taylor, 1983). Included in this discussion will be the limited number of studies on individuals who are not in treatment for the above reasons.

Blumer (1969) argues that reality is actively constructed through interactions with other individuals and our environment. Meaning is developed and validated through these interactions. All behaviour is the result of this interpretive process by which people, both individually and collectively, define and give meaning to their reality. Kuypers and Bengston (1984) suggest that in constructing meaning, two people never

share the same experience, and thus develop individual meanings. Yet Blumer suggests that for social life, group action is essential and individuals must align their behaviour with others, therefore meanings must be shared. This supports the position of Berger and Kellner (1985) that in a couple, each partner's definitions of reality must be continually correlated with the definitions of the other partner for a shared meaning to develop. This occurs in the on-going conversations of the couple where they construct and maintain their shared reality.

Cole (1986) describes learning to cope with and adjust to health and physical limitations as one of the most important, and yet most difficult, developmental tasks of later life couples. In doing this a couple must assess their physical limitations and energy levels and evaluate what meaning it has for their life together. Through an older couple's continual interactions with each other and the shared values and perspectives noted in the literature on long-term marriages (Atchley, 1987), it is likely that they may develop a shared meaning for such a salient issue as the physical changes in their lives.

Although the aging process is accompanied by many physical changes to which an individual and couple must adapt, the research on meaning and aging has focussed on the broad perspective of meaning and purpose of life or on specific events, rather than the meaning of gradual processes. Reker, Peacock, and Wong (1987) in their study of meaning and purpose in life, propose that perceived health status (including physical changes) has a minimal effect on life meaning and more emphasis is needed on discovering sources of meaning. Kaufman (1985) also found that health itself was not a meaning factor. In her study of life stories Kaufman notes that although health was not a source of meaning in itself, it greatly influenced the extent to which the respondents could develop and live out the major meaning themes in their lives.

In contrast both McCarthy (1983) and Ebersole and DePaola (1986) suggest that health was a specific source of meaning for their elderly respondents, coming second only to relationships. McCarthy's group of convalescent home residents, evaluated by

their primary visitor, did not differ greatly from Ebersole and DePaola's (1986) group of community living later life couples. The problem with these studies is two-fold. First they do not explain the concept of meaning. Secondly they focus on health changes without ever defining the meaning of health for these respondents. It is difficult to know if the normal aging changes are being labeled health problems, but from the examples given (e.g., vision and hearing), it must be assumed that some of the normal physical changes have been included with the health problems (Thorne, Griffin, & Aldersberg, 1986). There has been no separation of normal aging changes from pathological changes.

In one study that did look at physical change, it was found that 41% of respondents disliked the physical effects of aging, but the meaning of these physical changes to the respondents was not explored (Connidis, 1987). Studies that have explored the meaning of physical changes have examined the complete loss of senses like vision (Allan, 1988) and hearing (Becker, 1980). These are not normal age-related changes. Thus it is difficult to develop an understanding of the meaning of age-related physical change for older individuals from the available research.

The values and beliefs of society as a whole and of the particular subculture of which the elderly are members affects the perceptions and meaning of any change (Fry, 1985; Rowles, 1988). The meaning physical change has for the elderly may also be influenced by the culture in which they live. Culture, personality and life history combine to shape the perceptions and thus the reality constructed by any individual. All behaviour is based on the meanings given to this reality. Understanding these meanings is important when considering present and future coping and adaptation behaviour for these physical changes (Butler & Lewis, 1977; Fry, 1985; Winogrond, 1986).

Rural is a cultural context (Clark & Anderson, 1967; Preston & Mansfield, 1984) which may influence the reality and meaning of those older people living and aging in such a setting. Both Krout (1988) and Rowles (1988) suggest that more ethnographic

study is needed to increase our understanding of the life experiences of the rural elderly and how they are shaped by the socio-cultural context in which they are growing old. This would add information about rural experiences not currently available from the rural-urban comparisons.

Within the literature on rural aging there has been no focus on what the physical changes of aging mean to the rural elderly. These changes may be important in their lives for two reasons. Firstly farmers do not always retire at 65 years of age, but are more likely than rural non-farm or urban workers to still be employed (Keating, in press). Secondly, the ability to carry out the physical labour of farm work may be affected by physical changes.

It is evident that meaning has been examined from the broad perspective of meaning and purpose in life and from the perspective of health without clarifying the difference between normal physical changes of age and health. No research on the normal physical changes and their meaning is available. In examining meaning from a more theoretical perspective it can be seen that elderly couples, with their many years of shared experience and interactions have the potential for developing shared meaning for the changes that occur. The meaning of these physical changes will be mediated by life history, personality and culture, some of the factors which help make the elderly the most heterogeneous of all populations.

Summary

This literature review has demonstrated that we know a great deal about what the physical changes that occur with age are, but not what these changes mean to people. Most research, both rural and urban, has the problem-orientated bio-medical model as its basis. Rather than developing a concept of normal aging from which specific problems and subgroups could be studied, as has been done for childhood, we are problem focussed in our study of aging (Connidis, 1981; Mckinlay & McKinlay, 1986). Within

this focus, meaning has been studied in relation to health, incorporating the normal physical changes of aging with health and illness. It cannot be determined from these studies if physical aging has meaning. This problem focus has led to a negative image, with aging being equated with illness and problems, preventing us from developing a comprehensive understanding of aging in our society: an understanding of the normal aging process which the majority of elderly people are undergoing. Patterns of normal aging are only beginning to emerge from behind the mask of disease and illness.

The fact that couples in long-term marriages experience life and adapt to change together suggests the possibility that shared meaning may develop. Within this focus of shared meaning the physical changes of aging and the adaptation required may have a salient meaning for elderly couples. Living in a rural environment and absorbing the values and norms of that culture affect how change is perceived. To understand behaviour we need to understand the meanings that are the basis of these behaviours. The question for this study was "How are the physical changes associated with the aging process experienced by rural elderly couples?"

III. Methods

The purpose of this study was to explore how older couples, living in a rural area, experienced the normal physical changes of aging. Qualitative methods of data collection and analysis are suited to examine questions dealing with subjective experience and perceptions, situational meaning, and areas where there is little pre-existing knowledge (Chenitz & Swanson, 1986; Field & Morse, 1985; Morse, 1986; Reichardt & Cook, 1979). The subjective nature of the older couples' experience along with the lack of knowledge about this experience indicated a qualitative approach.

The specific method was further determined by the research question. Grounded theory was appropriate for this study as it attempts to discover the lived experience of the informants in the situation, from their point of view, their reality. The use of grounded theory methods, both inductive and deductive, enabled the exploration of the individual's and the couples' experience of aging and where their physical changes fit in (Glaser, 1978). Because little was known about this experience and relevant variables had not been identified, quantitative analysis would have been unrealistic, whereas grounded theory fit the question (Stern, 1980). This chapter includes a detailed account of the methods used in this study.

Sample

Morse (1986) suggests that appropriateness and adequacy are more useful in evaluating qualitative samples than probability and sample size. Appropriateness refers to the degree in which the sampling method fits the purpose of the study as determined by the research question. The exploration of the informants' experience in this study required a non-probability, purposive sampling technique. Adequacy is evaluated by the quality, completeness, and amount of information contributed by informants, rather than the number of cases. Sample size cannot be predetermined, since the sampling continues

until gaps are filled, no new information is collected, no negative cases are located, concepts have been confirmed, and the researcher has gained an understanding of the situation. At this point the categories are considered filled, adequacy is attained, and sampling ceases (Morse, 1986).

To ensure variety in data and search for a negative case, characteristics evident in the literature on aging were considered when selecting informants for this study. A wide age range was sought to include the young-old and the old-old. The older an individual is the more physical changes and chronic conditions will have developed (McPherson, 1983). Varied ethnic backgrounds (Metis, Mennonite) were included because of the influence of culture and ethnicity on the aging experience (Moore, 1971). Retirement affects activities and roles (McPherson, 1983) so both retired and non-retired informants were sampled. Martin Mathews (1988) suggests that those who grow up in a rural area are different from those who grow up in an urban area and then move to a rural area. Homesteaders being a mixed group, sampling included those who had spent their whole life in a rural setting as well as those who moved from urban areas to homestead. Sampling ceased with eleven couples, when no new information and no negative cases were appearing. Biographical characteristics of the informants are presented in Table 1.

The study took place in a rural area of Northern Alberta, considered remote in that the majority of the residents live one or more hours from the nearest source of major services (e.g. hospital, police, pharmacy). This setting was chosen for several reasons. The researcher's association with the local Health Unit provided her access to the setting and the sample. Secondly this association enhanced the acceptance of the researcher by the participants. Thirdly, within this setting there were enough informants to allow for the selection of good informants and to fulfil the criteria of appropriateness and adequacy discussed earlier in this chapter.

Table 1
Characteristics of Informants

Informant	Age in Years	Sex	Years of Marriage	Years living in area	Years Retired	Chronic Condition
Z-1	66	F	45	39	0	--
Z-2	70	M	45	39	0	1
Y-1	80	F	62	56	14	4
Y-2	84	M	62	58	14	3
X-1	75	M	51	51+	0	2
X-2	74	F	51	51+	0	2
S-1	76	M	49	25*	11	4
S-2	69	F	49	25*	11	2
V-1	73	F	50	65	12	1
V-2	77	M	50	50	12	2
U-1	70	F	48	26#	9	2
U-2	70	M	48	26#	9	--
Q-1	86	M	57	57	6	3
Q-2	77	F	57	57	6	1
P-1	66	M	44	19@	0	1
P-2	67	F	44	19@	0	1
R-1	69	F	45	53	11	--
R-2	71	M	45	53	11	5
J-1	72	F	49	49+	12	--
J-2	77	M	49	49+	12	2
K-1	87	M	60	58!	20	2
K-2	79	F	60	58!	20	2

+ lived in area as teenagers
* homesteaded, then lived and worked in local town, then returned to farm
# moved back and forth, twice, between Mexico and the study setting
@ worked on a farm, then worked as contractor in B.C., then returned and homesteaded
! retired from farming, but still trapped

Informants were located through the Home Care Coordinator and the Community Health Nurse who knew of all residents in the area. The purpose of the research was explained to the Home Care Coordinator and the Community Health Nurse and they were asked to assist in locating couples who would be good informants. Since the sample size is small in this methodology and the quality of the ensuing theory depends on the quality of the data collected from informants, the selection of "good informants" was critical. Several authors discuss the necessary qualities of good informants (Agar, 1980; Douglas, 1976; Morse, 1986; Spradley, 1979). One quality is that the informant be knowledgeable about the topic, such as individuals who are experiencing or have experienced the phenomena being studied and can reflect on it. The informant must also be willing and able to commit the time and effort necessary to talk to the interviewer, to examine and share their experience.

The researcher and the nurses reviewed the current Health Centre list of all residents over 55 years of age and compiled a list of those 65 and over. For each possible informant the researcher asked why the nurses thought this couple would be good informants. The nurses' main criteria were the informants' willingness to talk about their experiences to a researcher and the ability to communicate without barriers such as decreased hearing, language and dementia. After discussion, only the barrier of dementia was retained and no potential informants were eliminated due to hearing deficits or language. Those with hearing difficulties could hear with the use of hearing aids and an interpreter could be used for those who spoke very little English. This gave a larger potential sample from which to do purposive sampling and look for a negative case.

Following the definitions in the introduction and the need for good informants, the sample was delimited by the following criteria. Couples must be married or cohabiting, living independently in the community (not in any type of institution such as a lodge, nursing home or auxiliary hospital); both partners of a couple must be over 65 years of age; both partners must agree to separate and joint interviews; the couple must have

farmed or be farming (not urban in-migrant retirees); and neither partner could be confused or have dementia.

The Home Care Nurse contacted possible informants to tell them about the study and request their permission to give their name and phone number to the researcher, as per the confidentiality guide-lines of the Health Unit in which the study took place. The researcher then contacted selected informants, who had agreed to be interviewed, by phone or in person to explain the study in more depth, inform them that the interviews would be audiotaped, give them an indication of the time commitment involved for both the separate and joint interviews, and check for willingness to participate. A time for the separate interviews, to be done in their home at their convenience, was then arranged.

Two couples did not wish to participate in the study. In one couple the husband was very shy and the Home Care Nurse predicted that because of this he would probably not agree to participate. In the other couple, the wife thought it would be a waste of her time to participate because she felt that research studies just sit on shelves and do not make everyday life any better.

Data Collection

The main method of data collection was unstructured interviews using open-ended questions. Unstructured, open-ended interviews allow the researcher to proceed from the general to the specific as directed by information the informant sees as important. Open-ended interviews are particularly useful in exploratory research (Field and Morse, 1985). A list of general questions was used in the earlier interviews before specific areas were identified for exploration in further interviews (Appendix A). Field notes (written immediately after leaving the home) and information from secondary informants (nurses) supplemented the data collection process.

All informants were interviewed separately on the same morning or afternoon. An initial concern had been that the spouse not being interviewed would have nothing to do

or nowhere to go, thus preventing the separate interview from being conducted in private. This was not a problem with this sample. Spouses easily found something to do elsewhere in the house or outside. All interviews took place with only the researcher and the individual (in separate interviews) or the couple (in joint interviews) present. Joint interviews were completed four to six weeks after the separate interviews. Joint couple interviews were used in addition to separate interviews to further the goal of obtaining a shared account (Bennett & McAvity, 1985). The couple can be a suitable unit for study when more than just the two individuals' perception of their experience is sought. When a researcher needs the contribution of more than one individual or wants shared perceptions, the interaction of spouses can lead to a fuller presentation of the matter under discussion than would otherwise occur. It allows the researcher to explore themes that might never have been uncovered in individual interviews by paying attention to non-verbal reactions to what is said between spouses,and by probing for a fuller account (Allan, 1980). The shared reality that develops for them as a couple through their interactions can be explored in the joint format (Berger & Kellner, 1985).

The final sample consisted of 11 couples from a possible sample of 16 couples. Within these 11 couples, three did not participate in the joint interviews. One couple had left for their winter holiday and two couples refused the second interview. One of the couples who refused the joint interview belonged to the Mennonite community in the area. Because their command of English was not good, their initial separate interviews were conducted using an interpreter. This did not allow for collection of indepth information and the interpreter was not comfortable in the situation. The secondary informant suggested this refusal was political, ordered by their son, the minister of this tight ethnic group. Acceptance of the interviews by this couple and their son would have enabled the inclusion of another Mennonite couple, who spoke English well enough to eliminate the need for an interpreter. The husband in the second couple refused the second interview because he felt it was too depressing to talk about growing old. He did

not have a positive outlook on life. His refusal was discouraging because he may have been different than the others and proven to be a negative case, disproving the concepts that were emerging from the data. This would have necessitated the development of new concepts and categories which would have incorporated the data from this case.

When confirmation of concepts and categories was sought one couple was interviewed separately a second time, one couple was interviewed jointly a second time, and one couple was contacted by letter. Interviews were face to face, in the informants' homes, and at their convenience. The interviews lasted from thirty to ninety minutes. Only one informant was nervous and uncomfortable during the interview. He had difficulty with some of the questions (What kind of goals did you have for your life?). This may have been due to a previous stroke. The interview was shortened and more examples were used to help him feel more comfortable. The other informants were relaxed and enjoyed talking about their lives as homesteaders and their lives today. Most of them laughed and joked, reflecting that humour was part of their lives.

Joint Couple Interviews

Both Allan (1980) and Bennett and McAvity (1985), in their discussions of the advantages of joint couple interviews in family research, mention the collection of additional information as each spouse expands or supplements factual information given by the other. This is clearly demonstrated in the following exchange.

Mrs. J:	Pretty well, yah. It doesn't matter if you slow down. If you, if you went into an injury of some sort you'd have to slow down. You wouldn't be able to do it. So, ah, aging isn't an injury but it's um, a lot of it's a state of mind too.
Mr. J:	In one way it's a God send because like I told you back awhile, you don't have to worry about getting a job, cause the government has to look after you .
Mrs. J:	Well, yah.
INT:	So that's a, that's an advantage?
Mr. J:	Sure it is.
Mrs. J:	Yah. Actually it's an advantage to you because if you didn't age...
Mr. J:	You wouldn't get that eh?
Mrs. J:	Not only that but you would try to do what you did when you were younger and you might harm yourself too. You could easily harm yourself by trying to overdue it.

Mr. J: And here's another thing...
Mrs. J: So the aging is an asset really...
Mr. J:.. I don't know if, if it's mentioned in there or not but there's one thing about growing old um, nowadays. It's like I said, it changed from the hungry thirties. Hungry thirties, everybody is, was trying to make a living and doing the best he could, but nowadays, if you didn't grow old, you'd be trying to hog all the damn land around you so you'd make more money, so you could go to California for the winters and that. So this way, aging stops you. You can't do that.
INT: It slows you down so that?
Mrs. J: It slows you down to the extent...
Mr. J: Which is a good thing too.
Mrs. J: ...that greed goes out the door.
Mr. J: Yah. (J3-8)[1]

In most couples the dialogue evolved naturally and was relevant to the topic. Spouses stating "It's your turn now" demonstrated LaRossa's (1978) suggestion that spouses can stimulate greater involvement and information subtly or by demanding that the other tell more or present their own view.

As well as providing additional information, the spouses continually validated and corroborated the other's account (Allan,1980; Bennett & McAvity, 1985). The J's in Case 2 demonstrate this when talking about country living.

Mrs J: ...I don't think I'd have it any other way.
Mr. J: No, I wouldn't either.
Mrs. J: Not, not for now. (J3-1)

The informants in this study did this with frequent "yah's," "That's right" or indirectly with a story that supported what their spouse had said previously. One informant gave the following story to support his wife's comment about good access to health care.

Mr. Y: Nowadays it's a lot different than it was. It used to take me four to five days to make a trip to [town]. and you can make it now in two hours, and if something happens to one of us, jump, the kids would take us. One day here a couple of years ago, I got sick. At one o'clock in the morning.
Mrs. Y: Oh yah.

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[1] Letters and numbers in parenthesis represent interview codes. Numbers 1 and 2 are the separate interviews, 3 is the joint interview. The number after the hyphen represents the page where the quote is located in that interview.

Mr. Y: I says to the wife, ring E. and see if they'd take me to the hospital. She couldn't drive, she could drive but she doesn't want to drive. In about three minutes they were both here. What's the trouble? She says Dad is pretty sick, you have to take him to the hospital. So at one o'clock in the morning, on a Sunday morning, they took me to the hospital in about fifty minutes we were in [town]. So this, if, if it would have been forty years ago, it would have took me two, three, days to get to [town]. (Y3,p15)

At times, rather than validate the agreement between spouses, their comments and dialogue resulted in a clarification of differences or agreeing to disagree (Bennett & McAvity, 1985).

Mrs. K: No, it's not fine [hearing]. I should be using those hearing aids but I am allergic to plastic and I have the darn thing in for twenty minutes, my ear just hurts too bad, bad, see.
Int: But you hear me alright?
Mrs. K: Yah, I can hear you alright. It's when I'm in a crowd.
Mr. K: She can hear like a dog.
Mrs. K: No! [she stated this sharply and glared at Mr. K] (K3-15)

This provided the researcher with a deeper understanding of the extent to which a couple either maintained or lacked a shared perception of the topic.

Spouses can recognize when their partner's statements do not reflect reality (Allan, 1980). One husband made the following comment when his wife was talking about her health.

Mr. X: If she forgets to tell you that she's had arthritis so bad she couldn't hardly stand it for years on end, and this, like she says she's, I'm enjoying real good health, you see. (X3-5)

Another husband's comments made his wife admit she wasn't ready to change.

Mrs. Y: I'll let her [let her daughter do the garden]. Maybe plant a row of potatoes and row carrots. Just a little bit, like having my garden.
Mr. Y: I don't think that will work.
Mrs. Y: I know.
Mr. Y: You'll still have to work in the house....you'll never quit. (Y3-28)

The two members of the couple bring different points of view and these feed off one another in discussion and help to discover the underlying principles of the relationship, the shared perceptions.

Mr. Z: Though at the same time you're, you're trying to help your children to a certain extent or at least you find yourself doing

things that maybe we shouldn't be doing, do you think? Maybe we're, maybe at times we do hurt their independence, hey?

Mrs. Z: I don't know, I hadn't thought of it that way.

Mr. Z: That can happen you know but of course everybody's different you know.

Mrs. Z: And parents, if you don't take much interest in your children it's a two way street you know. Then the children don't bother much with the parents.

Mr. Z: Well, this is, this is it. (Z3-4)

This clarification by the couples themselves of what is happening, a representation of " the way we are," Bennett and McAvity (1985) suggest, is the primary justification for the couple format.

Joint couple interviews do not suit all research situations. Rapport, necessary for eliciting quality data, must be developed with two, rather that one individual (Allan, 1980). This was facilitated in this study by first completing the separate interviews. There can also be difficulty arranging suitable times when both members of a couple can be present. The interviews were done at the informants' convenience and this was not a problem, since most joint interviews took place after the busy work period of harvest was finished. Some topics are not conducive to a joint interview. This research question was not considered too sensitive for a joint format, by this researcher or the ethics review committee. The difficulty is knowing what a given individual will discuss in front of his or her spouse. Because this study included both separate and joint interviews no data should have been lost for this reason.

The domination of the interview by one spouse was not an issue in this study. But a few individuals frequently answered for their spouse when the spouse was having difficulty finding an answer. This was overcome by continuing to encourage the spouse in question until they figured out their own answer. A response of one informant was "I think the same (as her spouse)" when asked for her opinion on several points. In a separate interview this option would not be available and she would have to express her own view (which she did in her separate interview). In the one couple where one spouse had a severe hearing impairment, which virtually eliminated normal dialogue, the non

hearing impaired spouse did most of the talking in the joint interview with comments like, "I'll tell her about it". The joint format is not conducive to input from a severely hearing impaired individual who cannot follow the flow of conversation.

The choice of joint couple interviews as an additional method of collecting data was appropriate for this study. The individuals often repeated information from their separate interviews, providing validity to the data. Although individual data and perceptions can be collected in separate interviews, shared perceptions and meaning would not be discovered without this joint approach. Their shared meaning can emerge from the conversation between the members of the couple. An example would be the dialogue between Mr and Mrs J. (p. 21) in this chapter. The potential disadvantages of the joint couple format did not prove to be a problem. The informants seemed relaxed and talked freely, not finding the topics too sensitive.

Data Analysis

All interviews were audiotaped and transcribed verbatim by a typist, then checked for accuracy by the researcher. Names of informants and references to family members were altered during transcription to preserve the anonymity of informants. Questions for the joint interviews were developed from careful examination of the first interviews. Concerns and issues discussed by one informant were raised in interviews with other informants. These questions reflected the on-going, constant comparative analysis of all data and the testing of tentative hypotheses about categories and relationships between categories (Chenitz & Swanson, 1986). The interviews were done in five stages due to the distance to the setting (Table 2).

Table Two

Interview Schedule

	Stage 1	2	3	4	5
Separate Interview	couple 1	couples 2,3,4	couples 5,6,7, 8,9,	couples 10,11	couple 1
Joint Interview		1	2,3	5,7,8 10,11	2

The first stage consisted of consulting with the nurses, developing the list of possible informants, and setting up and doing the separate interviews of couple one. This allowed exploration of the general questions and analysis generated areas for further questions for subsequent interviews. The second stage included interviewing couples two, three, and four separately and couple one jointly. Analysis of these interviews focussed the questions for the third stage where couples five, six, seven, eight, and nine were interviewed separately and couples two and three jointly. The fourth stage involved interviewing couples ten and eleven separately and couples five, seven, eight, ten, and eleven jointly, checking for gaps in information and negative cases. The last stage included couple two, interviewed separately and couple one jointly, for confirmation of concepts. Constant comparative analysis was used continually during each stage as well as between stages, when interviews were transcribed, coded, and analyzed.

Analysis of the transcripts initially involved coding beliefs and perceptions about, and attitudes towards physical change and aging in general, and the resulting behaviours. Each incident was coded in the margin of the transcript to reflect what was occurring in the incident. Constant comparison was used to look for commonalties or negative cases across all of the interviews. A negative case was an individual or couple whose

experience would clearly refute the pattern emerging from the majority of interviews (Field and Morse, 1985).

As data collection continued, similar data were coded and grouped to form categories. Initially, as categories emerged, informants were grouped by their differences, but this approach did not adequately explain the data. Two couples who seemed most different from each other were selected from the sample and a case story for each was developed. In one case both members perceived themselves as healthy and in the other both members perceived themselves as not healthy. The cases were based on all the interviews with the two couples involved, both joint and separate, and information from participant observation and secondary informants. Spense (1986) suggests that the personal, contextual, and historical dimensions of the informants' experiences affect their perception of their aging. The case study strategy is an effective method of investigating a contemporary phenomenon, such as aging,within its real life context (Yin, 1984).

The two cases were compared to each other and all the data from all the interviews were re-examined, compared to the two cases, and analyzed based on the similarities within the data and their relationship to the core variable, maintaining health, that had evolved (Glaser & Straus, 1967). This core category served to explain, rather than simply describe, the data and accounted for the degree of variability among informants. Some new categories emerged and other data were regrouped. Data collection and analysis ceased when no negative cases appeared, no new categories emerged and no new data were found (Chenitz & Swanson, 1986).

Validity and Reliability

The qualitative researcher's primary responsibility is to present accurately the phenomenon under study, their reality, as it is perceived by the informants. The issue of internal validity in grounded theory (gaining knowledge of the true nature of the phenomena) was addressed in the following manner. The researcher shared emerging

categories with informants to see if the informants confirmed the researcher's conceptual organization of their experience. As an essential component of this methodology, constant comparative analysis required that data were compared and contrasted again and again, thus providing a check on the data's validity. These measures combined to provide internal validity, addressing the often expressed concern that data from informants may be inaccurate. Validity was supported by having the case stories reviewed by the researcher's three committee members who read all the interviews on which the stories were based.

Validity was further ensured by the use of the main secondary informant. Field and Morse (1985) suggest that it is important to verify information with secondary informants. The secondary informant was also a homesteader and knew the two couples in the stories very well. She contributed to the selection of informants, she reviewed and corrected the introduction to the two case stories, and she supplied additional information about natives in that area, for the V's case story. The researcher's instructions to the secondary informant regarding the case stories and the results were simply "Does it make sense to you? What doesn't make sense?" She commented that the stories were like snapshots of the informants' lives. Upon reading the first draft of the results she labeled the strategy 'capitalizing' seeing clearly how it was part of their lives. Later when she read the implications she was able to quickly gave specific examples for each one.

Generalizability is not the goal of qualitative research. External validity in grounded theory depends on internal variety and representativeness of the data, rather than representativeness of the sample as in quantitative research (Chenitz & Swanson, 1986). The repeat interviews enhanced the variety of data from informants. The informants were purposively selected to maximize the investigator's access to data that would facilitate the development of the emerging theory (Morse, 1986). By nonprobability sampling, informants were initially selected because they could illuminate the phenomenon being studied, age related physical change and aging in a rural environment. The continued

selection of informants was related to the findings that emerged during the study. As the concepts of health and work emerged, informants who could reflect on this from varying perspectives were sought. The researcher tried to establish the typicality or atypicality of events, behaviours, or responses in the lives of the informants. Sandelowski (1986) suggests that a better criterion than external validity is fittingness. Fittingness is achieved when findings, whether in the form of description, explanation, or theory "fit" the data from which they are derived, are well grounded in the life experiences studied, and reflect typical and atypical elements of the informants lives. Fittingness can not be judged until the completion of the study. The secondary informant supported fittingness with her previous comment about the case stories and when she commented that the results captured the Northern values and lifestyles of the informants.

Reliability in grounded theory is not concerned with regularity and repeatability as in quantitative research. Instead it is the measure of the extent to which random variation may have influenced the stability and consistency of results (Field & Morse, 1985). The non-probability method of sampling and checking emerging concepts with further informants who confirmed or rejected the concepts, enhanced reliability of the findings. The earlier interviews were broad and exploratory. Ideas that came up were tested with other informants, some were discarded and other incorporated into the emerging concepts. Reliability was also enhanced by having only one researcher conduct all the interviews, enabling more accurate probing of inconsistencies in the data.

Replicability is not feasible in grounded theory as grounded theory is the result of a creative, interactive process between the researcher and the data, and no two researchers will interact or analyze in the same way (Hutchinson, 1986). Sandelowski (1986) suggests that consistency in grounded theory is more important than replicability and this is achieved when another researcher can follow the sequence of decisions of the original researcher.

Ethical Considerations

The ethical issues considered in this study were informed consent, confidentiality and anonymity, and referrals. The purpose of the study was explained during the initial phone call or visit. At the time of the interviews all informants were read, on audiotape, a verbal consent (Appendix B) informing them of the nature of the study, the lack of benefits for informants, and the expectations of the researcher. It included their right not to answer questions and to withdraw from the research at any time. The researcher then reviewed the consent with the informants and the informants, prior to the interview, gave their verbal consent, on audiotape, to participate in the study. A copy of the consent, on University letterhead, with the researcher's phone number and address, was left with the informants. Confidentiality was respected, with only the typist and the researcher hearing the taped interviews. Transcribed interviews were read only by the researcher and her supervising committee. Anonymity of informants was assured by coding all data, typed transcripts, field notes and memos. Names within transcripts were changed before printing transcripts. Consent forms, tapes and transcripts were stored in a secure location and minor details have been altered in the final research report to ensure that informants are not identifiable. Tapes were erased upon completion of the study. The researcher had information available about local referral sources, in case that information became necessary.

IV. Case Stories

Yesterday and Today

Two sample cases are used extensively to present the results, with support from other interviews when appropriate. Before the cases and results, a short introduction to the setting is necessary to understand the context in which the experiences of these informants took place.

Yesterday

This northern prairie area opened for homesteading in the late 1920's. To escape the depression and drought in the southern prairies many sought land which was available for ten dollars a quarter section and a lot of hard work. "Proving up" the land meant they had to clear and plow about 60 acres over ten years in order to obtain title to the land. The homesteaders were of many nationalities and ethnic groups, varying in age from young people to middle aged couples with families. The boundaries of this area are: a major river to the south, to the north a formation of hills, to the east a settled area and to the west a provincial border. This northern prairie has a wet climate and the terrain consists of rolling land with large flat areas, lots of coulees, sloughs (depression in the ground full of water) and muskeg. A trip to town that takes 2 hours today took two days in the 1930's.

At the time these homesteaders started moving in there were no roads, just one trail. Most of the land was covered in bush (poplar, spruce, alder, and willow) and had to be cleared. Land was cleared by hand with axes and horses to pull out trees. Tractors and caterpillars were not available to most people until the late 1940's. Homesteaders had to build cabins and start clearing land to farm. They had gardens, raised chickens, cattle, and hogs and hunted wild game for food. It used to be said that if a man bought a few cows you knew he planned to stay. Many trapped or had small logging operations, for income. Their communities were built by themselves, working together to build schools,

community halls and a nursing station. Money was scarce and people sent a squirrel skin (worth 3 cents) with the letter they wanted to mail, on the mailrun to the postmaster, who would buy the skin and place a stamp on the letter.

The nursing station was built in the eastern portion of the area in 1931 and staffed by one nurse. She visited the western portion by horseback in 1936. The first schools were built in the earlier 1930's and the first stores were built in 1937 and 1938.

Transportation was difficult due to the wet area, mud, muskeg, creeks and poor roads. Corduroy roads were originally built by volunteers, laying trees side by side on the trail, especially over the muskeg. Some homesteaders paid their taxes by working on road crews. Roads and communication improved when oil and gas exploration moved into the area. It also provided a means of off farm employment.

Today

The area today has good gravel roads and bridges. It has modern community halls, churches, and a central school to which the children are bussed. There is a store and post office in the western portion of the area and a small hamlet in the eastern portion with two gas stations, a small hotel with a restaurant, 2 stores, a central school, and a health centre funded by the provincial government. The farms are large (600-1000 acres), growing forage seed such as fescue, timothy, brome, clover, and alfalfa; growing grain crops of barley, canola, wheat, and oats; raising cattle and hogs; and harvesting honey. There are clubs and organizations for adults and children to belong to and participate in. Major shopping, medical care, police, bus, and entertainment are available one hour away by car.[1]

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[1] Source - Secondary informant, Cleardale History Book Committee, 1982; Silver & Gold History Committee, 1981; Women's Institute, 1967.

Case One The V's

This couple have been married 50 years. He is 77 and she is 73 years old. Their ethnic origin is Northern Cree. They were raised in Northern Alberta and spent their lives working as trappers and homesteaders. They presently live on a wooded 9 acre lot within a group of 20 such lots developed by the Metis Association. The bush they refer to in conversation is less than 20 kms away as are the hills that mark the northern boundary of this homesteading area. Their original homestead is only 10 kms down the road from where they live now.

When he was 65 and began receiving his old age pension they sold their homestead of one quarter section. Although they continued to trap for a couple of years after selling the homestead they stopped trapping because of pension benefits and problems with her health and are now retired.

> Mr. V: Well, it's ah, two ways to look at it. It's ah, she couldn't no longer. I had to bring her out of there. She can't take it no more and then we was getting our pension cheques all that time so we decided we'd better quit because if they find out if we're trapping and we're making money, we'll, they're going to cut us down. So, went out and get out. (V2-16)
>
> Mrs. V: No. We trapped after we quit farming. Sold our farm and quit trapping. We had to quit. He was getting too old and I was getting sickly so. (V1-2)

Both Mr. V and Mrs. V see their lives as different when compared to when they were younger. They don't like the changes.

> Mr. V: Kind of sickly. Got worse this past summer and now I'm starting to feel good again. But that's, it probably lasted a little while. But I'm not like I used to be. I remember we, I'm just about half the person, not even half the person I used to be.
> INT: So, so for you, is life different?[1]
> Mr. V: Yes, my life is different. Yah, oh yes. (V3-2)

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[1]INT-Interviewer

Mrs. V: When you're getting old, you can't move as good as you used to. I hate to be old, that's how I am. (response to why her life is different). (V3-1)

INT: So what you're saying to me kind of is that, although you haven't had a lot of major changes in different things, life for you is different than when you were younger. You feel like it's quite different.
Mrs. V: Yah.
INT: And so what really has to change in you for you to feel that it's different?
Mrs. V: Well, for a lot of things. When you're old you don't, you don't care for nothing at all whether you live or die. When you can't work anyway, so what's the difference when you die tomorrow or then today.
INT: So, are you saying to me then, because you can't do the things you want to do...
Mrs. V: ...yah that's...
INT: ...you feel like you're useless?
Mrs. V: Uh-uh. That's what I feel like.
INT: And does it make you feel really frustrated?
Mrs. V: Yah. Cause you can't do the things you like to do and a lot of times I sit here and oh boy I'd like to do that and I'd like to work and you can't do it. You get played out. (V1-17)

INT: So life is quite different now isn't it?
Mrs. V: Uh-uh.
INT: Staying here.
Mrs. V: Staying in here. Just like a cage. Cause I was always outside. (V1-5)

Their homesteading and trapping work involved hard, physical labour. Being able to work has always been important to them. They do not see aging as a positive time of their lives. They cannot work as they want to and have been used to and therefore see themselves as unhealthy. For these two people health is being able to do physical work. Mrs. V states "It's kind of sad to be old."

INT: Right. So when you say you haven't felt healthy, what does health mean to you?
Mrs. V: Well I could work more. Since I've been liking to work all the time all my life.
INT: So, are you saying health is being able to work?
Mrs. V: Uh-uh. And now I can't work too good and I don't like it.
INT: And so that's being not healthy?
Mrs. V: Uh-uh.
INT: Is not being able to work?
Mrs. V: Yah. When I was healthy I'd trap. I had my little dog with me in the toboggan and big pack on my back and a twenty two. Boy I used to love to trap. (V1-5)

Mrs. V: Can't work when you want to cause I'm used to working hard. Not, I'm just no good for nothing.
INT: But aren't you ready to sit back and put your feet up and say I'm going to take life easy now?
Mrs. V: No, not yet.
INT: You don't want to do that?
Mrs. V: No, if I can do a little bit of work, I'll do it. (V3-14)

When describing a neighbour who they consider healthy Mr. V states "Oh, he's not more sickly or nothing, you know. He gets around, works...Oh yes, he can get out and work, do a days work." (V3-20)

Aging is associated with illness and they do not expect to be without illness as older people. Normal physical changes of aging are not differentiated from illness. These changes are not important in their lives unless they interfere with normal daily life. Mrs. V's response to the query about physical change was that she had none except her diarrhea, but throughout the interview she lists many when solicited with a check-list by the interviewer. Mr. V states his only change is that he "has slowed up."

Mrs. V: ...My fingers are numbing...My back aches once in awhile. My hands...Missing a few teeth and my eyes are no good...They're [muscles] getting weaker like, not like we used to be. Be strong and like a bull. (V1-14)

Mrs. V: Well, I used to do quite a bit work and everything. But now I just want to sleep all day. Cause when you're old you don't feel so good. One day you feel pretty good and the next day you're sick. So, I don't, really it's not a good life. But when you're young you got no pains at all you just run around all over. Dance and everything. (V1-1)

Mrs. V is not happy about aging. {She took the newspaper photo of their 50th wedding anniversary and ripped in two, throwing her half in the garbage and keeping his half}[1]. Mrs. V is not ugly, she has dark sparkly eyes and a smile that lights up her face, but she looks sad.

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[1] { } - Secondary informant

Mrs. V: Today, now I'm ugly, I'm not as pretty as I was before. That's why I always try and hide from people. I tell them, oh, I don't like to face people, I said to him. Why? You're getting so ugly and I'm getting old.
INT: But you're not ugly. But it bothers you to be getting older?
Mrs. V: It does. It does bother me.
INT: Can you tell me why?
Mrs. V: Well, you don't look the same and you don't feel the same. Sometimes I sit here and wonder if we live or die. He treats me pretty good but still, not the same. About fifty years ago I'd be jumping up and down and dancing away. Singing away. I even lost all my good teeth and now it's pretty hard to understand me. (V1-7)

People seem to be important in their lives, but they do not seek them out. They have a lot of company, mainly their neighbours and friends. Although this couple have no children they have many sisters and brothers and nieces and nephews. They enjoy children and like being called Grandma and Grandpa by the children they are associated with. When they need help it is usually offered by their neighbours, but their wood for this winter was cut up in the hills by a nephew. Mr. V states they could depend on the neighbours for assistance if he could not drive.

Mr. V: Yah, neighbours, next door neighbours, both sides [help with food and water if he couldn't drive].....They're really, really, beautiful people.(V3 -7)

Mr. V: That's what we would do. And then we got beautiful neighbours, like here, next door and next door to the south here. They are beautiful. Sometime they even go out and get water for us. Sometime I'd be sitting here. Comes in with a load of wood. E. brings us a load of wood, we don't even know nothing about it. So, they are nice.
INT: So, how does that make you feel?
Mrs. V: Feels good.
Mr. V: Makes you feel good. It makes you feel like you're somebody thinks of you and want to help you. It's really nice. (V3-21)

Neither of these two people have any formal education to speak of and they cannot read. They listen to the radio, watch television and visit with friends who drop in. Their cultural background is Metis.

Mr. V: Oh goodness, college education! I don't think I went past grade one. Well I was in boarding school for two years. So that should have been enough time for me to be able to write my name, when I come out of there, my goodness I can hardly write my name. (V2-19)

Mrs. V: I don't read much because I never went to school. We was too poor to go to school....I used to sew quite a bit on the machine....I used to make moccasins....I watch television. (V1-13)

A sense of accomplishment and pride is expressed by Mr. V when he repeatedly mentions their life together. "We said we take the bush life, go trapping, work side by side and we worked hard all our lives." (V3-8) They do not talk about major goals for their lives up to this point and now health is a goal for Mrs. V and Mr. V doesn't mention any.

Mrs. V: I know I had to grub trees and everything for one thing. [to make it a farm]...Well, we used to go up in the bush quite a bit with a team of horses and a tent, go fishing. We liked that pretty good...Well, we're just hoping to live healthy and that's all I can see, be healthy. (V1-10)

The V's do not compare themselves with other older people who live in the cities, but rather they compare with their past. To them life in general is better than it used to be due to electricity, good roads. They think living in a rural setting is the only place to be.

Mrs. V: I don't think that's true [life in country is not as good as city]. It's a nice place to live. It's quiet, it's nice. Them roads don't mean nothing. Use to anyway, we'd get around. If we'd get stuck we'd chop a little tree there and go around it. Nowadays you can go anywheres, good roads.....I think it's a good life to live out here in the bush, in the bush, I like it up here . It's quiet, I don't think I could live in the city. (V1-20)

INT: ...so how do you feel about living out here in a country place like this?
Mr. V: Well, I wouldn't call this country up here now, that, deserted country now. That's ah...
INT: People in the city call it country and they call it isolated country...
Mr. V: Isolated country? But you know, when we were right up there, we got power and we've got roads, gravel roads, but what did we had before that? So we know all about that roads, country roads, road through the bush with wagons, saddle horses. Today you get in a car and away you go. Well, see in a city now I guess it's different. I couldn't live in a city. I couldn't live in town, all that noise. (V2-14)

Death is something they have talked about, what will happen if one of them dies. Both Mr. V and Mrs. V mentioned how they hate town and they talked about how terrible nursing homes are, but they both gave conditions under which they would consider making a move into one.

Mr. V: Oh, I think about it [death]. I think about it, yes. Cause I know it. Sometimes I, like this summer, a lot of times I'd go lay down in the bed there. I'm not sure to get up. I was, I was that sick. I didn't think I was going to make it.
INT: And so did you actually think about dying?
Mr. V: I come out of it and I think about dying, oh yes. So one day one of us is going to go. We know that. One's going to be left behind. So, whoever's left behind, guess we'll just have to wait till his turn.
INT: It'll, it'll be difficult though, won't it?
Mr. V: Uh-uh. Oh yah, it's going to be. Yah. And another thing, these people that goes into a home, these old people that goes into a home. I think a person lives too long. Too long. See by going into a home where they can be looked after. I don't know myself, I think, I wouldn't go to a home. Unless I couldn't walk or something like that, but, people I think when they go into a home, then they live too long and have a hard life. I don't think I could make it. Like, staying away from home, well, well, you might, you die sooner. And you don't have to wait that long. (V2-17)

Mrs. V: Well lots of times we were talking about it [death]. My husband and I, I said to him, no, I don't want live not too long from now. He said, if I go, you just got to keep going. I said maybe you, I'll be gone first before you, I said.
INT: So, so you've talked about what it would be like if he died before you or you died before him?
Mrs. V: Yah. And I said to him, you'll get married. He just laughed at me. He said my age? I said, I wouldn't want another man, when you go, I'll stay single cause I wouldn't last that long anyway.
INT: So, what will happen for you if he should die because you don't drive?
Mrs. V: Oh, I don't know. I guess I'll have to move.
INT: Where would you move?
Mrs. V: In a home.
INT: Where? Like do you, do you think about where you would go?
Mrs. V: [The nearest town, one hour away], I guess. The only place. (V1-20)

But they are also able to ignore facing other sources of potential change until they must.

When asked if they worry about what will happen in a few years they responded:

Mrs. V: Oh no, You know.
Mr. V: No, I don't figure that I'll get any worse than I am now. I'm hoping to be able to drive yet. I just got my driver's license again. (V3-28)

Mr. V is trying to preserve his sense of himself.

Mr. V: Well, sometimes I don't like to think about it, because you're just, well you're not yourself anymore, you know. Not like you used to be. But as far as, well when you're getting old you don't mention it. (V2-11)

When asked about changes in their lives Mr. V talked about environmental changes like roads and farms being everywhere where there had been bush. Mrs. V talked about

roads and skidoos. But neither technological change nor environmental change seem prominent in their immediate lives as they still heat and cook with wood, haul water and use an outhouse. But they do have power, a modern truck and television by satellite dish, radio, and they split their wood with a hydraulic wood spliter.

> Mr. V: Oh my gosh. Like I say, look at this here country's changed. Even when I was young, this country here was bush one time, it was all bush. You could get out to anyplace, go and hunt moose, and that's all the big change. (V2-6)

There are many things about their lives that are different. They no longer go out visiting because they like to mind their own business, he doesn't like to drive as much as he used to and she doesn't like to go anywhere. He does most of the shopping on his own.

> Mr. V: We don't go nowheres. That's something, we really don't go nowheres now, but we, not like we used to. We used to go around quite a bit, but not anymore.
> INT: You used to go visiting, like?
> Mr. V: Oh yes, yes. Now we don't even go visiting.
> INT: Why?
> Mr. V: Well, we figure in a place like this here, we figure that ah, its the easiest way to get along, I think. This is the way we look at it. See we don't go and hurt nobody, they might go and say something about me, you know, you might hurt somebody. By staying home you don't do that. Oh, we get lots of company. (V3-3)

> Mr. V: She stays home, She wants to stay home.
> INT: So even when you go to [nearest town] for groceries, you stay home some of the time?
> Mr. V: All the time. She makes a list what we need and, and I go into town. (V3-4)

Although Mrs. V doesn't go out by choice she feels "penned" in by this lifestyle. They both feel this loss of freedom.

> INT: So life is quite different now isn't it?
> Mrs. V: Uh-uh.
> INT: Staying here.
> Mrs. V: Staying in here, just like a cage, cause I was always outside. (V1-5)

> INT: Do you miss trapping?
> Mr. V: Oh do I ever. If them legs of mine would carry me around, that's where I'd be, out in the bush somewhere. Trapping with somebody. Oh I miss trapping. You know, for all the years I've been in the bush, the only thing I ever knew was trapping. (V2-8)

Both members of this couple feel old at this time.

INT: So when, when do you think you first felt like an older person?
Mr. V: Oh my...
INT: When you quit?
Mr. V: ...when I first got my, my ah, pension cheque and I looked at it and I says, well, that's makes me an old man.
INT: So did you feel old then?
Mr. V: That's the way I felt. That's what I said. Kidding with her you know, and I says, well, that's, that makes me an old man. My first cheque. So, I don't know, I started to feel, I don't know, maybe I did feel different. You know, thinking about it. But it's sixty five.
INT: So it was getting the cheque that made you feel old?
Mr. V: Oh yah, getting it then. (V2-15)

INT: What would you think it was like for you [feeling old]?
Mrs. V: Well, I know I'm, when I'm doing something and you can't do it you know. When you're trying to work and get played out and, and then you know you're old. No good for nothing.
INT: Uh-uh. Did that happen at a certain time? Like were you sixty? Were you seventy?
Mrs. V: Sixty isn't old. It's seventy that I start to realize I'm getting old. Seventy three now. So that's pretty old.
INT: So you've only felt old just recently?
Mrs. V: Uh-uh.
INT: Like when you were sixty, you could still do things you wanted to do?
Mrs. V: Oh yah. Can still run but now I'd fall. I'd try and run. (V1-8)

They are experiencing the loss of significant people in their lives, both family members and their peer group of neighbours and friends. Mrs. V found it difficult when her father died several years ago.

INT: So, what other people lived around you in this area around where your farm was? Are they still here? The people who lived around you?
Mrs. V: No. Not really. No, they moved.
INT: They've moved away? For what reasons?
Mrs. V: They've died and like K, he used to live right close by there. He died and his wife's in a home.
INT: So were they older than you?
Mrs. V: Oh yah. She's an old lady. The old man, he died of old age. And H P where S are living now. They've moved to [nearest town].
INT: Why did they move?
Mrs. V: Well, they were getting old. E was getting pretty old. And now P M are all moved. And all died.
INT: So they just got older and died?
Mrs. V: Uh-uh. And W he used to live across the creek here. He died. His wife died too. (V1-18)

Mr. V: ...That's one big change. And all these homesteaders that homesteaded, they're all gone. They're no longer here. (V2-6)

Their lives are better since they both stopped drinking and he has also stopped smoking.

Mrs. V: Since we don't drink now. Just eat. Feel better. No one loses sleep or nothing. Just right at home. (V1-12)

Mr. V: Well, a lot of things have changed. When I was, a few years back I used to be one of these guys that liked to drink, Whiskey and smoke cigarettes and but nowadays I'm getting older, I just quit that stuff. I don't drink. I don't smoke. The only thing I never quit is, sometimes I don't tell the truth. Sometimes, I got, yes... (V2-11)

Their life together as a couple has improved for them as they have aged and they are satisfied with it. They have become very interdependent over the years.

Mrs. V: We get along really good, real good now we're old.
INT: Why do you think that is?
Mrs. V: I don't know. That's the way it goes.
INT: So, do you think you get along better now than you did when you were younger?
Mrs. V: Uh-uh. Much better because he used to drink. Both drink. Not now.
INT: So if you were both drinking that would have made, caused a lot of problems when you were young that, that wouldn't happen now, right?
Mrs. V: No, it would never happen now cause we want to eat. Sleep better. We're both happy all the time. Teasing one another.
INT: So that's a good part of growing old for you right now is the way you and your husband, the life you have together?
Mrs. V: Uh-uh. Yah. We don't care if we don't see nobody. Just enjoy ourselves. (V1-23)

Mr. V: Think there's a lot of truth in that. I think a person lives, well after fifty years, well you are bound to, you know love one another and , and I was younger, well, we lived together. We have our ups and downs you know and quarrel, that's nothing serious.
INT: So is it better now or worse or the same?
Mr. V: Course it better, way better. (V2-17)

Mr. V : We put in a hard life. Both of us. She trapped right beside me. And so we've been together ever since.
INT: Yah. Fifty years this summer, right?
Mr. V: Yah. That was in August, yah.
INT: Yah, I think that's really nice.
Mr. V: Yah it's a long time.
INT: Yah, cause some people aren't lucky enough to be together that long.
Mr. V: That's right, yah. No, we never was apart. Just lived together fifty years. (V2-3)

Another area where their lives have changed are the activities that they have stopped. They quit trapping and homesteading. They no longer play the banjo or the

fiddle and Mrs. V has stopped sewing, babysitting, and making moccasins. They no longer garden.

> Mrs. V: Well, I don't pick roots no more, I don't trap no more....I used to sew quite a bit on the sewing machine....I used to make moccasins. My spare times, make moccasins and selling them....I used to but not now, my fingers are numbing....Just [now] work around the place here and do a little piling woods you know, that's hard work. (V1-13,14)

There are also things that have stayed the same about this couple as they have aged. They continue to work together as a team, just as they have done all their married lives.

> Mrs. V: No, we worked together [joint tasks].
> Mr. V: We worked together all the time....Side by side, ever since we got married....We said we take the bush life, go trapping, work side by side and we worked hard all our lives. (V3-8)
>
> INT: So as, since you brought that up, I'll just ask you, as a older couple together, what, what do you think is important about growing old together?
> Mrs. V: Well, living together I guess.
> INT: How is, how does living together, how is it important.
> Mrs. V: Well, we just look after each other and that's about all we can do that.
> Mr. V: It's important to us.
> Mrs. V: You get sick and the other one works a little bit.
> INT: So it's helping each other out kind of eh?
> Mrs. V: Uh-uh. (V3-22)

When one is ill and cannot work the other does what ever has to be done around the place.

> Mrs. V: Well one works while one stays in bed [effect of poor health].
> Mr. V: Well, we work, what we have to do. We have nothing to do around home, you know. But we go fifty-fifty on the work sometimes. She's not feeling good, she stays in and then [he does the work]. She does the work when [he is not feeling good]. (V3-2)

They continue to treat their health problems themselves and turn to the medical system.

> Mrs. V: No, I'd just take a hot drink of lemon juice or something. Peppermint tea or something, I was O.K., so I didn't have to see the nurse every time I'd get a stomach ache or something....I had asthma for awhile but that went away. I cured that....Well, I've got some pain killer, drink that and cold water, and that cured it. (V1-10,16)
>
> Mr. V: Well, a lot of times I've been sickly for a long time but we do use a lot, sometimes we ain't got the stuff [Indian medicine]. You can't, you ain't got it, you know. Stuff that you got to have, you ain't got it, then you go to the doctor. (V2 -13)

They like people.

> Mr. V: Neighbours [come by]....Our friends and our old friends. We have company all the time. Especially at night times when they come most. (V3-5)

They enjoy children.

> Mrs. V: Even little kids, we never had no kids, but they come and find us here. (V3-11)

They value their independence which has always been part of their life style. They state that they would not ask for help, but make do until someone came along and offered assistance. Although their strong independent nature is reflected in their refusing to ask for assistance, they take great pleasure when a neighbour brings them wood, water or wild meat. They presently live in a house supplied by the Metis Association, but they talk about moving to be on their own. They think it is best to mind your own business and not get involved with others. The desire for the independence and isolation of their past lifestyle is evident in their conversation. (The place, in the bush, where they talk about moving to is less than 10 km away).

> Mr. V: Yes, I think we both feel the same way [about being independent].
> Mrs. V: We don't depend on other people.(V3-11)

> Mr. V: Never ask nobody for anything. The only help we ever got was from ah, pension. Any other help, we never got. You live on your own and make our own living. (V2-18)

> Mr. V: Yah. That's the only thing. Sometimes I like, if I could I'd buy a trailer sometimes.
> Mrs. V: Move out...
> INT: And get away from here and just be on your own?
> Mr. V: Yes, by some lake someplace. Out of here. (V3-6)

> Mr. V: Yah, we could go up there, I'm sorry we ever moved down here. So we should have stayed there. Then and again, there was neighbours again, you know. There was, was up here, right. And I was gonna leave the house up there, so we can go up there.
> Mrs. V: They went and got it [moved their house]. (V3-24)

Although their life has changed and they don't like it, their life is easier and better and their relationship as a couple is better.

Mrs. V: Living hard times and all that. When we first got married we only had, he had a blanket. One blanket and a guitar. We trade that guitar off for a tent. That's all we had is just that blanket of his and the guitar. That's all we had to start with.
INT: So life has certainly gotten better for you from the, from a tent, one tent and one blanket, hasn't it?
Mrs. V: It sure did. (V1-21)

Mr. V: Well, I don't know. I'm not kicking the way we are. You see we are getting medical and everything. And not hollering for nothing. I'm satisfied. But there's others gotta a different ideas. But ourselves, we were, we're satisfied and we're happy for the way things are going. (V2-19)

INT: I'd like to ask you if you think, what's been the best thing for you about growing old?
Mrs. V: Well, one thing, you get your money at that age.
INT: You get your pension?
Mrs. V: Yah. So you don't have to work. Get that. You get that every month. It's the only thing I can think of that's good. (V1-7)

INT: So what, do, do you have anything else that, that I haven't asked you that you want to tell me on what it's like to, to be growing older out here as a couple?
Mrs. V: Beautiful, I guess. It's all I can say. (V3-25)

The V's, although not able to continue with work they value from their earlier years, continue to share their work and life today as they always have, helping each other when one is ill. Working together they are able to continue to live on their own, something that would be unlikely for either of them alone. When a change occurs for one the other is there to assist, thus easing the adaptation. They have long, shared memories of their days trapping together. These memories provide them with a sense of pride about the life they led together.

They find each other to be their friend and companion and they enjoy their time together. They share a common goal of not wanting to be governed by others' rules, seeking to preserve some of the independence of their earlier, more isolated lifestyle. (Within the group of Northern Cree that live in this area some have totally adopted the white lifestyle of farming, some have totally rejected it, and the V's are in the middle of these two extremes. The V's maintained their traditional native lifestyle in the winter, but

tried to live up to the "white" expectations in the summer, by homesteading. Working as farmers was ... part of their culture.)

Case Two The J's

This couple has been married for 49 years. They both grew up in South and Central Alberta before their families moved to the Peace Region, where they met, married and began homesteading. At present Mrs. J is 72 and Mr. J is 77 years old and they are retired. Their farm is about 100 km west of that of the couple in Case One, in a more sparsely populated area, near a major river which has separated them from services for many years before the bridge was built in 1987. The land is fairly flat with a lot of it still covered with bush. The J's live in a large, modern mobile home sitting beside their old log cabin in a large treed farm yard full of the many small sheds and buildings of a farm. Their land is rented out.

Their early life involved the hard, physical work of clearing land by hand and setting up a farm as well as working off the farm to earn money for the farm. This stage of their life together was complicated by Mr. J's developing a chronic illness which limited the work he could do.

Mrs. J: Yah, we've, I've had to work out cause the first years we were married, D. got arthritis so bad, he got crippled up. And he was so crippled..
INT: When you were young?
Mrs. J: Yes, Well he was so crippled that I had to go to work.
INT: And around here, where would you go?
Mrs. J: I taught some school and then I worked, during the war I worked in a cafe in [nearest town] and D. tried working here but his arthritis hit him in his back, and it twisted his back and he was unable to work. So for five years, we did what we could on the homestead and ah, I worked out as much as I could, because you know...
INT: To make things, ends meet...
Mrs. J: Well, we were married in, in, in kind of the dirty thirties you might say, and we didn't have a heck of a lot. So we had to make do with what we had and at that time there was more bush here and everything and our gardens froze most of the time, so our diet was mostly turnips and wild meat, eh. So, and I worked out to get harness for horses and stuff like that so that we could carry on.... (J1-3)

Later, when he was able, Mr. J went out to work and Mrs. J and the children maintained the farm. Today he moves very stiffly, has rounded, hunched shoulders and turns his body as a whole when he turns.

> Mrs. J: Yah. So I had five kids to raise. And I did pretty good I thought, keeping them all together. And my oldest son, he, he was a real pillar of strength because he, he seemed to be able to handle the other four, eh. And they were good kids, they, they helped with all the work. I raised a bunch of pigs and I had cattle and horses and everything else here. And D was...
> INT: So a lot of chores...
> Mrs. J: Yah, and D sent, and we bucked all our wood by hand, and D sent his cheques home. He was, you know, a very good provider as far as providing, he did the best he could. (J1-6)
>
> Mr. J: Oh I did, I kept the farm [while working out]. But I didn't, M did and the kids, but I worked out and kept her money in and yah, I put fourteen years in the job. (J2-6)

Community work was necessary to build their community and become a part of it. Mrs. J found some difficulty fitting in at first due to her nationality and the war "I was a dago. An awful lot of them probably lost people over there."

> Mrs. J: Oh yah, sure. We, we helped build the community hall. We, I belong to the W. A. too and so we got a, I don't go to church. I'm not a church goer but I work for the community. You know, the church and the cemetery and stuff like that...I still do it, yah. (J1-14)
>
> Mr. J: See, I got all my blacksmith tools and the welder and I have grinders and everything.
> Mrs. J: Yah, and in the, in the early days, they used to come here a lot. Different people, cause D. was quite good with farm machinery and he was very good with cattle cause he used to, used to look after them, you know. Any alterations of the animals and all that. D. was good that way. (J3-4)

Retirement came in stages for this couple. Mrs. J decreased her work by selling the farm animals when she moved to town so their last child could attend high school. Mr. J quit working out when he received his pension and then for health reasons he stopped farming a couple of years later.

> Mr. J: Well, at the time it, it was just after that cancer operation and the doctor told me not to do nothing for a few years, so that's one reason why I quit. And I don't, we get along good now so I don't think...
> INT: Did the arthritis in your back, was that an influence in?

Mr. J: Oh yah, I had them, bothered me all the time, was that but you have to learn to live with it. There's nothing you can do about it.
INT: O.K. How about your pension? Did that influence your decision? Getting your pension?
Mr. J: Well, that helped us I thought. Because after I got that I quit working. Working out like.(J2-7)

Mr. J: Well I think that, it's not to, like it used to be. I used to have to worry about a job and about money coming in. Well, the government pays us now so that helps quite a bit. And if you watch your p's and q's, you can live on it. Especially out on the farm here. (J2-2)

They both see this stage of their life positively.

Mrs. J: How do I feel? It's just a process we go through, so. I feel O.K. I've had good health. Good family. Never wanted for anything so. A bit old fashioned about things but, still feel quite good about it really.
INT: So, for you it's been an O.K. experience so far?
Mrs. J: Oh sure. It's a time, you know, process of time. So. You just live with it and make the best of it. (J1-1)

Mrs. J: Pretty well, yah. It doesn't matter if you slow down. If you, if you went into an injury of some sort you'd have to slow down. You wouldn't be able to do it. So, ah, aging isn't an injury but it's um, a lot of it's a state of mind too.
Mr. J: In one way it's a God send because like I told you back awhile, you don't have to worry about getting a job, cause the government has to look after you .
Mrs. J: Well, yah.
INT: So that's a, that's an advantage.
Mr. J: Sure it is.
Mrs. J: Yah. Actually it's an advantage to you because if you didn't age...
Mr. J: . You wouldn't get that eh?
Mrs. J: Not only that but you would try to do what you did when you were younger and you might harm yourself too. You could easily harm yourself by trying to overdue it.
Mr. J: And here's another thing...
Mrs. J: So the aging is an asset really...
Mr. J: I don't know if, if it's mentioned in there or not but there's one thing about growing old um, nowadays. It's like I said, it changed from the hungry thirties. Hungry thirties, everybody is, was trying to make a living and doing the best he could, but nowadays, if you didn't grow old, you'd be trying to hog all the damn land around you so you'd make more money, so you could go to California for the winters and that. So this way, aging stops you. You can't do that.
INT: It slows you down so that?
Mrs. J: It slows you down to the extent...
Mr. J: Which is a good thing too.
Mrs. J: ...that greed goes out the door.
Mr. J: Yah. (J3-8)

When asked about change and their lives, looking back over the years, this couple find life to be not very different. They see change in technology and in their environment around them. Their lives are easier as they use technology for normal activities.

Mr. J: Well I, the only change I see is, outside of I used to, if I want to go hunting I can go yet. But seeing and like, a little bit of hearing maybe. And walking. It bothers me to walk cause I can't walk like I used to. But other than that I don't see any changes. (J2-6)

INT: O.K. So really, you, you're world externally has changed a lot, but, what you're saying to me is that you haven't changed a lot.
Mrs. J: I don't think I have. I, no, I don't think so. (J1-9)

Mrs. J: Oh very much so, yah. Ah, opening up the land. We'll it was a lot of hard work, you know. Picking roots and rocks and you know, helping with the harvest. But then we had the changes of the oil coming into our country here. And that made a big change, in the lives of a lot of people because, well, you had to get a job to sustain your farm in other words, you know. And ah, when the oil came in, well then we had better roads. We had terrible roads. Our roads were out of this world.
INT: I heard some pretty good stories about them.
Mrs. J: And then we had a river to contend with...
INT: Yah, over here...
Mrs. J: ...you know and that river at times was, you couldn't go across it, you know. High water or freezing time, we used to have an ice bridge yes, but an ice bridge was never that safe, you know, and ah, with the advent of oil, then came, came phones. Then came power and that, all that added to make it a little easier. We got appliances and stuff like that to go by, but um, when I look back somehow sometimes I think, it was for the good sure. For the good of the community. Good of the people and everything, but I still like to look back, you know, in those first days and all this you know, those first times we were here. Working together. (J1-4)

Mr. J: I got my own little, tractor and a bucket. I even put her in a bucket when she's washing her windows.
INT: Perfect, eh? You don't need a ladder.
Mr. J: It's in, it's in the garage there on the other side of my snow blower. (J3-7)

When asked about the physical changes of aging that have occurred in their lives they only note those that affect activities in their daily life even though others have occurred and are mentioned later in conversation. Mrs. J felt she was slowing down. Mr. J noted that he had to take his time, was stiffer and his vision was changing. "Well, you're stiff, eh. You find that out after you get so old, you can't rush it."

Mr. J: Well, I get wrinkled and eyesight would go.
INT: So your vision isn't as good as it used to be?
Mr. J: No, I have to have glasses. And there's a lot of things that you used to do that you can't do. Well, you can do but you gotta watch you don't fall and you gotta take your time doing it. No use rushing, you'll pile up. That's about the size of it.
INT: So you, you do things at a, more cautiously?
Mr. J: Yah. Like I roofed all this trailer and I was up and down them ladders like a jack rabbit. I just took my time and didn't have any accidents. But that's the way it is. You gotta just take your time. Think before you step. (J2-1)

Mrs. J: Well, I've slowed down to the extent that I want to do something, you know and I get a little tired if I go, try to do too much. I can't do it like I used to. But I can still go. I don't sleep in the afternoon like a lot of people. You know a lot of older people, I shouldn't say older people, but people my age. They have to lay down. I can still walk, until, here just about a year ago, I used to walk four miles to the mail and back. It didn't bother me a bit. I'd go berry picking. Can get down on my hands and knees. I do my own gardening. (J1-7,8)

Both members of this couple see themselves as healthy. They are able to do what they want to do.

Mrs. J: I don't feel that way so it doesn't bother me. I've had different ones say, oh you're not that old really, are you? I said sure, I'm that age but I don't feel that way, you know. I've still got pretty good health and I, you know, I can move around like I want to.
INT: So what does it [health] mean to you?
Mrs. J: Well, I don't have arthritis. The only thing that I got that you might say is bad for health is that I have to wear glasses when I read. And then I've got varicose veins, bad varicose veins but, I've never had them attended to cause they don't hurt. So why should I?
INT: So they don't interfere with you doing anything?
Mrs. J: They don't interfere with my walking. I do a lot of walking.
INT: So would you see health as being able to do what you want to do?
Mrs. J: Yah. If you've got your health I can do what I want. (J1-7)

Mr. J: Oh yah. Yah. But ah, just, just things like that. As far as health's concerned, I don't, I don't know. I feel just as healthy as I ever did.
INT: O.K. Let's talk a little bit about health then. Everybody thinks of health differently. So I want you to tell me what your definition of health is for you.
Mr. J: O.K. I think as long as you can sleep good and, and that you're not under a doctor's care all the time, where you don't have to be taking pills or anything like that, I think that's, well, I don't know just how to answer that.
INT: O.K. I'm going to throw something at you here. Cause some people have said to me that health is being able to do what you want to do. And as long as you can do what you want to do, you're healthy.
Mr. J: Yah, you're right.
INT: That's what some of the people I've interviewed have said.

Mr. J: And as long as you can keep doing things and working, you forget about growing old. You don't even think about it. I don't anyway. (J2-2)

The J's have many things that are important in their lives that have been the same throughout their life together. Family has been and still is important to them both, as demonstrated by their goals. This is reflected in Mrs. J's comments about her children and Mr. J's quitting fiddling.

Mrs. J: Well, then, naturally it was family, you know, you worked and you, you did what you could and make sure that you had a family that was, you know, that you could present to the world and it wouldn't shame you or anything like this. Then once, once they're gone, then you, there's just the two of you then, so then it falls on the two of you to more or less look after each other. (J1-15)

INT: So how about after you were married? What kind of goals did you have?

Mr. J: Well, we used to, we had quite a time after we were married cause I played for dances and I was away when I shouldn't have been. I should have been home and there was nothing in it but once you start, you start and that's it, eh? But ah, then I got to drinking so that, I just had to either throw the fiddle away or maybe get a divorce. So I shoved the fiddles under the bed and left them there. (J2-7)

Mrs. J: ...The kids grew up in the environment of a farm, you know. They and they knew what it was chore time was chore time. They knew what to do and they never complained as long as they had enough on the table and patchy old pants to go to school with. That was fine, you know, it, and ah, I, I don't regret those days at all. And growing, getting older, the only, the only thing that bothers a person more or less is when the children leave. They have to, they have to make their own way, they have to go away. And ah, once they're gone to look for them to come home with the grandkids then, you know.... (J1-4)

Helping their children is also a concern for this couple. This is done through caring, through experience and financially.

Mrs. J: ...the children come first.
INT: So helping your children is a priority?
Mrs. J: Is still a priority. It's, you know, they come first.
Mr. J: They're number one on the list.
Mrs. J: Yah. And then we're...
INT: Before your husband, your spouse, or after?
Mrs. J: After the spouse.
INT: O.K. I'm just checking.
Mrs. J: The children, yah, the children come first really because he's still able to, if he was unable to carry on by himself, if I had to help him around and all that, naturally he'd come first. It would only be natural. But

the children, we brought those in the world here eh? And it's up to us. They're our priority. (J3-9,10)

Mrs. J: ...I'd rather be doing the worrying over them rather, you know, and being older, well, you have more experience. You've been through the mill more or less and you feel that you can help them more, more, you can help them more, more, more, you can help them more, more than they can help you because they're just starting out, they've still got to go through all this. And if you can show them that growing old, doesn't mean that you're sixty five, seventy five, you still feel about twenty nine or thirty, and I feel that way. (J1-6,7)

Mrs. J: ...that money and we paid off our trailer and paid off our truck. And we're able to help the kids, give each a nice sum a thousand fifteen hundred whatever it was, to each one of the kids. (J1-20)

Their children are part of their support network, although only one lives near them.

Mrs. J: And then, my daughter, she lives in G C. She's only seventeen miles from here. G C over there and she phones every day and there's where the phone comes in, you see. There's our asset. There's our, that's a great...
INT: ...a communication line to your children, yah.
Mrs. J: Yah, and they keep track of us. (J1-18)

People have always been important to the J's and this is evident in many parts of their lives, from helping their neighbours to making new friends to replace their old ones. Community activities keep them involved with people.

Mr. J: Well we joined that, club over there just on account of the kids. That's the only reason I joined it because I didn't, well, they raise their horses. And we joined that club because I'd sooner see them kids out riding horseback than smoking dope or, so we donate a trophy towards it and help get them going. It's something. Something to do.
Mrs. J: Yah, that's a gymkhana.
Mr. J: Gymkhana. Like, and they have several of them if you feel like you wanted to take in one. Well you can and we're lifetime members of it. So, we can go any time there is one.
Mrs. J: Yah, well, we try to be active as much as we can you know. It's, it's our own prerogative, if we want to go, we go. If we don't, well, you know there's nobody pushing us. We just go, eh.
INT: So, would, would you call that um, community organizations, that help make it better living out here?
Mrs. J: Oh yes, definitely.
Mr. J: Yah, right, yah...
INT: Cause you have things you can participate in?
Mrs. J: Yah, well we had that even in the early days. We had our community clubs and our stuff like that. But you know, as time changes, you know, different ways of looking at things change. Well, naturally we have to change with them, eh? So now we still have the community hall that we go to. We go to another one that's different. The agricultural society...

INT: Cause you've changed your interests too.
Mrs. J: We've changed them to a certain extent too, sure. D., he likes playing the fiddle. Well, O.K. Just drives me nuts in the house here, so he goes out and watches, he goes to his fiddling contests and that. He can go. (J3-2,3)

They miss the working together of people in their early community. People had to get together for picnics and berry picking to make their own entertainment, before telephones, power, and television.

Mrs. J: And ah, with the advent of oil, then came, came phones. Then came power and that, all that added to make it a little easier. We got appliances and stuff like that to go by, but um, when I look back somehow sometimes I think, it was for the good sure. For the good of the community. Good of the people and everything, but I still like to look back, you know, in those first days and all this you know, those first times we were here. Working together. (J1-4)

Mr. J: Well, I can see an awful change in the young folks to what used to be. Of course, we went through the hungry thirties, so I guess we got well trained. I don't know, I can see quite a difference in it. Ah, I'd say that they're not as friendly. A lot of them. And of course they're living in a different world too. So you have to allow for that. But course, things, time change and everything so, I guess the kids do too. And us old guys... (J2-1)

The J's reach out to younger community members to replace their friends who have moved away or died. It has remained important for them to feel part of their community and to help their neighbours. Thus their network is there if they should need it, but they state they wouldn't like to rely on neighbours for long. They want to maintain the interdependence of their earlier years by being a place others can come for help.

Mrs. J: Ah, not greatly in here because we're such a small community ah, there's still an awful lot of the old, not the old, but the, some of the younger children that have grown up and married and living in here. There's still, you know, we still communicate pretty good with them and everything because they're in here, eh. And they come here for favours or they come here, you know, I've babysat some of the children and stuff like this. But um, a lot of the older, people more or less in our age group, some of them have moved out. Some of them lost their land and had to move out. And it's sad when they go, you hate to see them go. But there's always the newer ones. The newer crop coming up and all you have to do is get in, get in with them.
INT: Reach out.
Mrs. J: Reach out to them. Get in with them.
INT: And so do you socialize with those younger people?
Mrs. J: Yah, we have an AG society in here. And then we have the seniors group. And... (J1-14)

INT: And what about neighbours and friends?
Mrs. J: Oh well, we're connected with them. D.'s got a whole bunch of old iron around here and they need a bolt. They need a nut. This is where they come.
Mr. J: They want something fixed. Come up here. (J3-4)

Mrs. J: And he was good at that you see, so this was more or less central here and what you know. We always had people here and now we have our little neighbours here all the time and, you know. So we do, you know, this is why it's so nice to be here. It's not only for us to be here. It's nice for the next guy to come along and we can help him out.
INT: That's right. So it's being part of the community, isn't it?
Mrs. J: Well, sure it is.
INT: And you help them. [illegible] you.
Mrs. J: Well, sure. (J3-5)

Mrs. J: The question [illegible] was, well, aging has changed us to the extent that we still like [illegible] elp the next guy that comes along. We still...
Mr. J: Oh yah, I'd go out of my way.
INT: So that's a priority that's the same all through your life?
Mrs. J: Yah.
Mr. J: I'd go out of my way for a person. (J3-9)

Work is important to these two people. They have work that they value for this period of their lives and it is things they have always enjoyed.

Mrs. J: Well, I'll tell you, as far as I'm concerned, as long as I can carry on and do these things, I'll do them. Whether I have two or three gallons of jam, say, sitting in the house, I can always get rid of it. There's always the individual who hasn't got it, you know and I can pass it on. And I'll just keep on doing this. When I can't do it anymore, well then, I'll just cut down my garden a little bit, or you know.
INT: So it's not related to age?
Mrs. J: I don't think so.
INT: It's related to your abilities.
Mrs. J: Well, look at, you take D. there for instance. He built that thing, that we got out there, that kind of a porch, he put back there. He did that all himself last summer. (J1-11)

Mr. J: Well, I'll tell you. Be honest with you I think a person should never give up working. He should do something. Don't sit around because if you do, you get so damn stiff and miserable that you, so you have to keep moving. You gotta move, otherwise when you're stiffening up like that well. A little exercise is good for you, like hoeing the garden or anything. Cleaning up and sawing wood and stuff like that. I think anyway.
INT: So you think people should keep doing some things?
Mr. J: Yah, I think they should.
INT: But how about when they should start changing how much they do?

Mr. J: Well, like, right now ah, I shouldn't do any hard work cause I wouldn't be able to finish the job if it was too hard cause I wouldn't be able to last that long but take too long to do it. But you should never give up work. You should find something to do. It keeps your mind occupied. And if you got that little goal, that you're going to go out and do that, and it helps. (J2-8)

They both value their independence and their country lifestyle. Driving is an essential component of this life. There are no comparisons made with people in the city, except when asked and then they can list their advantages.

Mrs. J: I did and still do [like living in the country]. That's why we're still here, cause neither one of us can hardly picture ourselves being shut up in a seniors home or a people's home or, unless we get absolutely sick or bedridden or something, well then, we'll have to give in.

INT: So you don't want, you don't want to move away from here unless you absolutely have to?

Mrs. J: No, no, I can't see it myself, I know even when we go to town, we spend a whole day in town and it's such a relief to get back. Where it's nice and quiet. Your own boss, you know. (J1-6)

Mrs. J: Yah sure. That, that's what we enjoy [freedom and privacy]. We like our privacy, very admittedly so, because there's times that we get bored with one another. I'll admit that. But that's only natural I think when you're in the proximity of just two people all the time you know. It, it is bound to get that way all right, but, I, I don't think I'd have it any other way.

Mr. J: No, I wouldn't either....

Mrs. J: ..Not, not for now...

Mr. J: I think that we're quite happy the way things are going.

Mrs. J: There's only one draw back. It comes to the point where we get too decrepit, well then we're going to have to give up things, this Shangri-la of ours.

Mr. J: I don't, I don't want to give this life up that we got now because we're our own damn boss. We can come and go as we please. If we wanted to sleep till noon, well, we do that. (J3-1,2)

Mrs. J: And the thing that bothers me about getting old is, is being a burden to the kids. You know having them worried over me. I don't want them worrying over me. (J1-6)

Mr. J: And you're not, you're independent too because we've got every damn thing they've got in town, actually, outside of shows and we got that on, on our T.V's. So I mean, I wouldn't give this life up for, for anything.

Mrs. J: Yah, and all our appliances and you know, with the advent of progress in the community itself, eh. We have everything that we need, really. And if we want to make the effort, we've got just different things, activities that happen in the community we can go to if we wish. It's our own, you know... (J3-2)

Mrs. J: No, I don't drive, I can drive but I don't. I don't have a license. I don't think that, well I could maybe live out here for a short time but when it'd come to an emergency, or if I had to go to town for groceries and stuff like that, I would have to depend on a neighbour. Or I couldn't depend on family cause they're not close.
INT: They're far away.
Mrs. J: So, if it came down to the nitty gritty, we would have to move out. I'd have to give this all up....And you can't, you know, you can't impose on a neighbour, they're, they're good, they're good hearted and that but after awhile they will get rather tired of having to pick you up and move you around. Now we've been without a vehicle here for three weeks.
INT: Oh, I was going to ask you that, like, how long your truck...
Mrs. J: Cause D. likes to get in the truck and go for the mail and visit down the, down with the neighbours and stuff like that, you know, and ah, but, with us here, we've got it so that, once a month we go to town. Get all our groceries. Cause we buy larger quantities and then we don't need to bother, you know and unless...
INT: So to be without a vehicle for three weeks, you've managed?
Mrs. J: Oh yah, we did alright. We really did good. Yah, and they keep track of us but it's transportation I think in the rural communities is about the biggest thing. Because when you have no wheels, you're, you're a foot, you know. (J1-17)

Mrs J. likes to look at the good side of life.

Mrs. J: You got to stop and think, that we're in the ripe old ages, eh, in the years. In the ripe years and it, we can be sick or hurt or something like that but we don't have to inflict it on other people, you know. Try to be cheerful about it and say, oh I darn near cut my finger off, but it's O.K. now or something like this, eh. Instead of, I, I don't like to see that in, in the older people and I try not to pass it on myself. You know. (J1-16)

Mr. J prefers not to dwell on what the future will bring until the time comes.

INT: So, what do you think will happen when you can't drive?
Mr. J: Well, I don't mean to be snide or anything but I'll just let nature take it's course and I'll cross that bridge when I come to it because....I think, I know an old fella out at R. They took his driver's license away from him and they shouldn't have. Because he has never been in an accident and he was the most carefullest driver there, a lot carefuller than some of the young ones. I'll say that for him. But on the account of his age, they figured he shouldn't be driving. So, cause his hearing was going eh. So, but that's one thing. If you can't hear, you can't drive. Or see, you have to be able to see and hear. Cause that's two important things. Your reflexes slow up a little but out on these gravel roads out in the country, I think a person could drive for quite awhile. But I don't know what to think about it. Like you say, I don't want to think about it. (J2-9)

There are some things that are different for the J's. They have time to enjoy their grandchildren and to take trips to visit their children. Mr. J has no desire to travel

anywhere except to see their children and they visit them regularly. Mr. J thinks it is important to do exercises to maintain flexibility and he exercises regularly.

Mr. J: And I get a kick out the kids like, they're, B. and H.'s little girls, I had them playing the fiddle here and they wouldn't eat so I told them...
Mrs. J: Yah, oh D., D. gets a big kick out of his grandchildren...
Mr. J: ....that they had to eat potatoes and eat meat because otherwise you wouldn't play fiddle. They dug right in and got right at it. But you can sure see a lot of funny things they do. You know.
Mrs. J: Yah. You can enjoy them more actually than you did your own in lots of ways, because you didn't have time at the time when you're making a living and raising a family. You don't have the time to enjoy them as much, you know. (J3-15)

Mrs. J: Well, in the summer we try [to go away]. We always try to make two trips at least to [son's home]. D. still drives well.
INT: What about in the winter? Do you go away too?
Mrs. J: Well, yah. We go to [other son's home].
INT: When do you have time to do holidays when you're doing all these things?
Mrs. J: Well, we slip it in. We've got a trip to M. yet to go. We've got a, we go to F. N. quite, quite often, you know. It's a nice drive and. We don't, we're not sitting here stagnating. I'm telling you, we gonna be moving. (J1-15)

Although some of their activities have changed over the years the J's don't identify many changes after they quit farming and Mr. J quit working off the farm. They have compensated for the changes that have occurred by "going slower" and being "more cautious."

Mrs. J: Well, I've slowed down to the extent that I want to do something, you know and I get a little tired if I go, try to do too much. I can't do it like I used to. But I can still go. (J1-7)

INT: So, do you have new, different hobbies than you had when you were younger? You said you read more.
Mr. J: Yah, I read more now but, hobbies that I like is carpenter work. Building something. I was happier than hell this summer cause I had to go over the trailer, eh. Put a new roof over it and put them eaves on there and I done quite abit of work here. I know the summer wasn't long enough. (J2-10)

INT: Like, um, basically you said that you just slow down a little. So, and both of you mentioned that you've slowed down a little. So how does that change, how has it made you change the way you live?
Mrs. J: Not a heck of a lot different.

Mr. J: It hasn't changed the way, way we live. Like I tried to explain that back a few questions there. The thing is, we know it so we have to take more time to do it but, it don't change our lifestyle.
INT: Right. Your lifestyle stays the same.
Mr. J: Yah. (J3-7)

Mr. J: ...Except in my fingers, I, I put gloves on at night if my fingers start to ache.
INT: Does that help?
Mr. J: Darn right. I got a special pair of deerhide gloves and if my fingers are aching, like if I power saw or hammer, they'll ache right in the joint. So I'll just slip my gloves on and about twenty minutes I'm sound asleep, yah. (J2-5)

Both members of this couple feel their relationship has stayed basically the same over the years, although they do view it differently. They think aging together provides a companion, you aren't lonely; you have someone who knows and understands you; someone to share things with and security that there is someone to help you.

Mrs. J: My dear lady, that's forty nine years ago. Well, it was an adventure really because we were stepping into something we had no idea what it would be like and as time went by and everything else we just coped with whatever came on and we just, we were, our families were old fashioned enough that business and divorce and separation never entered our minds. (J1-1)

Mrs. J: Then once, once they're gone [children], then you, there's just the two of you then, so then it falls on the two of you to more or less look after each other. You, you get more closer and ah, you have more time to spend together and you don't have to, hurry up and wash up and we're going to eat and you know. It's, you take your time. And ah, you discuss things that you never discussed before. You, you have more time.
INT: To communicate and ...
Mrs. J: Yah, and you do more reading. And you, listen more, you know. It used to be, you didn't have the time to stop and listen. You had to get out there and get this done and that done.
INT: Just get everything...
Mrs. J: Yah, now it's different. You can sit down more now and, whether it's age or what it is but you seem to have more time to communicate with each other.
INT: So, spending time with each other is a priority that has changed over the years?
Mrs. J: Yah, has changed over the years. Yes it has cause and you travel together more. Used to be, you. You didn't have time and if there was a, an occasion came up that possibly you had to go to town for something, you generally sent dad with one of the kids or something like this you know. You had to stay home and do something else, so. (J1-15)

Mr. J: I don't know [their relationship]. I don't have no troubles with M. She, but we don't talk as much I don't think. I don't know why that'd be because maybe cause she does a lot of reading. And, and these later years I've done more reading that I ever did. And it's a good pastime and I don't know. I think that, I don't have no problems that way.
INT: So do you think it's the same?
Mr. J: Pretty much anyway outside of, like I'd say sometimes we don't talk as much because she's busy doing something or I'm doing something. And that's it. (J2-10)

Mr. J: Because you're not so lonesome if you're, if there's two of you's [advantages of aging together]. And you can't tell me that them guys by themselves don't get lonesome. Because they do.
Mrs. J: It's so lonely.
INT: O.K. So having the company is one reason?
Mr. J: Yah.
Mrs. J: Yah right. And then you've been through thick and thin. So you've got reminiscing.
INT: And someone who understands you?
Mrs. J: And somebody who knows, you see. Instead of mixing in you know, probably getting somebody new into the house. Like say we were separated and I had somebody. It's not the same, you know. You've gone through everything together all those years, so naturally, you can discuss them. You can hash them out, or anything else and it's, it's easier that way. And the loneliness is the, the bad thing I think of being alone.
INT: That would be the biggest thing.
Mrs. J: I think that would be the biggest thing.
INT: What other things can you think of?
Mrs. J: That's about the only things I can think of it. You can share everything together. You know what I mean? It doesn't matter what comes up. (J3-12)

Mrs. J: ...and you're ah, you're more cautious then, you know. So it all helps and I can't think of anything you know, that you could add. Just that couples I think that stay together and hang together are better off in the long run when they get older too. Whereas a person that's alone, well it's harder on them. I feel sorry for them because they're alone. Their lonesome. (J3-17)

This couple are enjoying this stage of their life together. The J's share a common goal of involvement with their community and its people. People have always been important and the J's work at maintaining these contacts in their lives. Just as in their early years the J's worked together, with Mrs. J working off the farm when Mr. J physically could not work, today they see the couple providing someone with whom to share work. They see their spouse as their companion, to share old memories with, providing their link with the past. Their life today has become easier and better.

V. Results

Definition of Health

The purpose of this research was to explore the elderly informants' experience of the normal physical changes of aging. The informants frequently qualified their experience of aging with comments such as "as long as you have health." Due to the salience of this theme of health for the informants, the results will be discussed by their relationship to health. The two cases in Chapter Four (V's and J's) are used extensively to present the results with support from other interviews when appropriate.

The informants, when asked about health, would comment that health was being able to do what you wanted. Doing what you wanted included many things, such as living in the country, being independent, enjoying life, being free from sickness, sharing life with your spouse and working. The factor common to all informants was doing work they wanted.

Although some informants like the V's were doing many of the things they wanted, such as living in the country, they perceived themselves as not healthy because they were unable to do the work they wanted. For example Mr. V stated "If you're healthy, you can get out and get a move around and work around." Other informants expressed their ideas about health in the following manner:

> Mrs. X: Well, I was thinking that I've learned this summer that I didn't have control of my body, and I think that is what health is, is, is being able to say, well, I'll do this and I'll do that and being able to do that because of your health. And ah, I've, I've tried all my life to, to take care of my health and, and ah, and I think that was now, as I look back I think that was part of it that I could do what I wanted to do. (X3-4)
>
> Mr. X: Mainly the ability to do what I want to do, I can't do the things I'd like to, even yet....Oh, farm work, I just can't handle it. (X1-1)

Work had been a central theme to the lives of these homesteaders as they cleared their land, built their roads, their communities, and their homes. Work has been their

way of life. Gardening was for survival, community work (building schools, churches, halls, setting up their own telephone line, sitting on boards) was a necessity to give them a community within which to live. Many worked off the farm to earn income to develop the farm. All their activities involved work. But work for work's sake did not influence their definition of health, rather the work had to be something they valued at the time.

Work of value did not cease at 65 years of age. The J's and the V's retired from the farm at 65, but many other informants were still farming or did not retire until long after 65. "I was farming until I was seventy three." (Y2) Mr. J was able to continue to find value in other types of work like fixing things for neighbours and building things. He had maintained work he valued over the years.

> Mr. J: They want something fixed, come up here....see, I got all my blacksmith tools and the welder and I have grinders and everything. (J3-4)

Other informants still did farm related work for their sons.

> Mr. S: Well, my son-in-law generally does it [swathing], but he's gone up north....So I just started it. (S1-4)

> Mr. Y: I had to go out and find something to do so I asked my son if there's anything you need help with, tell me. So, he find me something to do in the shop in the summer...and in the fall here I watched the dryer most of the time. (Y3-5)

In contrast, both Mr. and Mrs. V. stopped farming and trapping and had not continued with any of the other things they valued or found any new types of work.

> Mrs. V: Well, I don't pick roots no more, I don't trap no more....I used to sew quite a bit on the sewing machine....I used to make moccasins. My spare times, make moccasins and selling them...Just [now] work around the place here and do a little piling woods you know, that's hard work. (V1-13,14)

Although several of the women did farm work over the years they did not mention it when talking about the work that they could or could not do in relation to their health. Their work was all traditional women's work in the home and garden. Mrs. J commented "Well, I'll tell you, as far as I'm concerned, as long as I can carry on and do these things [making jam, growing flowers and vegetables], I'll do them."

Mrs. Q: Well I get tired now, you know, but ah, like if I do the washing in a day, going up and down the stairs and folding the clothes and everything, well that's a good days work for me. Whereas I used to wash and iron and bake on the same day. (Q2-6)

The two women who were involved in trapping and taxidermy, and thus earned income by their work, valued that work and used it in their evaluation of whether they could do what they wanted to or not.

Mrs. V: When I was healthy I'd trap. (V1-5)

Mrs. K: Well no [cannot do what she wants to do], I wanted to keep on with the taxidermy work, but I couldn't. (K2-14)

For these informants health was doing work that they valued. This could be work that was done before retirement and has been continued or something that was new. Except for the two women mentioned above, female informants tended to use traditional women's work as the work which influenced their perception of their health. The men used farm or trapping related work.

The importance of types of work in the informants' lives changed at different stages. Some things decreased in importance over time and others took on new importance, thus their influence on health changed. The following comment reflects this change as this informant explained why she had replaced certain tasks like making big farm lunches with things more important to her now, like sewing.

Mrs. X: Partly because I'm slower getting the things that have to be done, done, and partly because I've gotten to the stage I want to just sit and visit, not put out all the time. (X2-4)

For those informants still farming, income-producing work decreased in importance at this stage of life and other work was continued or begun.

Mr. P: But we, we've, we've come to the place where we don't have to work that hard now.

Mrs. P: No, we've got things built up enough, we can ease off. So we can start thinking about a few other things, you know. (P3-35)

Thus work did not have to generate income to be valuable. For these informants the OAS Pension (Old age security) had eliminated the need to work just for the money. This was expressed by the J's and the V's as well as by many others.

> Mr. P: Now I don't have to worry about other things so much because now I gota income from another source [pension] and I don't have maybe try and figure up something else you know, to try and make an extra buck or two. (P1-12)

Work had to have value for more than its income producing potential. Several informants stressed the importance of working all your life. They thought that work gave you a reason to keep active.

> Mr. K: We keep active you know at, all of a sudden you are eighty, you feel like a sixty year old. I never quit working you know....But still I'm, I'm still trapping. (K1-5)

> Mr. J: Well, I'll tell you. Be honest with you, I think a person should never give up working. He should do something....It keeps your mind occupied, and if you got that little goal, that you're going to go out and do that, and it helps. (J2-8)

Some informants called what they did hobbies. "I think you got to keep active both mentally and physically and everything.... You got to have some kind of a hobby, to keep you going. I think our bodies aren't meant to sit still."(P1-1[illegible]) Others said they had no hobbies, that their work was not a hobby. "No, hobbies at all, not that I call hobbies because I don't call gardening a hobby."(Q2-6) For still others, community involvement had remained part of their work, "...reach out in the community, do what you can to help in the area." (Z1)

Work was doing what you wanted. For each individual this was different than for the next person. Health was evaluated by each person's own perception of his or her ability to do the work they wanted. Both of the J's had continued with work they valued, after retiring from farming, and thus saw themselves as healthy. The V's, who stopped their income producing work of trapping and farming and had not continued with other work they valued, saw themselves as not healthy.

Non-Health

Not being able to do the work you want to do is not having health. What the V's wanted was to be able to trap, and they saw themselves as not healthy because they had not continued with the work they valued.

Mrs. V: Well I could work more. Since I've been liking to work all the time all my life.
Int: So are you saying health is being able to work?
Mrs. V: Uh-uh. And now I can't work too good and I don't like it. (V1-5)

Mr. V: Most difficult thing about growing old? Well, it's like I say, you can't do as you like to do and, and well, years ago you can do a lot of things. Get out and work or, or run around and have a good time. When your getting old, when your old, them things you can't do. (V2-11)

Two other informants saw themselves as not healthy because they could not do the work they wanted to do.

Mrs. S: You just have to go at a slower pace I guess. The worst part is that I can't do what I think I should be able to do. I get tired, or I get really frustrated like too much. (S1-6)

Mrs. K: Well no [can't do what she wants]. I wanted to keep on with the taxidermy work, but I couldn't, see. Yah, that's just yet too, too much, yah. (K2-14)

Not having health was not being able to do the work you valued or not being able to develop anything new that was of value to you. The V's evaluated themselves as not healthy in both their first and second interviews. Factors in their lives (discussed in the next section), which might have influenced their perception of health, had not changed. But perception of health could and did change for some informants.

Some informants who saw themselves as healthy at the time of the study, could also describe when they had not been healthy.

Trans:[1] She is satisfied like the way she can do now....The way their health is now they can do everything. They haven't always been doing everything but the way they are now, they can do it. (U1-4)

Mrs: Q: Oh, that would have been terrible, if I'd have kept on [severe attack of arthritis]. I didn't even want to live then cause it was, if I

[1]Trans - Translator

> go down I had to creep over to something to get up. Yep, not healthy....I just put it in plain English, I was all buggered up. (Q3-16)

During the course of the repeated interviews some of the informants' perception of themselves changed from healthy to not healthy. This normally occurred after a medical problem became evident.

> Mrs. Y: Well, we can't do what we used to do. We don't feel like going to the places what we used to go and we don't care to do anything that we don't have to do. (Y3-27)

One informant moved from not healthy to healthy. He was in a new location for the winter where his physical limitation did not prevent him from doing anything he wanted to do and he had new work of value, writing his life story on his computer. On his farm, during harvest, his earlier comment had been "I can't do the things I'd like to, even yet....farm work, I just can't handle it."(X1) Now, away from harvest, he comments "I have no problems as yet, health is good."(X4)

These changes reflected the changing circumstances in these informants' lives and its influence on their perception of health. The illnesses of the first two, the physical change of the third, and the environmental work conditions of the fourth all affected whether the individuals could do work they wanted to do.

Summary

The work that influenced the informants' perception of their health was different at various times of life. Some work that was valued was maintained, some was eliminated and some new work was begun. Not being able to do the work they valued lead to the informants' perception of themselves as not healthy. Health as defined by these informants was different from the traditional concept (absence of illness). For the remainder of this thesis health will be expressed in the words of the informants: "doing work you want to do."

Factors that Influence Health

The informants' spouses, the people in their lives, their physical changes, and the world around them influenced their maintaining their perception of health. Although these factors could hinder as well as enhance the informants' perception of health, the informants focussed on minimizing the impact of changes to maintain health. But their perception of their health was not static, it could and did change as other factors in their lives changed.

Physical Change

The normal physical changes of aging occurred slowly and were adapted to without much notice. Comments like "it just happens," "its more like wear," "it's automatic" reflected this for the informants. Their effect on the informants' health was indirect, related to how they influenced what the informants were able to do. It made it difficult then, for them to identify what had changed.

> Mr. Z: I suppose a person has to learn slow down and be a little more patient over the years but I mean as far as those changes are so gradual that ah, I don't know whether you notice them or not. (Z2)

> Mrs. P: Well, it's all been geared to limitations, over the years. So I don't realize it. I would never think of it like that, that I can't do what I want to do. I feel I'm doing what I want to do because I, I've, I'm in that gear. (P3-14)

Table 3 shows the physical changes the informants volunteered and those that were solicited with specific questions by the interviewer. Only a few of the physical changes of aging were prominent in the comments of the informants. The most frequent changes volunteered by the informants were a general slowing down, appearance and arthritis. Although 'slowing down' was also a frequent response solicited with the checklist, other changes they identified using the checklist were memory, eyes, hearing and decreased strength. Both the J's and the V's demonstrated this.

> Int: How about your hearing?
> Mr. J: Well, like M. says I'm going deaf, but I went to the doctor and she can't find nothing wrong. (J2-3)

The easily identified physical changes were those that interfered with a regular activity, possibly resulting in a need for adaptation of that activity.

> Mr. J: The most difficult, let's see. Well there's things that you just can't do. Like, like if you're working your, your eyesight. I know if you're, before I grew, before I was seventy seven I, I could go out there and file a saw but now I got to have a bright light and my glasses. (J2-2)

Overall the informants did not identify physical change as important in their lives. Their attitude was more fateful. They did not feel their lives had been changed much by the changes that were occurring.

> Mrs. R: No, I, I don't as far as health and work, I don't see too much difference. Course everybody would like to be young, I would. But we have to grow old and enjoy life. (R1-8)

> Mrs. J: It's just a process we go through. (J1-1)

> Mr. P: I don't know, like in nature, it seems like it's spring, summer, fall and winter. It seems like that is in life too. You got a spring time and you got a summertime and you got a fall time and you got a winter time. Your hair is all gray and you're about, well, I just can't do it. (P1-13)

Mr. J, at 5 ft 6, was slightly overweight, had very hunched over shoulders and turned by stiffly moving his whole body (he could not turn his neck and his back was stiff). His comments regarding his severe arthritis were few and more related to adjusting.

> Mrs. J: But that's the way it is, you gotta just take your time. Think before you step....Well, I, the only change I see is, outside of I used to, if I want to go hunting I can go yet, but seeing and like, a little bit of hearing maybe. And walking. It bothers me to walk cause I can't walk like I used to. But other than that I don't see any changes. (J2-6)

Table Three
Physical Changes

	Z		Y		X		S		V		U		Q		R		P		J		K	
	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs	Mr	Mrs
Slow down	V			S		V	V	V		S	S	S	S	V			V	S	S	V	S	S
Stiff	V																V		V			
Appearance		V																	V			
Arthritis			V	V	S	S		V		V	S	V							S			
Memory			V	S	V		S	V		S		S	V	S	S	S	S	S		S	S	
Eyes			V				V		S	S		S	S		S	S			V		V	S
Heart				V			V					S	V					S				
Teeth				V	V					V												
Prostrate					V		S												S		V	
Menopause						V		V		S								V				
Hearing			S	S	S	V	S	S	S			S	V		S	S		S	S		S	S
Sleep								V		V							S	S		S		
Leg cramps							V															
Weight								V									V					
Worn out									V			V										
Varicose veins	V											V								V		
Stroke															V							
Sexual activity	S			S	S	S		S		S							S	S				
Strength				S					S	S	V			S	S	S	S					
Bladder				S								S					S	S				
Diabetes									V													
Weaker bones														V								
Tired													S		S	V						
Appetite													V									
Breathing													S						S			V

V Volunteered Change
S Solicited Change

Mrs. V's response regarding appearance was the strongest of any informants, with her feelings about her appearance actually causing her to stay inside. Mrs. V moved slowly, was slightly overweight, and usually wore brown stockings, a dress and a sweater. Her long grey hair was pulled back in a bun behind her head, a few pieces falling out. She had a full square face, thin lips, and the sparkle in her dark eyes flowed through her whole face when she smiled. But she saw herself in the following manner.

> Mrs. V: Today, now I'm ugly, I'm not as pretty as I was before. That's why I always try and hide from people. I tell them, oh, I don't like to face people, I said to him. Why,you're getting so ugly and I'm getting old. (V1-7)

Other informants mentioned appearance with more of an attitude of acceptance, "well your hair goes grey", or "well, I get wrinkled...."

This relative unimportance of physical change in the minds of the informants, in relation to other parts of their lives, was reflected differently by different individuals. One informant listed all her operations and illnesses, including cancer and then stated, "So, I went through lots, but I am fine. So far I can't complain." (Y1-6) These changes had all been adjusted to over the course of her life.

Although physical change was happening, it was usually only noted if it resulted in an activity change or could not be adapted to. The rather low level of importance given physical change was evident in the joint interviews, when very few shared views about physical change and its effect on their lives emerged. Hearing loss was the one physical change of relative importance to those couples affected because of its effect on communication.

Physical Change and Illness

Most informants did not separate normal physical changes of aging from illness. This was reflected in one informant's response to a query about physical changes that had happened with age. "Oh yes, I had, I had lots of operations...." (Y1-6) Sickness and

physical change, seen as one, were what prevented you from doing the work you wanted to do and therefore seeing yourself as healthy.

They demonstrated an expectation of aging and illness going hand in hand. Mr. V showed this in his comment "But when you're old that's something you ain't got is health."(V2-2) This was also evident in the V's responses to the question about what has to happen to have health, "Get away from sickness" and "No sickness or nothing, then I would be healthy." (V3-18) For the majority of informants, who saw themselves as healthy, their response to what had to happen to not have health was similar to this "Oh, I'd be sick. If I was sick that would be the only thing." (Q3-5) Those without many identified physical changes or illnesses considered themselves remarkable, they did not consider it normal aging. (Q2-2,3)

Mrs. J expressed the idea that growing older and sickness do not necessarily belong together, but for older people illness was more difficult to manage. Only one other informant expressed this view.

> Mr. P: I think we live in a society where they put emphasis on, ah well, now you're old....They put you in a category where right now you're in an age where you got to start getting sick. I don't, I think that's a bad attitude.(P1-11)

Physical changes were generally not seen as important. Gradual adaptation to physical change helped maintain continuity in their lives. Often, changes in the world around them were seen as more important than the effect of anything physical.

> Mr. Z: Hair is grayer for one thing. I, I see, those kind of things you never think about, just, there is one thing, this wouldn't necessarily be answering your question but, since the roads got better, when we first came here there wasn't, ah well, there was a little school house. Then as the years went by we got the, ah, the larger school unit and in that way the roads improved. Well then you could get around easier and so there, there has been more things ah, well, activities going on....So there's been quite an improvement over the years. (Z1-3)

Rural Environment

The informants saw the changes in their world from a positive perspective. Both technological and environmental change were seen to facilitate doing the work you wanted. Technological changes like electricity, telephones, and satellite television have all contributed to the better lifestyle of these rural homesteaders.

Mr. Z: I don't altogether think of them all as good old days because there was. There's so many advantages in this world we live in today....Look at the appliances....We pretty near have to build a bigger house to ah, have all the microwaves and all the electrical appliances that we didn't have back then. You know, there's so many, so many things that make life easier that ah, as we go along. I think its a good world. (Z3)

Mr. Y: We got the running water, we got the power here, we got the gas here. Natural gas, we have no trouble with, we used to have to burn wood in the furnace and now all we have to do is turn the temperature up and we got all the heat we want and everything. So I don't see why we should be moving out of here. (Y3)

Technology was shown when Mr. J talked about their appliances and how he used the tractor and bucket to lift Mrs. J up to wash windows. Mr. V was still able to split his own wood by sitting on a chair and operating a hydraulic wood splitter. Those informants still farming discussed this change as well

Mr. Q: Like I said in there, I used to drive four horses and walk behind, now I drive over 200 hundred and sit in as air conditioned cab. (Q-3)

Mr. P: So, you think you but, you don't go and waste a lot of your energy on something that you can do somewhere, somewhere's else like, lifting a heavy thing now. I got a front-end loader. With something heavy, I just go and grab the tractor and take the front end loader and lift it. Or otherwise I might have taken my, use my muscle power when I was younger. (P1-7)

Mr. X: And we also have two-way radio communication in the, in all the tractors and combines. In the house here I can talk to him [son] wherever he is. (X1)

Informants were often able to compensate for their physical changes of aging with technology and thus continue with their work.

Isolation

Although they lived approximately 100 kms from the nearest town, isolation was not an issue for most of the informants nor did it did seem to interfere with the maintenance of their perception of health. This may be because they were more isolated in the past and their world has become more accessible over time. The environment in which these informants live is remote rural. It was all forest when these farmers arrived and had been cleared bit by bit. "...at that time there was more bush here and everything and our gardens froze most of the time."(J1) Now there were roads and large expanse of open farmland.

> Mr. V: Oh my gosh. Like I say, look at this here country's changed. Even when I was young. This country here was bush one time, it was all bush. You could get out to anyplace, go and hunt moose. And that's the big change. Today it's all farm. That's one big change. (V2-6)

Today improved roads, bridges and vehicles, all the result of technology have given them the best of both worlds, town and country.

> Mr. X: But when I say isolated, I didn't mean just health wise, I meant we didn't have telephones, we didn't have roads, we didn't have radios. Radio was just coming in when we come in. We had, for several years we didn't have a radio....That's a big improvement [road], see, it used to be three days to go to F. with a team and wagon, now it's only three hours. (X3)

> Mr. P: We're forty miles from town and there's been a lot of ah, inconveniences because we had a ferry or an ice bridge and now we got a bridge. Used to have to go all the way around F.J. to go to town and now it's just come back and forth and we enjoy it. (P1)

> Mr. Y: The difference when we start, we homesteaded over here. There was no roads or nothing to drive on, now we got a car, we got the better roads. We got the pavement within ten miles and we can drive to town whenever we feel like it. (Y1)

In looking at their lives these informants did not compare themselves with their urban counterparts, but instead used their past and local people their age. In looking at the past, the informants compared the environmental changes. "But that's an awful lot

better than we used to have when we went up to F. S. J. trail in a wagon or on horseback or whatever."(J2)

> Mrs. Q: What I find that, the other couples are just, you know, they've changed just like we have. They got older and they, if you phone any of them, you'd find them home, you know. (Q2-22)

> Mr. Q: Well, y[illegible] it's ah, everybody gets old and we, whether you like it [illegible]e get old. But ah, I've, I can't complain. I've, lots of people [illegible]been worse shape than I am. (Q1)

When asked specifically to compare with urban, all informants saw country living as better. Living in the cou[illegible]as a lifestyle enjoyed by these people. They took what they needed from the town and went home to their country life. For many the work they valued was embedded in their rural lifestyle, their gardens, helping with harvest, and their workshops.

> Mrs. R: And I enjoy where I, I don't like to be cooped up in the city. I like elbow room. I like to be, move around. I like to walk around. I like to hear birds sing....I have more freedom in here than I would in the city. I've lived in the city. (R1-8)

This same informant, although she loved living in the country, felt they were too far to access recreational activities for her grandchildren. She would have preferred to live within a half hour drive of a town. Whereas the V"s did not find it isolated enough and wanted to move to a more isolated spot.

Similar to Mrs J, other informants expressed their satisfaction with their access to services like health care and the conveniences of the world. This affected health indirectly by providing the informants with the supports needed to maintain the lifestyle in which the work they valued took place.

> Mrs. R: Well, I don't think it's actually true [poorer access to health care]. You can live in the city and if you live a distance from the hospital, takes an hour to get to the hospital. You can get in an hour[with the new bridge] to the hospital here in D.C. from our house, 50 miles....If there's good roads, and a nurse comes out here once in awhile, you know. (R1-8)

> Mr. K: We don't miss any shows or anything [by living in the country]. And for the news we have the T.V. or the radio....She has a tape recorder there and all this stuff and a gramophone you know.

Mrs. K: Record player.
Mr. K: Record player and everything.
Mrs. K: And radio and tape.
Mr. K: And all, we have, she has all the classical music she wants to hear and we both understand it you know. Then I was brought up that way in Germany before I came over here. (K3-30)

This easy access existed only as long as the ability to drive. In this sample many wives did not drive, as was the case with both Mrs. V and Mrs J. Some couples compensated when the husband could no longer drive by the wife learning and taking over. The ability to drive in this environment influenced health indirectly. It supported the informants doing the work they valued by enabling them to access the services they needed to maintain their lifestyle.

Mrs. R: You know I finally decided, well, I should have a license if I want to drive in town you know or in the city, but I, I get kind of nervous. (R1-4)

Mr. P: Well as long as I could drive a car and you could get around, I think that's the main thing....It would be a little different story, as long as you can drive, I think, that it's a good place to live....out here. So that's a, basically a big thing here. We have our own vehicles. We say, well, let's go to town today, and jump in the car, get ready, go to town and do our business and everything. Come back home and says, oh, it's sure nice to get home again. (P1-16)

Mr. P: But now I can't see no difference. We got all the conveniences and everything we have in the cities, except if you came to a place where you, say like transportation. You couldn't drive, that's the only thing. Outside of that, I think we have just as good or better life on the farm than they have in the cities. (P1-20)

The few negative feelings expressed do not outweigh the overall positive impact that technology and environmental change have had for these informants, assisting them to compensate for the physical changes that have occurred. They continued to drive and remained independent. This enabled them to continue living where they wanted, doing the work they valued, and so they were able to see themselves as healthy.

Human Resources

The people in the informants' lives influenced their ability to maintain their lifestyle and their perception of their health. These include children or extended family, neighbours and friends, and spouses.

Children and family

Children and extended family were used by all the informants to assist them to continue living in this rural setting. This affected their perception of health indirectly by enabling them to continue living in the setting where the work they valued took place. Family members provide company and emotional support and help with physical tasks. Informants also spoke frequently of the importance of helping their children either financially or emotionally.

Some used family for physical tasks. Those who had children and grandchildren used them extensively for tasks like snow shoveling, driving, and emergency calls. Relatives of the V's (who have no children) cut their wood for this winter. Mr. Q, who was ill at the time of the interviews, stated "Our son or grandson drives us."(Q2-12). Mr. Y stated "and if something happened to one of us, jump, the kids would take us."(Y3-15).

Family were there when needed. This availability provided emotional support, as did direct contact. Mrs. J. expressed her reliance on the telephone as her connection to her daughter. Other informants felt that it didn't matter if their children lived nearby or not because, with telephones, air travel, and the good roads, even distant children were accessible.

> Mrs. Q: Ah, [her daughter], she lives in D. and ah, [her son], he lives in E and [her son] lives in C. But nowadays it don't take that long to get up here you know, I mean if they fly to [nearest airport, 2-3 hours away] or whatever. (Q2-21)

Some informants said they would have moved closer to town if they had no children nearby. They needed the physical presence of their children.

Mrs. Y: We don't really ask the neighbours for any help now. If we need help we call our children. If we would, if we didn't have no children I don't know whether we would have stayed here that long. But if we did, we would have to depend on the neighbours. There's always younger people with the neighbours. (Y3)

As neighbours and friends move away and/or die, family provided an important social role for some of these informants.

Mrs. P: Birthdays and anniversaries and, oh, we get so taken up with our own little family that we don't socialize [with others] a great deal. (P2-6)

Mrs. K: Family, yah, yah. I find I have trouble making new friends. Well people come, the family comes and visits, see. And maybe one of his friends, when they're around. (K3-24)

Life in a rural setting demands that certain tasks must be accomplished. Families facilitated the continuity of the informants' life by providing one more support, enabling them to live the lifestyle where the work they valued took place. Dependence on family could hinder this continuity if that family support was removed by the family moving away.

Mrs. S: We'd both like to stay here as long as we can that's for sure. With D living so close to here I can't think of any other place to go. (S2-11) [This daughter and her family were considering moving away in the near future; her mother did not drive and her father had problems with his vision].

Neighbours and Friends

Although the role of neighbours and friends had changed somewhat over the years, it was still important. Friends and neighbours provided continuity with the past, emotional and physical support, and socializiation. These indirectly assisted the informants to maintain their health by assisting them to continue their rural lifestyle. In earlier days this support was required for survival, but now it was of a voluntary nature.

Mrs. X: In the early homestead days neighbours shared moosemeat, work, the building of schools, churches, community halls, many, many things. This is much different now. The neighbours soon became good friends back in pioneer times. Now we haven't the same physical dependence on neighbours and though some are our dearest friends, others we don't really know very well. Friends, real friends, are very important and supportive. I was certainly

aware of this during the past summer. Friends are there when you need them, physically and emotionally. (X4)

Most informants, stressing their independence, said they would call on neighbours and friends for help if they had to, but would not depend on them for a long time.

Mrs. J: And you can't , you know, you can't impose on a neighbour, they're, they're good, they're good hearted and that but after awhile they will get rather tired of having to pick you up and move you around. (J1-18)

People were important for many of the informants. Some have increased their use of the telephone for socializing to compensate for loss of mobility.

Mrs. Q: Yah and there's more older people, I mean, those people have got older too, so they are at home, if you phone any of them, you'd find them home, you know. So more visiting on the phone. (Q2-22)

The V's liked to have friends drop in, "Have coffee with us and, we're always got somebody coming in, neighbours." (V1-26)

Friends and neighbours provided continuity in lifestyle as well as support. The J's comments like "They need a nut, this is where they come" or "They want something fixed, come up here" reflect how they wanted to continue to be part of their community, helping their neighbours. They were trying to maintain the interdependence of their earlier years by remaining a place where others could come for help.

The loss of friends and neighbours through moving and/or death could also hinder the informants' maintaining their sense of continuity through the disruption of the support they receive from this component of their network.

Mr. X: Oh yes, friends are very important. We are losing so many of them now because we're in the age bracket where, where we ah, it's not, it's normal that we do. (X3)

Several informants, like the J's, talked about making new friends to maintain their network, whereas others turned to their family. One informant described how her connectedness to the community helped in the loss of friends because being in a small rural community she knew almost everyone.

Spouse

Spouses were identified by all the informants as one of their most important supports, with many comments alluding to why it is better to age as a couple. "You have someone who is going through the same thing and who understands what you are doing. Talk about it. " "I think it would be very lonesome to be growing older with no one to live with, no companion, friend." Spouses provided support and continuity, linking past to present, helping to maintain the normalcy of daily life. The couple characteristics worked together to support the individual (within the couple) as well as the couple, assisting them to continue their lifestyle and maintain their perceptions of their health.

A list of supporting characteristics of couples emerged from the informants' comments:

- Common spiritual values
- More time together, enjoying the time together
- More things together
- Relating to life together
- Improved communication
- Helping each other
- Increased dependence on each other
- Having someone to care about, look after, consider
- Sharing life and work
- Having a friend and companion
- Love
- Having a partner who is also aging
- Handling illness together
- Having common goals and projects, accomplishments

A common theme of these characteristics was making it through life together. The sharing of their life, through the past and into the present, provided continuity. Mrs. J expressed this in her comment:

> Mrs. J: Like say we were separated and I had somebody. It's not the same, you know. You've gone through everything together all those years, so naturally, you can discuss them. You can hash them out, or anything else and it's, easier that way. (J3-12)

Now, in their continued life together, the informants saw many advantages. Pressure was off from the earlier commitments of earning a living and raising children, and time was available for being together. "More time to be together and more time to

enjoy one another and do things you want to do, cause when you get older you get a pension." (P1) They had a companion and friend with whom to share things.

> Mr. P: Well, I think when you get older, I think probably I don't know, but you probably appreciate one another more than when you were younger. Cause you're so busy with everything you know.
> Mrs. P: Well, we're busy raising our kids and then.
> Mr. P: And a job and all this stuff you know. Trying to make money and raising everything, but as you're older you got more time.
> Mrs. P: To get better acquainted. (P3-44)

Sharing work was mentioned frequently. "Well, everyday living. Just, him making tea and getting lunch ready while I'm washing clothes and all that sort of thing." (Q1)

> Mrs. P: We have more time together, and we do things together and he helps me. And when he's in, he dries dishes and he helps me, when I go out and if there's anything I can do, we, we do things together. (P2)

Similar to the J's, many of the informants took this time and traveled more together, whether just to town or on holidays.

> Mrs. R: After awhile when things get, get our taxes and everything straightened out, a few things put away in here and then we'll go away and stay as long as we want to. (R1-5)

Their activities and life together as a couple were also affected negatively by changes that occurred in their lives. Changes in either member of the couple affected the couple, but the abilities of the less able partner had a larger influence in determining the activities of the couple together.

One couple was making plans to move based on one partner's physical change, "You know it's, now with my eyesight too, I don't know. Out here maybe I can still drive, eh, but once the eyesight gets so you can't drive you know."(R2) Another couple was able to compensate for the husband's inability to drive as the wife took over, "I drive, but I haven't got a license yet, but I drive always to W. without a license." (Q3-11)

Socializing for the couples changed with the abilities of the members of the couple. This was demonstrated by the V's. Mrs. V didn't like to go out and so they waited for

others to visit them. "We don't go nowheres. That's something, we really don't go nowheres now, but we, not like we used to. We used to go around quite a bit. But not anymore." (V3-3)

> Mrs. Q: I don't think we will now because it's too hard on him to sit places....We used to always go you know. Drive to town and you know, spend the day in town and all that sort of stuff....So now they [friends] come over or they phone. (Q2-13,19)
>
> Mrs. P: I try and adjust my life so I don't ah, push myself too hard. And that's another reason we don't socialize much because, ah, I, I know my limitations and you get in a big crowd and it, I find it exhausting. (P2-7)

Household activities changed for several of these informants as their abilities changed. Much of this was related to the women as they did most of the household chores. Buying baked goods and bread rather than making them at home was a common change. Mr. Y kept telling his wife that they could buy their produce. They didn't have to have a garden.

These changes required adjustment by the individual and the couple. The informants identified their spouse as a resource in that they adjusted to life together. Through time and interacting with each other they developed a shared meaning for these changes for their life as a couple.

> Mrs. P: And I think that we have learnt to adjust to life together, and work out our differences and I would say that it's a lot better. (P2-17)
>
> Mr. P: Well, I can tell when she, lots of times if we're in a conversation, some people talk low, I can hear it but I know N. can't hear it. So I, I, I generally say to N. did you hear that? And she says no, well, than the other person has to speak up better, louder, you know. (P3-27)

Many, like Mrs. J, felt that they communicated better. But, for those with physical changes in hearing, communication was negatively affected.

> Mrs. Q: You can't just carry on a conversation like you could with a person that hears because you have to talk direct to them and talk, well, I don't know, just...It takes more effort.
> Mr. Q: Yah, for me too.
> Mrs. Q: You don't have ordinary conversations. (Q3-17)

Some informants felt that their life together increased their dependance on each other, "Maybe that's not good either, we have become so dependent on each other," but it also gave them a helper through life and illness and someone to care about.

> Mrs. X: And, and you, build up over the years the feeling of, looking after each other and you wouldn't have that with anybody else.
> Mr. X: For us, it's very important that we have each other. As far as life, if anything happened to M. I can't see that it would be worth, life wouldn't be worth living, as I see it now. (X3)

This helping component of being together was expressed by both the V's and the J's. Mrs. J stated "A person get ill or something like that and you have to look after each other and all that, but it's all in the name of the game." (J1-4)

The couple characteristics mentioned above are supported by common goals, shared spiritual values and love. "Well I suppose you, you work toward a common goal." The informants all expressed pride about their lives and accomplishments. Common areas were building of, and involvement in, their communities, their families and their farming and trapping. The V's demonstrated pride in their work of trapping and their life together; the J's in being part of the community and their children. Other informants expressed this in the following manner:

> Mrs. Y: I'm satisfied very much that we came here and it was hard at first, but we're very satisfied now, with our life and everything and our children don't fight. (Y1)

> Mrs. X: We are really proud of it [community work]. When a project would come along, we would do it. You felt really good about being involved and helping. (X2)

Although the V's and the J's did not mention spiritual beliefs, many informants did. "No, I think maybe we're a little bit fortunate that we have pretty well the same spiritual beliefs and things like that." (Z2)

Love for one another was a frequently expressed feeling. "Still he loves me and I love him, so that's that."(V1) "Loved each other a long time, we like to be together, very much, that's the main thing to spend the rest of our lives together." (X1-10) "We love each other before, before we got married and we still the same." (Y1)

Their comments about the quality of their marriages showed that most felt their relationship was the same or better when compared to earlier years. "It's, it's improved," "I think for the better," "Same level, I would say," "Much better because he used to drink." These informants covered the continuum from enthusiasm for their relationship, "Loved each other a long time, we like to be together, very much. That's the main thing, to spend the rest of our lives together" to a more casual approach, "It just went along natural."

Only one informant commented that the quality had decreased, "Well, I suppose if anything it's probably gotten worse." This couple had communication difficulties due to a physical change in hearing.

Spouses usually enhanced the ability of the informants to see themselves as healthy. They provided emotional support, physical assistance, and assisted each other to adapt when change occurred.

> Mr. K: Well, I take it easier, sure, that's what I'm preaching her all the time. She's always on the run there. Take it easy, take it easy, you know, that's the only thing I can say. (K1-10)

Spouses could also hinder the ability of the informants to perceive themselves as healthy. This could occur in two manners. The partner without change may not assist the other in compensating for changes that were occurring.

> Mrs. S: ...I get tired, or I get really frustrated like too much, when I see too many things ahead of me....He thinks you can just pick up and go no matter what you are doing. He says it will be there when you get back and I know it will, that's the trouble, it will face me when I get back.(S2-7)

A change in one partner may also result in the other partner making a change that interferes with them doing what they want. The more interdependence of the couple, as in the case of the V's, the more a change in one affected the other and the couple together. This was reflected in Mr. V. stopping trapping because his wife was sick. He had no other work he valued. "She got kind of sickly, you know, so we had to quit." Mr. K, on the other hand, was able to continue trapping, even though his wife required help at

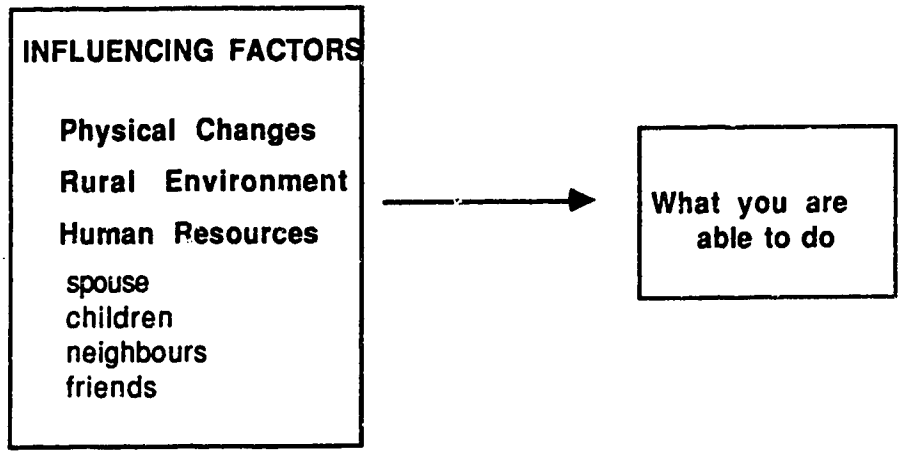
home, by utilizing their children for support while he was away. This was a resource the V's did not have.

Summary

Physical changes were occurring, but they did not affect perceived health directly. The physical changes influenced health indirectly, by affecting what the informants were able to do. The actual abilities of the informants were influenced by physical change, rural environment, and resources (Figure 1). Informants were often able to compensate for physical change by using some of their human resources and technology, and by making environmental changes. Their children, neighbours, and friends supported continuity of their lifestyle in which their work took place. Spouses, by promoting adaptation and decreasing the effect of change, also helped maintain this sense of continuity in the couples' lives. Overall the couple enhanced more than hindered the informants' ability to do the work they wanted, thereby supporting their perception of their health.

Figure 1

Factors Which Influence What You are Able to Do



Strategies for Maintaining Health

Change occurred continually both within the individuals and in their world. Most changes were small and were adjusted to unconsciously, while others were more major and involved conscious thought. Although the physical changes were not seen as important, they were still occurring and unless adjusted to in some manner, they would interfere with work the informants wanted to do. The strategies informants used to maintain health in the face of physical changes were: minimizing, anticipatory planning, capitalizing on positive changes in their world, changing expectations of self, and changing priorities. Some or all were used consciously and unconsciously by individuals and couples together to enable them to do work they wanted.

Minimizing

Here informants minimized the importance of the physical changes in their lives, but identified the changes going on in the world around them as important. "But the country has changed, not I haven't, I'm still the same. No, the country has changed, Yes." The J's and others reflected this in the following comments. Minimizing physical change assisted informants to continue doing work they wanted.

Int: So, and both of you mentioned that you've slowed down a little. So how does that change, how has it made you change the way you live?

Mrs. J: Not a heck of a lot different.

Mr. J: It hasn't changed the way, way we live. Like I tried to explain that back a few questions there. The thing is, we know it so we have to take more time to do it but, it don't change our lifestyle. (J3-7)

Mrs. Q: As myself, not much change. There's really not much change. I'm old and a little bit wiser but ah, actually as far as, I have my ups and downs I guess. (Q2)

Mrs. Z: We have the same activities that we always had so, I can't see any, any changes myself, really. (Z1)

Mr. Z: I think aging is well, your age is, I think if you stay active and interested in things all around you that you don't notice from one day, or one year to the other. (Z2)

Mrs. R: Not that much difference. I'm still just as active and, as I was when I was twenty years old. Well, I guess I couldn't walk as,

> run or play ball or what I used to be athletic. I played ball and did all kinds of sports. But I'm still just as active. I could, work now just , now, yah I get a little more tired maybe. But, myself I'm not, not physically, I'm in good shape. At least I could say that I'm healthy, I don't take any pills. I, actually nothing wrong with me. (R1)

Some informants choose to minimize changes as their method of controlling change. The V's used minimizing when asked if they worry about the future.

> Mrs. V: Oh no, you know.
> Mr. V: No, I don't figure that I'll get any worse than I am now. I'm hoping to be able to drive yet. I just got my driver's license again. (V3-28)

Other informants used minimizing to maintain continuity in their activities.

> Mrs. Y: I didn't feel [illegible]old until just lately. I didn't feel, I was, I was happy and I w[illegible] and never, sure I was tired but I go to sleep or rest for a couple minutes, I were just like new and I never let on. I just work, work, work. Whatever, it was done. (Y-3)

The J's used minimizing frequently, as did most other informants, whereas the V's used it infrequently. Minimizing physical change enabled the informants to continue to perceive that they were doing work they wanted, that they hadn't changed, and so it was important for maintaining health.

Anticipatory planning

Most change was gradual and was adjusted to unconsciously. But some informants tried to plan for change that they knew was coming. This conscious effort to plan for the future was difficult for them and involved the major changes like retirement and relocation. This planning enabled them to alter the change from something being forced on them to a move made by choice and so within their control. The J's and the V's were not involved in this type of planning at the time of the interviews, but some other informants were.

> Mr. R: The most difficult thing. I think of making the decisions where we want to live. That's probably one of the most difficult. But ah, you know, you live here, you put some work into the place here and you know, before long you have to move somewhere, closer to doctors and what have you, you know. (R1-7)

Planning gave the informants some control over when the change happened and thus, if they had changed their expectations of themselves, enabled them to make it part of what they wanted to do. But if they had not changed their expectations of themselves they would be planning because they had no choice.

Capitalizing on Positive Change in Society

Taking advantage of changes outside themselves enhanced the informants' ability to continue doing work they wanted to do. Most appreciated the pension and other benefits for seniors. They all used technology in many ways, from their farm and house work to medical science. Some had had cataract surgery by laser, others had artificial joints. They saw these things as enhancing their independence and control.

Mr. Y: I had a cataract removed and it helped. I can see pretty near as good with this eye as with that. (Y2-5)

Mr. P: Cuts down on our costs, like our banking. And we get so much rebate on our fuel every year and our taxes are cut down to nothing.
Mrs. P: Oh it makes a tremendous difference.
Mr. P: We used the government program to get our roof fixed. (P3-17)

Altering expectations of self

Here informants changed, both consciously and unconsciously, what they expected to be able to do. Some changes would be more difficult to accept than others and some would require time. "But you know, accepting that change takes time." (Z4) Expectations were modified to match abilities, enabling the informants to continue doing the work they wanted. Informants expressed these changed expectations in the following manner:

Mrs. J: Well, I've slowed down to the extent that I want to do something, you know and I get a little tired if I go, try to do too much. I can't do it like I used to, but I can still go. (J1-7)

Mr. K: You can't do it the way you used to, but you are still doing it. So today I don't give a damn of what I do. I never hurry myself, that helps. (K-3)

Mrs. P: Well, I'd take the world apart if I could. There's lots of things I would do outside, like, I would split up enough wood for the

winter and that sort of thing. But I, I wouldn't even try to do that now, I'd be foolish to. (P2-9)

Mrs. K: Do what, you do what you can do see. And if you can't do it, you don't do it anyhow. (K2)

Mrs. Z: When you're younger you're saying well now if I could just ah, accomplish this or accomplish that or if this was a certain way maybe life would be so much different. But as you get older you think well, I guess if it's going to be this way it will be. (Z1)

Mrs. J was able to change her expectations "It's a time, you know, process of time. So you just live with it and make the best of it." (J-1) Some changes were encouraged by their children, so the informants' expectations of themselves were influenced by the expectations of others for them.

Mr. S: Well, I haven't done as much farming for the last three years I guess than I did before. And it wasn't because I didn't feel like doing any, my daughters, they were hollering shouldn't do this, shouldn't do this, shouldn't do that. (S1)

Mr. Y: They [children] tell us to quit working.
Mrs. Y: Sure, they always tell us that, for two, three years, maybe more.
Mr. Y: Maybe more than that.
Mrs. Y: They don't want to, us to work, you know, unless we feel that we can do these things and enjoy it. (Y3)

A sudden physical change may cause an immediate need for a behavioural change before the informants were able to work through and change their expectations of themselves. This resulted in a self perception of not being able to do work they wanted to do and therefore seeing themselves as not healthy. The following informant, who had previously categorized herself as healthy, stated at the time of this comment that now she was not healthy (she had just had a physical change related to her heart).

Mrs. Y: I think it's time [to change] right now. When I found that I, my heart isn't. I was O.K. so far, you know, so far, but now I think I'll have to quit [work she values, her garden]. (Y3)

In such situations spouses can assist their partners to adjust their expectations to match their ability.

Mr. Y: I've been telling her that for the last five years, you slow down, you slow down. No, she's, we gotta plant one row of potatoes, no she wants three....So there's not enough, we can buy. (Y3-4)

When expectations were not adjusted to match abilities the informants perceived themselves as not healthy.

> Mrs.S: The worst part is that I can't do what I think I should be able to do. I get tired, or I get really frustrated like too much, when I see too many things ahead of me. (S2)

Informants who were able to adjust their expectations were able to perceive themselves as doing what they wanted. The following informant was the extreme example of this as he was quite frail and yet saw himself as healthy.

> Mr. Q: Well, I feel that that's to be expected. It's to be expected that I can't keep on. As you get old everybody's got to, got to slow down. There's no question about that....I can't, I can't expect to do anything but as long as my family is all healthy and no misfortunes in any way and everything is going good and my, my wife is nine years younger than I am and she's able to help, help me you know, when I'm sick. (Q1)

Altering priorities

For these informants, some priorities had changed and some had stayed the same. Continuing with old priorities or developing new priorities enabled informants to do work they wanted. Most informants for whom helping their community had been a priority, had given that work to younger people. Only one informant was still actively involved and he, at 87, said he had had enough. "But that's the last project I undertake." (K1)

> Mr. X: Well I started drawing back a long time ago. Just about everything there was in the community we had a part in at one time or another. But, I learned to say no before M did I think. (X3-9)

Most stressed the continuing priority of remaining active in something, either an old activity or a new one.

> Mr. X: Learn how to run a computer, which I've enjoyed doing as well. I'm writing my history, the story of my life. Oh maybe travel around a bit with the motor home. It's different. The farm doesn't mean as much to me as it did because I can't do as much with it as I, I don't see improvement going on now like I did before. (X3)

Mrs. Z: No, but I'm thinking I should cut down a bit on the garden because sometimes it interferes with, with my other activities, but no I haven't. (Z1)

Those who were involved in their church had remained so. Individuals had changed from aiming for success and accomplishment for themselves to satisfaction with life today, or to helping their children to succeed. Mr. V commented " Now I'm satisfied just where I am now, don't even, can't work, government looks after me."

Mr. Z: I think maybe when um, when I was younger, I had more ambitions or things always haven't turned out the way I thought they would but, but I have to say that I'm fairly, fairly happy with my lifestyle and maybe, maybe when I was younger, now this is speaking about myself, maybe everybody's the same, but maybe I had desires more on the money line. I wanted this or that and but now, now the fact that, um, I'm still able to live and fairly healthy and do the things I want to, I, I'm ah, happy that way that I. (Z2)

Family had remained important for most informants, "You have different interests in life as you get older. You've, you have family, grandchildren" "There's family ties that are important." Some of the women for whom family was their main priority had now put themselves first, whereas others, like Mrs. J, still saw their children as top priority.

Mrs. P: I look after myself better because I, I don't have a big family to take care of, so I have more time to think of building myself and taking a little better care of myself. (P2)

Priorities shared within the couple could be different than the priorities of the individual members. Mr J had a new priority to practice his fiddle, but for Mrs J this was not important; whereas traveling to visit their children was a shared priority of the couple. As couples, traveling, either to visit children as the J's did or for holidays, and health were the two new shared priorities for most of these informants.

Mrs. S: We usually go away for a month or so to the coast, so that, it helps to go away and we don't mind the cold, get January and February over and look forward to spring. (S2)

Mrs: R: But we usually travel you know. In the winter and in the summer we go places. (R1-5)

Mr. P: The main thing that my wife and I think of is if you can keep healthy. If you eat right and live right, preventive maintenance of

> our bodies and you can live a good healthy life til you're old. (P1-2)

People and socializing had increased in importance, "I just want to sit and visit," "You socialize in a different way, more in conversations and sit around." Church had remained important for those for whom it was always a priority.

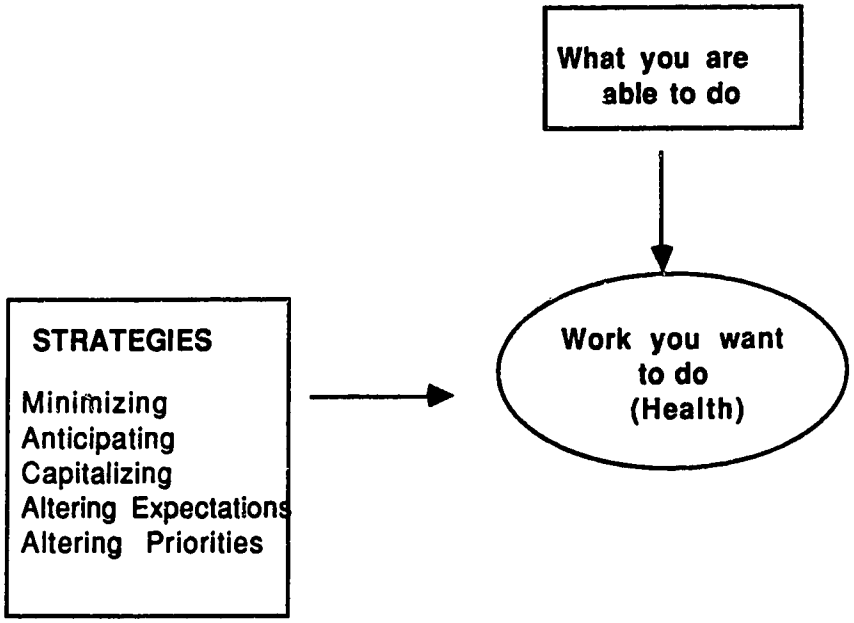
The J's and one other couple still saw community involvement as a priority in their lives. "Your community is what you make of it." (Z2) All informants continued to place importance on country living. By maintaining or changing their priorities, these informants were able to continue to do work they wanted.

Summary

For these informants "Work you want to do" was influenced by what they were able to do and by the strategies they used (Figure 2).

Figure 2

Factors Which Influence Work You Want to Do



Strategies were used differently by different informants. Many minimized the importance of physical changes. Some planned for life changes as a result of these

Strategies were used differently by different informants. Many minimized the importance of physical changes. Some planned for life changes as a result of these physical changes. All informants capitalized on positive changes in their world. Altering their expectations of themselves and then altering their priorities as individuals and couples, enabled informants to continue doing work they wanted. This included maintaining some of their old priorities. The use of these strategies assisted the informants to feel in control of their lives and thus able to do work they wanted to do, as can be seen in the J's case story.

Conclusion

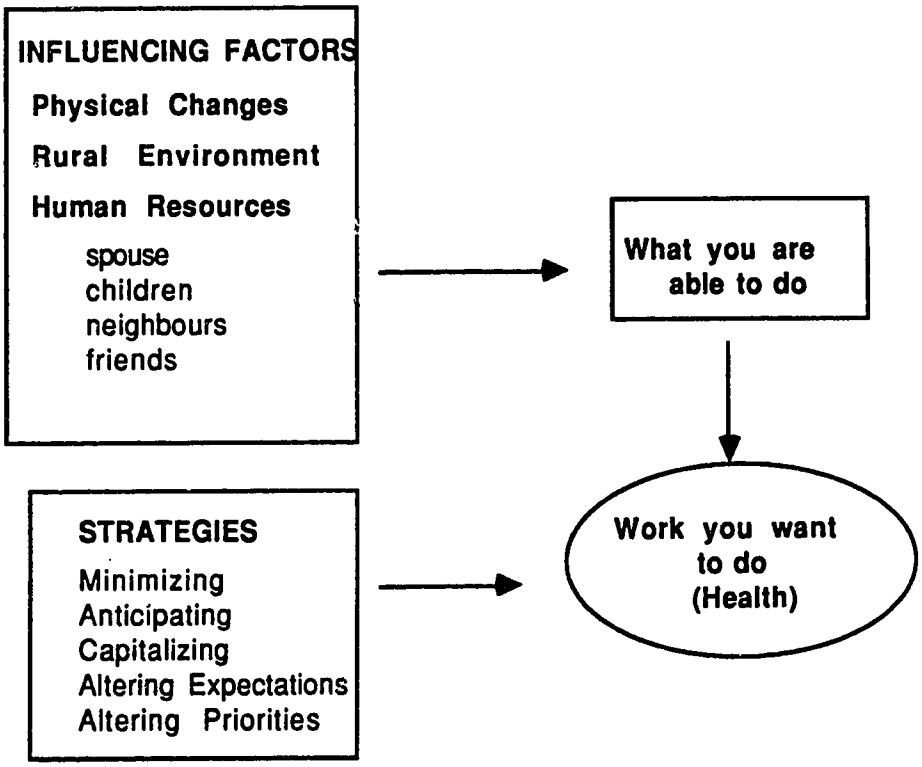
The informants had a concept of health, "doing the work you want to do." Not having health was not being able to do the work you wanted. Their perception of their health was not static. Informants moved from health to non-health and non-health to health.

Although the informants described health as "doing work you wanted" they were actually altering work they wanted to do to match what they were able to do. When these two components of the model in Figure 3 matched, the informants saw themselves as healthy. Several things influenced their perception of their health: physical changes, environment and technology, resources such as family, neighbours and friends, and spouses. The normal physical changes of aging were not important in their lives unless the change interfered with work they wanted to do. The most frequently mentioned physical change was simply "slowing down." Technology and changes in the rural environment had made their lives easier and better. These changes enabled them to compensate for many of their physical changes. Family, neighbours, and friends provided support in maintaining their lifestyle. The spouse and the couple together assisted informants to maintain their perception of their health, by encouraging adaptation, encouraging altering expectations, and through emotional and physical

support. These influences usually supported the informants in their perception of their health; however if removed they could also be a hindrance to the informants' perception of their health.

FIGURE 3

MAINTAINING HEALTH



The informants tried to maintain health by maintaining continuity in their lives and decreasing the effect of change. They used strategies such as minimizing, anticipatory planning, capitalizing, altering expectations of themselves, and altering their priorities to minimize the impact of change. This enabled them to control what happened, maintain their perception of themselves as doing the work they wanted and therefore see themselves as healthy.

VI. Discussion

The findings in this study represent the understanding this researcher gained of the experience of age-related physical change for rural elderly couples. Data were obtained about their definition of health, the role of age-related physical change and illness, the factors which influence their maintaining their perception of health, and the strategies they used to maintain their perception of health. Each component of the model will be discussed after first discussing these informants' definition of health.

Health

Although health was central in the informants' discussion of aging, their concepts of health were not focussed on physical change or illness. Despite the fact that many had experienced such changes and some were quite disabled, the concept of health was focussed on abilities, not disabilities. The ability to do valued work was the criterion used to determine health. Thus a healthy person was one who could do valued work. An unhealthy person was unable to do valued work.

Although the concept of health was held by all informants, the nature of valued work was different for men and women, and varied somewhat among informants. Valued work was usually that which had been part of a lifelong pattern. The physical work of farming or trapping for men and household maintenance for women were most often mentioned. Some people had developed new, valued work in later years. Often this work was a spillover from previous occupations. Fixing machinery, helping out during harvest or baking bread for neighbours are examples. Those who considered themselves unhealthy held rigidly to former concepts of work which they could no longer do. Examples are the trapper whose energy would not allow him to walk a trap line, or the woman whose eyesight prevented her from doing fine beaded work. Both these people saw themselves as unhealthy.

The definition of health found in this study differs considerably from functional models of health in which health is the absence of illness or disability. However, others have begun to find support for this 'performance model' of health. A recent study by Weinert and Long (1987) is an example. Using a combination of ethnography and survey methods, the authors collected data on concepts of health of rural Montanans aged 50 to 78. From their study emerged a definition of health that was focussed on the ability to be productive in one's role. Weinert and Longs' findings suggest that for older rural residents, definitions of health are embedded in traditional concepts of what constitutes valued work for men and women. Thus it is not surprising that even though women in the Alberta study had worked along with their farmer or trapper husbands, they did not use ability to do that work as a standard against which to determine health.

Although health as ability to do valued work was the main definition in the Alberta study, other researchers have argued that the definitions of health are multi-faceted. Laffrey (1986) developed a scale based on Smith's (1981) theoretical model in which health has three dimensions in addition to functional role performance. These are: health as medically defined and illness focussed; as ability to adapt to changing circumstances; and as ability to transcend usual and ordinary life situations. Testing with middle aged adults and university students showed that respondents could identity with more than one dimension. There was some evidence in the Alberta study that some of these themes were present. Health as medically defined and illness focussed was sometimes mentioned after the ability to do valued work. One informant who stated that health was being able to run the farm, also stated that health was having no aches or pains and nothing bothering you.

In a study of younger urban women, Woods, Laffrey, Duffy, Lentz, Mitchell, Taylor and Cowan (1988) explored these four dimensions through personal and telephone interviews. They found that the older women in the sample, which only included those up to 45 years, identified more role performance than the younger women.

This suggests that health as the ability to perform valued work may be related to age but may transcend environment.

The strategies used by informants in the present study, to maintain health, are a component of adaptation to changing circumstances. These are discussed in the next section of this chapter. However, no other definition of health emerged consistently. This may be because physical work is such a central part of the lives of the couples in the study. The high value placed on physical work has been seen as one of the predominant features of rural cultures (Krout, 1988). It may also be that one's body is seen almost as a tool: as a means toward performing an important task. Thus changes in one's body are not important in themselves but only if they interfere with the ability to perform. A comparison with younger rural couples and with rural couples in more sedentary jobs would help clarify the nature of definitions of health of rural residents.

Maintaining Health

The core category from the data was maintaining health. Maintaining health explained the results and the model in Figure 3. Each component of the model influenced the informants' maintaining their perception of health. Maintaining health determined how the informants perceived physical changes (will this change interfere with doing work I want), how they perceived and used resources (will these facilitate or interfere with doing work I want), and the outcome of their choice of strategies (will this strategy enable me to do work I want). In maintaining health, what the informants were able to do was influenced by their physical changes, their environment, and their human resources. These influenced health indirectly by influencing what they were able to do. Then, what they were able to do and their use of strategies influenced their ability to do work they wanted. They were doing work they wanted when they had adjusted what they wanted to match what they were able to do. Human resources were their spouse, neighbours, friends, children. Strategies to maintain health used by these informants were

minimizing, anticipatory planning, capitalizing on positive change in society, altering expectations of self, and altering priorities for self and couple.

Physical Change

The original purpose of this study centred on the role of age-related physical change in the aging experience of this rural sample. For this group of older people physical change was perceived as relatively unimportant. Both changes and adaptations were gradual and were hardly noticed. The most commonly identified age-related changes were "slowing down", memory, vision, and hearing. These results are supported by those of Leventhal (1984), who, in a pilot study of feelings about aging among a small sample of urban elderly, found that subjects had a low awareness of physical change, noting changes like grey hair, memory loss and "slowing down." Leventhal (1984) was not looking at physical change specifically and did not explore beyond these feelings. On the other hand in the present study, further exploration demonstrated that physical change had an indirect effect on the informants' perception of health. Physical change affected what they were able to do, which then influenced work they wanted to do. Physical change was only important to the concept of health when it interfered with the ability to work.

These results are in contrast to the literature reviewed in chapter two which examines only the direct biological and functional effects of physical change. A concern with this focus on functional abilities is that the convenient, tested, measures of function have become so widely accepted that they are seen as a measure of health rather than just function (Ford, Folmar, Salmon, Medalie, Roy, & Galazka,1988). For the informants in the present study, health involved more than the absence of chronic conditions and functional deficits, it included the individuals' work they valued as well as what they were able to do. The influence of physical change needs to be examined within the

context of each individual's life, rather than as affecting all individuals in the same manner.

Rural Environment

Technology and environmental changes have brought advances that compensated for age-related physical change, enabling the informants to continue to do work they wanted and thus maintain their perception of health. These changes could be expected to have a major impact on the lives of homesteaders who had to clear their land and develop their farms from bush. For them work had been very physical, but they reported their lives as having become easier and better over the years. Others have not taken the effect of technology into account when evaluating farm and small town elderly's ability to perform the work they valued (Weinert & Long,1987). To understand health for rural people more information is needed on the nature of work for different samples of rural elderly and how this is related to where they live and their occupations. It may be that for rural elders who have had more sedentary jobs, technological change is not so central.

The informants in the Alberta study, on the whole, were very involved in community organizations throughout their lives and a few still were. For some, community involvement was part of the work on which their health perception was based. This was in contrast to much of the literature suggesting that rural residents have low participation in community activities (Lee & Lassey, 1980; Harbart & Wilkinson, 1979, Kivett, 1985). These results may be due to the fact that the farming communities of these informants did not exist before they arrived and had to be built by them, necessitating their involvement and cooperation.

The informants did not have a sense of isolation and felt access to services was adequate. It must be noted that their sense of distance was relative: an hour to town seemed close. Their comments about their satisfaction with their country lifestyle where their work of value occurred, (despite distance and lack of services) are supported by other researchers (Johnson & Knop, 1970; Scott & Roberto, 1987), who found that the

rural elderly did not see their lives as problematic. All this must be considered in the context of these informants' ability to access their nearest services, which required driving. The ability to drive allowed people to define as close, services which might otherwise be totally inaccessible.

Human Resources

In this study the informants named their spouse as their main support in adjusting and adapting to age related physical change and illness. They felt they were 'making it through life together'. Because of the gradual nature of physical change informants had difficulty identifying the changes and the meaning of these changes for their life as a couple. Severe hearing loss was the exception to this finding. Hearing changes had caused a definite change in communication for those affected and thus informants were able to notice the effect and what it meant to them as a couple. One couple found it was too much effort to talk about everyday things, they had more misunderstandings and the husband felt their relationship was not as close as it had been in earlier years. The informants found it easier to identify and discuss the shared meanings that had evolved for things like helping their children, rural living, spiritual beliefs, and aging together. Usually what they felt was important enough to discuss were the priorities of the couple for this stage of their life.

Interdependence, the instrumental sharing of work, income and other resources (Atchley, 1987), increased in these couples as they spent more time together and assisted each other to adjust and adapt to the changes in their lives. Current research supports the concept of increasing interdependence within older couples and the support provided by the members of the couple (Cole, 1986; Connidis, 1989; Johnson, 1985; Kelly, 1981; Satariano, Minkler, & Langhauser, 1984). Johnson suggests that the interdependence developed over the years provides the means to meet the additional demands when one spouse is ill. Overall, in the present study, the spouse enhanced the individual's

perception of their health. But changes in one partner, to which both members must adjust and adapt, could also interfere with the other partner's work and therefore their perception of health, such as Mr. V giving up trapping.

The people in the lives of these informants indirectly influenced their ability to do work they wanted. Their family, friends, and neighbours provided support that assisted them to continue living in this rural setting where the work they valued took place. Although informants qualified statements about their children with comments about not wanting to be a burden, those with children nearby always stated they would turn to them first when needing assistance. Their contacts with children were frequent, and they emphasized that distance was overcome by phones and planes. The older informants used their children more than the younger informants. It was the older ones who said they would move if they had no children nearby. The one couple without children encouraged their neighbours' children to call them grandma and grandpa, thus building a simulated family network. The importance of children in the rural elderly's network was supported by Mercier, Paulson & Morris (1988) in their study of the quality of parent-child relationships. They found having a child nearby to help if needed was important to their sample of rural elderly. Perhaps rural-farm elderly with no children nearby are those who move to town and with the exception of this one couple are not part of the population of this study.

Although family were the first line of support, friends were also important to these informants in helping them maintain continuity in their lifestyle. They stated they would ask for assistance, but stressed it would only be for short periods of time. Some informants were able to reach out and make new friends to maintain their networks. Roberto and Kimboko (1989), in a study of urban later life friendships, found that the majority of their sample had not made any new close friends within the last year and there were different levels of definitions of friend with different roles for friends at each level. Further research could examine how these older rural people define friend, how they

maintain and make new friends, and how they use different types of friends for maintaining health.

Strategies

The utilization of the strategies in Figure 3 directly influenced health. There were two types of strategies, both of which helped informants match work they wanted with what they were able to do.

The first type of strategy, which included minimizing and capitalizing, enabled informants to carry on and make no changes in work they wanted to do. Examples of minimizing are denying the effect of change and refusing to think about things. Mr. J minimized when he decided to not think about not being able to drive. Capitalizing on the other hand, takes active advantage of changes in society, such as acquiring an artificial hip or using technology to assist you to continue with the same work. One informant had a cataract removed by laser and could see to continue his work.

Anticipatory planning, altering expectations, and altering priorities were strategies used to make changes, and to develop new work the informants wanted to do. The use of these strategies gave the informants some control over the impact of the changes on their lives. One couple using anticipatory planning were evaluating where they wanted to live as they planned their upcoming move off the farm. Mr. K had altered his expectations of himself when he stated "You can't do it the way you used to, but you are still doing it, I never hurry myself." Another couple had decreased their community work and a new priority was spending the winter in Arizona.

Marshall (1979) suggests that aging is the last status passage of one's life, and does not lead to any subsequent status as others in earlier years do. Thus it is a passage from which we cannot opt out and control of the passage is important. So the use of strategies to control what happens within this passage gives individuals a sense of control over events in their lives.

Strategies were not always successful. When there was no match between their expectations and what they could do the informants saw themselves as not healthy. With many minor changes (small changes in vision, hearing, strength, energy) minimizing was a successful strategy, supporting continuity, such as Mr. J's comments about how their lifestyle had not changed at all, even with Mr. J's small changes in vision and Mrs. J's decreased energy. However a more major change could require other strategies such as alteration of expectations.

The strategies used depended on the appraisal of the situation by the individual. Folkman, Lazarus, Pimley, and Novacek (1987) suggest that problem-focussed strategies, which involve altering the person-environment transactions through confrontive and problem-solving actions, are used most in situations appraised as changeable. Emotion-focussed strategies, which involve regulating distressing emotions through humour, distancing, and positive reappraisal, are used most in situations appraised as unchangeable. Their sample of older individuals appraised their situation as less changeable than the younger sample, therefore the emotion-focussed strategies would be more appropriate. The three strategies used most often by the informants in the present study were minimizing, altering expectations, and altering priorities, all emotion-focussed strategies. These would seem appropriate strategies for these informants since the normal age-related physical changes are not changeable and it is how they are minimized or reappraised that determines what they mean to individuals. Minimizing can be used up to a point, but then other strategies are required to remain healthy. An example was Mr. J, who minimized his severe arthritis and seldom spoke of it, but changed the way he did his carpentry work on their house. In order to perceive himself as healthy he had also altered his expectations of himself to match what he was able to do.

Maintaining health for the informants in the present study necessitated that this matching be accomplished. The process of matching has been described as one of redefining or reinterpreting. For example Craig and Edwards (1983) state that

redefinition occurs through the use of four broad strategies: denying, use of resources, setting goals, and use of hope. While five strategies were identified in the present study, specifically for managing physical changes, they are similar to Craig and Edwards' strategies. Minimizing would be part of their denying, capitalizing part of their use of resources, and anticipatory planning, altering expectations and altering priorities would be included in setting goals. Craig and Edwards' strategy of hope was not identified in the present study.

Others have developed more extensive lists of strategies, breaking down redefining into more specific categories such as positive reappraisal and escape avoidance. Lazarus and Folkman (1984) through their studies of middle aged adults have developed an 8 scale instrument for measuring use of strategies (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Using older participants McCrae (1984) expanded Folkman et al.'s instrument into 28 strategies. Both McCrae's and Folkman et al.'s instruments included all the strategies used by the informants in the present study.

Neither McCrae (1984) nor Folkman et al. (1986) was able to show how the participants actually went about the redefining or reinterpreting of events. In the model of maintaining health in the present study the missing link was how this redefining of work you want to do to match what you are able to do was achieved. The present study and other research reviewed here have provided a basis of what strategies rural elderly might use, when they may use them, and when they are unsuccessful, but not how the individual actually accomplishes them.

The difficulty of measuring adaptation to physical change is that it is a gradual, continual process. One way to address the problem would be to use Folkman et al.'s (1986) or McCrae's (1984) instruments and open ended questions in a longitudinal format, to measure informants' coping every 3-6 months. Informants could be asked what has changed and what they did in response, about all components of the maintaining health model. This would facilitate the discovery of how informants alter work they want

to do to match what they are able to do. If longitudinal research cannot be done informants could be asked what they will do when (change) happens, for many variations of physical change. Because physical changes were continually occurring and chronic illnesses did develop, the informants in the present study were continually adapting to change. But as couples consisting of two aging individuals, each experiencing age-related physical change and chronic conditions, both partners had to adapt to the changes. The previously mentioned models of Craig and Edwards (1983) and Lazarus and Folkman (1984) look at only one person who is changing and adapting and they may or may not include the family as a factor in the individual's adaptation. Thus McCubbin and Patterson's (1983) Double ABCX model of adjustment and adaptation, taking a family perspective, fits more closely the experience of these older couples. For example, in the adaptation phase of the model, the family (in the present study this is the older couple) develops a shared orientation and meaning for new patterns of behaviour, using strategies that involve a shared lifestyle and interdependence.

Quantitative inquiry into the strategies for maintaining health could take Folkman et al.'s (1986) or McCrae's (1984) coping instruments and use McCubbin and Patterson's (1983) model of adjustment and adaptation. This would help discover which strategies are more effective for these couples, both of whom are adapting separately and together. It may be that, in couples, there is the use of complementary strategies by the partners at some points and the use of the same strategies at other points. For example in one couple in the sample, the wife minimized her physical change related to her heart and continued to plant a garden that was too large, and do too may other things. At the same time her husband capitalized on technology and had his cataracts repaired, thus both were able to continue doing what they wanted without changing. Later he was able to alter his expectations of himself and he tried to help her alter her expectations of herself so she would plant a smaller garden and do less.

Because use of strategies is based on assessment of the situation and of available strategies, Lazarus and DeLongis, (1983) suggest events may have different meaning at different ages and for individuals with different life histories. Only a few studies on coping and adaptation have included older participants and these have all used urban samples (Felton & Revenson, 1987; Irion & Blanchard-Fields, 1987; Folkman, Lazarus, Pimley, & Novacek, 1987; and McCrae, 1984). More research with older people of different ethnicity, culture, and place of residence such as rural is needed to determine if these variables affect coping strategies of older individuals.

In conclusion there were four important findings in this study. Health was not only the objectively assessed functional state, but also included the individual's own definition. In this study health was the ability to do valued work. Secondly, physical changes, environment, and human resources had an indirect effect on the informants' perception of health. Thirdly, strategies had a direct influence on the informants' perception of health and may warrant more attention in further research. Strategies were what informants did to match the work they wanted to do with what they were able to do. Those informants unable to accomplish this matching saw themselves as not healthy. How this matching was accomplished may also warrant further research.

Implications for Practice

Findings from this study and the related research discussed here suggest the importance of understanding peoples' definition of health. In the Symbolic Interactionist perspective, understanding behaviour requires understanding of beliefs and meanings. To understand a group for which health is such a salient issue, requires some understanding of the meanings that are the basis of the behaviour. Laffrey (1986) suggests that knowledge of health definitions for specific population groups can increase the ability to understand and predict health behaviour. Practitioners focussing on health

in the community who do not take health meanings and beliefs into consideration when planning education and services may find their interventions ineffective.

1. Practitioners cannot assume that objective assessments of function and health conditions reflect the individual's own definition of his or her health; instead they must find out what health means to the individuals they are working with.

    a) If practitioners understand how older people define health and how a change in one partner has interfered with the other viewing themself as healthy, different interventions for each may be possible to assist that partner to move back to a perception of health. The V's worked together trapping until Mrs. V became ill and could no longer trap. Mr. V quit trapping at the same time. Because he defined his health by the ability to trap, he also viewed himself as not healthy. Intervention at this point would be different for both Mr. and Mrs. V. If it was not possible for him to trap, the practitioner could help him identify work he could still do that he valued, or to learn something new. Just as physical change in one may affect the other partner's perception of health, changes instigated by the practitioner may also have an effect on the other partner. Practitioners must be cognizant of this.

    b) Understanding an individual's definition of health will assist practitioners to evaluate the effect of the indirect influences of physical change, environmental change or human resource change on his or her perception of health. This could help the practitioner understand which individual requires intervention for which influencing factor. For example the physical change of slowing down affects what the individual is able to do. The practitioner could review with the individual what activities are most important and help individual partners eliminate unimportant but tiring activities, enabling them to use their energy for the work that they value. An example of environmental or technological change could be when a practitioner assesses, with the

individual, what task cannot be done. Then alternatives could be suggested such as switching from a standard transmission to an automatic transmission in their vehicles if arthritis in the left hip interferes with using the clutch for driving. An example of human resources would be if a couple's children perform certain tasks for them and the children move away. The practitioner could assess with the couple what is involved in their definition of health and if these tasks are necessary to remain living in this rural setting. Alternative methods of getting the tasks accomplished, might require help of neighbours or homemakers or handyman service if available.

c) Education programs with individuals or specific groups could build on the health meanings that exist. For example, knowing the group or individual definition of health, content could be orientated to managing life around the physical change or chronic condition so the outcome is the ability to do their work of value. Advertising could focus on maintaining the ability to do work of value.

2. Slowing down or general fatigue was identified by almost all informants. Practitioners and informants must not assume that fatigue and illness occur just because informants are old. Fatigue may be a symptom of underlying conditions.

a) Education on normal age-related changes must be provided to people of all ages to overcome the expectation that poor health inevitably accompanies aging.

b) Practitioners need to be knowledgeable about normal age-related changes, both physical and mental, to make assessments and plan appropriate interventions.

3. Work was the salient factor in these rural informants' definition of health, but work means different things to different people.

a) Practitioners cannot assume, but must find out what type of work is important to an individual before assessing whether they are able to do the work they want. Only then can they consider methods of assisting the individual to continue or resume the work they have always valued or begin something new.

4. Practitioners need to be aware that the inability to work may be more important in a rural person's perception of health and decision making regarding the need to seek health care, than pain or other cues.

a) In both community and individual education efforts, relating the rationale for health behaviour change to the individual's ability to do the work he or she values, rather than to the idea that they may live longer or healthier, may be more effective.

5. Better understanding of the process of adjustment and adaptation to physical change would enable practitioners to understand behaviour better and assist them to plan more appropriate interventions.

a) Knowledge of strategies used by those who are successful amaintaining health and by those who are not, would assist practitioners in their evaluation of which strategies are most useful in which situations, for this group of elderly. The effective strategies could be taught to those who need them.

Limitations

Generalizability was not the goal of this methodology or this study, but instead it was the exploration of one group's experience within a cultural context that shaped their lives. This study is limited by two points:

1. These informants are the survivors within their cohort. Others have died or moved away. It is possible that having survived to this point contributes to the lack of importance of each physical change in the whole scope of their life. Those who moved to town were not included in this study and they may be different from this sample.
2. Only couples were included. With the longer life span of women over men, a large percentage of elderly women are single. These women were not included in this sample and they may be different from the married women in this sample.

These findings are limited to this group of rural elderly couples, who homesteaded a northern prairie region of Alberta.

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Appendix A

Questions to Guide the Separate Interviews

What does aging mean to you?

If I looked at a photograph of you taken twenty years ago, what would I see that is different than now?

What is different that I would not see in the picture?

What do these changes mean to you, how have they affected you?

Tell me about the physical changes you have experienced.

What do they mean to you and your (husband or wife) together?

Tell me what is the same about you.

How has this affected your life as an older person?

How does this affect you and your (husband or wife) as a couple?

What is it like for your friends?

Appendix B

Text for the Verbal Consent

The university requires that I read this information to you. Today is (date). I am Cheryl Raiwet, a Masters student at the University of Alberta. The project is about aging and is called "Passing 65-How does it feel"?

The purpose of this project is to find out what you think and feel about passing 65 years of age. Because younger people often think everyone thinks like us, I want to learn more about how you experience these changes and what they mean to you as an older person and an older couple who have been together a long time.

This is how the interviews will go. I will do all the interviews. First each partner of a couple will be interviewed separately and then you will be interviewed together at a later date. When you are interviewed together I will not mention the things you talk about in the separate interviews, but you may if you wish. The interviews will take about one to one and one half hours. There is no risk for you. If you don't want to answer a question you do not need to, or if you have a better question, you can answer it. Any topic that comes up that is too personal or that you don't want to talk about, just say so and I won't return to it. You can ask me to turn off the tape recorder anytime or stop the interview. If you decide you don't feel right about the interviews you do not have to continue with the second one. You can also ask questions whenever you wish.

The only people who will see the information from the interviews will be myself and my advisers at the university. When the final report is ready, there will be quotes in it, but there will be no names anywhere.

Although there will be no direct benefit to you for participating in the project, I hope the information will help us to understand more about aging in all people.

I will leave my name and phone number with you in case you have any questions later. Cheryl Raiwet 436-0485 (Edmonton) The phone number of the Health Centre where you can leave a message is 685-3752 .

Now that I have explained everything to you, (Participant's name) do you wish to participate in the interviews for this project?
Thank you.