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Pepperdine University  
Graduate School of Education and Psychology

INTERSECTION OF GENDER, RACE, AND POVERTY:  
A STUDY OF WISDOM THROUGH IDA'S EYES

A clinical dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by

Mona Mikael

October, 2010

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This clinical dissertation, written by

Mona Mikael

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

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## TABLE OF CONTENTS

	Page
DEDICATION.....	iv
ACKNOWLEDGEMENTS.....	vi
CURRICULUM VITAE.....	viii
ABSTRACT.....	ix
Chapter I: Introduction.....	1
What Are the Elements of Successful Aging?.....	3
Sociocultural Influences, Well-being, and Aging.....	7
Advanced Age Women: Intersection of Gender, Ethnicity, and Social Strata.....	11
Research Questions.....	13
Chapter II: Methods.....	15
Participants.....	15
Interview.....	16
Research Approach and Procedures.....	18
Interpreting Interview Data.....	25
Methodological Limitations.....	28
Chapter III: A Study of Wisdom Through Ida’s Eyes.....	30
Introduction.....	30
Womanhood and What I Learned from My Mother and My Father.....	34
Feeling Worthy in a Racist Milieu.....	37
Intellectual Curiosity, Lifelong Learning, and Personal Enrichment.....	40
Self-Reliance, Resourcefulness, and Self-Determination.....	43
A Lifelong Commitment to Serving Others.....	48
Spirituality and Living a Balanced Life.....	51
Reflecting on the Past, Gaining Resolve in the Present, and Looking to the Future: Living a Life of Purpose.....	55
Epilogue.....	58
Chapter IV: Discussion.....	63
Study Findings and Previous Research.....	64
Clinical Implications.....	67
Personal Reflections.....	72
REFERENCES.....	74
APPENDIX A: Literature Spreadsheets.....	80
APPENDIX B: Interview.....	137

APPENDIX C: Recruitment Script.....	142
APPENDIX D: Recruitment Brochure .....	1444
APPENDIX E: Form Indicating Interest in Participating.....	147
APPENDIX F: Informed Consent Form.....	148
APPENDIX G: Script for Reviewing Informed Consent Form.....	153
APPENDIX H: Self-Introduction Script.....	156

## **DEDICATION**

This work is dedicated to Mary. We missed the chance to share your remarkable story.

I will always remember the smile of your angelic face.

You are missed.

## ACKNOWLEDGEMENT

I would like to express gratitude to the three strong women and guardian angels who helped me bring this dissertation together: Ida; my mother, Homa; and Dr. Asamen. Your capacity for laughter, faith, and selfless love created for me a new vision of the female superhero.

With a magical combination of soulful encouragement and intellectual challenge, my committee members—Drs. Asamen, Rowe, and Wigg—have enabled me to produce work that has made me a better scholar, practitioner, and far better human being. Thank you ever so much.

I wish to thank the professors and staff at Pepperdine University who selflessly took me under wing and nurtured my intellectual growth, most especially Dr. Edward Shafranske, Dr. Sepideh Sazgar, Regina Meister, Cheryl Saunders, Jay Carson, and John Baker.

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## ABSTRACT

This narrative inquiry study offers an insider's view of how an advanced aged woman of color who faced near homelessness coped with challenges in her life, sought resolution for the challenges she faced, and grew and changed as a consequence of these experiences. Attention to the salience of contextual issues were considered in relation to the participant's personal history and experiences in order to gain an understanding of the intersection of gender, race, and poverty in the lives of senior women and how these factors influence their sense of agency and ability to manage their lives.

Through a collaborative narrative life review and restorying experience, the participant had an opportunity to gain new insight into her life and to raise her self-awareness of the resilience she exhibits, despite the numerous contextual challenges that contributed to her near homelessness. As a result of the review, the reality of ageism, sexism, and racism cannot be neglected in understanding the lived experience of women. Major clinical implications that may better serve the psychological needs of women of advanced age include moving towards a strength-based approach that gives voice to the lifetime of contributions of women, enhancing the subjective well-being of the advanced age cohort, examining and validating the influences of contextual issues (e.g., one's age cohort, gender, race, or social status), and authorizing the client to define herself rather than being defined by her circumstances.

*Key words:* narrative research, aging, senior women, race, gender, homeless

## **Chapter I**

### **Introduction**

Individuals of advanced age are the fastest growing segment of the population (He, Sengupta, Velkoff, & DeBarros, 2005). The percentage of Americans 65 and older has tripled from 4.1% in 1900 to 12.4% (or 36.3 million) in 2005. Baby-boomers are also entering retirement in 2011, thereby increasing the population of elders to 20% or 72 million (He et al., 2005). Women of advanced age are a substantial proportion of this population. According to the U.S. Department of Health and Human Services Administration on Aging (2006), older women (age 65 and older) outnumber older men (21.4 million vs. 15.4 million, respectively), with half of older women age 75 and older.

Historically, research has focused more heavily on losses and degeneration in people of advanced age than on their strengths and resilience (Hagestad & Dannefer, 2001; Kaufman, 1986). But provided that older adults do not suffer from serious cognitive impairments, they can still evince heightened emotional intelligence, judgment, a greater sense of self, and relativistic/systematic thinking (Baltes, 2006; Cohen, 2005). Because elders are healthier due to advances in technology (Cutler & Hendricks, 2001), they are living longer and are healthy enough to share the depths of their wisdom. Although it goes without saying that simply growing old is not enough to become wise, wisdom is often considered one of the elderly's most notable characteristics. Cohen (2005) states that wisdom is revealed through “developmental intelligence,” which is defined as the maturation of “cognition, emotional intelligence, judgment, social skills, life experience, and consciousness...” (p. 35). Through life experiences “...adults in their sixties and seventies often address problems requiring wisdom extremely well”

(Baltes, 2006, p.34). Nevertheless, the contributions elders can provide because of their awareness of the fragility of life are often undervalued by Western culture with its emphasis on abating aspects of aging (Ranzijn, 2002).

Ranzijn (2002) argues that researchers should focus on elders' strengths and unrealized potentials in the domains of physical health and cognition, emphasizing a positive psychology appraisal that explores aspects of resilient behaviors during the course of people's lives. For example, according to Strongman and Overton (1999), elders have an increased ability to moderate their emotions, leading to contentment and acceptance of life. Furthermore, those who focus on preventative health argue that personal attributes that act as buffers against mental illness include courage, future-mindedness, optimism, interpersonal skills, faith, strong work ethics, hope, honesty, perseverance, and "the capacity for flow and insight" (Seligman & Csikszentmihalyi, 2000, p.7).

While helping elders find value in this later stage of development, younger generations' exposure to this wisdom through interactions with elders can be of mutual benefit to both parties. Turner and Helms (1995) propose that, contrary to popular beliefs, advanced age is a period of self-discovery marked by a desire to share one's life lessons with others. This phase corresponds to the final stage of Erik Erikson's psychosocial theory of development. In this stage of life, an individual reflects back on her or his past. Depending upon how she or he resolves previous life crises in previous stages, the elder may embrace her or his history favorably (integrity) or unfavorably (despair; Monte & Sollod, 2003). Individuals who nurture a sense of integrity are able to look back at their lives with dignity, satisfaction, and personal fulfillment (Turner & Helms, 1995). In other

words, elders' openness to share their contributions with others allows them to connect to the future generation while meeting their own developmental needs.

Elders who view their lives as having purpose sustain their personal dignity; namely, these individuals accept the choices they have made in life and are proud of their accomplishments. They do not despair over missed opportunities or past misfortunes. When facing mortality with a sense of integrity, elders can accept the end of life and view it as a natural part of the lifespan. An ultimate comfort in achievement and generativity in middle adulthood leads to the conviction these elders are interconnected with, and positively influence, others (Newman & Newman, 1995). In contrast, if an elder has not resolved previous life crises, she or he sees her or his past as a series of disappointments, failures, and misfortunes. If clinicians and other healthcare professionals encourage elders to voice their narratives, elders may transcend their losses, redefine their lives as meaningful, and become more generative. Furthermore, those elders who despair over their pasts can be guided to consider alternative perceptions of themselves and their lives. Elders, thus, reach new levels of "conscious thought" (Newman & Newman, 1995). Therefore, encouraging elders to tell their stories and uncovering the wisdom within may give them a sense of visibility, dignity, value, respect, and generativity (Ando, Morita, Okamoto, & Ninosaka, 2008; Andrews, 2001). This exchange may symbiotically enhance elders' sense of well-being as well as serve as an invaluable resource to future generations (Cutler & Hendricks, 2001).

### **What Are the Elements of Successful Aging?**

In a meta-analytic study, Bowling (2007) identified attributes associated with successful aging, which included: social engagement, life satisfaction, positive self-

concept, autonomy, adjustment to change, self-acceptance, and functional mental health. Additional qualities of successful aging include happiness, social relationships, productivity, a sense of purpose, spirituality, humor, and personal growth (Bowling, 2007). However, sensitivity to how different cultures define successful aging needs to be further studied and acknowledged as well (Bowling, 2007).

Denying the positive potential of aging prevents elders from realizing the full spectrum of their talents, intelligence, and emotions (Cohen, 2005). Some advantages to aging include: greater acceptance of life's realities, a greater sense of self, and perspective that makes the notion of one's death easier to accept for elders. Other benefits include an expanding store of memories, experiences, and appreciation of the complexity and beauty of human experience (Ranzijn, 2002). Furthermore, elders are better equipped to think relativistically and view circumstances out of one's own context (Cohen, 2005). According to Cohen, aging can be upward, is still a part of a process and not an end, which can attribute greater meaning for elders in their advanced years. The concept of loss is oftentimes associated with old age, e.g., experiencing increased losses of loved ones, losses of mobility and independence, loss of physical health (Agronin, 2010). However, through acceptance and adjustment to physical limitations brought on by aging, the impact of the losses can be reduced and the feeling of dependency diminished (Borglin, Edberg, & Rahm Hallberg, 2005). For example, Torres and Hammarström (2006) found that elders who accepted physical decline as a normal part of the aging process were less likely to resist assistance from others and were better able to transcend the challenges of later life. When positive meaning is associated with a recollection of previous life activities, significant others, and sense of belonging, the experience of a

preserved self and meaningful existence can prevail (Borglin et al., 2005). Accordingly, in advanced age, life values and a sense of meaning are associated with self-reported satisfaction with quality of life. Borglin et al.'s study on Swedish men and women in their 80s indicates that elders who maintained a "sense of continuity" of self and values as well as maintaining a personal sense of meaning in life were integral for their experience of a good life. Isaacowitz, Vaillant, and Seligman (2003) studied a community sample of older adults in the Philadelphia area and found that the following themes—hope, citizenship, and capacity for loving relationships—were unique predictors of subjective life satisfaction. Citizenship and positive interpersonal relationships demonstrated the importance of connecting with others and having an impact on others as constructive aspects of advanced age. Furthermore, Krause (2001) found that elders who were embedded in supportive social networks enjoyed better physical and mental health, through maintaining these meaningful ties to others.

Psychological approaches to describing successful aging have emphasized the importance of control and autonomy. An elevated sense of control or mastery over life (self-efficacy) promotes the experience of capability and increases one's ability to cope. A self-perception of competence can be used as a coping tool in older age when life transitions require adaptation to new circumstances. In a study of older women who were coping with later life relocation, women who perceived they were coping well with their transition to senior housing when comparing themselves to other women who were making the same transition, were less depressed and reported higher psychological well-being over the course of the relocation (Kwan, Love, Ryff, & Essex, 2003). In other words, women who viewed themselves coping more favorably when comparing

themselves to other women, experienced a sense of autonomy, had positive relations with others, exhibited environmental mastery, expressed purpose in life, and reported self-acceptance.

Low perceived control, on the other hand, increase feelings of powerlessness. Self-esteem is important for older adults as it is closely related to a sense of mastery and ability to cope with stress (Kahng, Dunkle, & Jeon, 2005). For example, a study on chronic health conditions and self-esteem in advanced age found that older adults with fewer chronic health conditions are better able to manage their activities of daily living, which further benefited their self-esteem (Kahng et al., 2005). In addition, elders over the age of 75 demonstrated a faster decrease in health than the young-old (65+), implying an increased vulnerability to losing self-worth with increasing age.

What is neglected in the psychological literature but has the potential of having a profound influence on the ability of elders to age successfully are the institutional inequities based on gender, race, and socioeconomic status (SES) that exist in society (Hagestad & Dannefer, 2001). For example, when Ranzijn (2002) refers to the benefits of aging include increasing freedom from financial, professional, and family responsibilities, although this might be the experience for some individuals in this age cohort, is this a realistic experience for individuals who have spent their lifetime marginalized because of poverty or their gender or race? The importance of considering sociocultural factors is found in the results of a meta-analysis of 300 empirical studies conducted by Pinguart and Sorensen (2001). In their analysis, advanced age men reported higher self-esteem, life satisfaction, and subjective health than their female counterparts. However, these men were also more highly educated and were in higher



socioeconomic strata, suggesting that lack of access to certain institutional or systemic privileges remits women economically and otherwise, accounting for their lowered self-assessment, life satisfaction, and perceived health (Butler, Lewis, & Sunderland, 1998). Williams and Wilson (2001) state race, level of acculturation, socioeconomic status, and non-economic elements of discrimination are interrelated variables that require further investigation among the advanced age. Therefore, the discussion will now turn to the intersection of sociocultural influences with aging on health and well-being.

### **Sociocultural Influences, Well-being, and Aging**

Cohorts of people in advanced age may have experienced significant historical events that dramatically influenced their psychological and physical well-being. Moreover, an elder's culture may have influenced the way she or he experiences historical events (Xakellis, Brangman, Hinton, & Jones, 2004). For example, African Americans currently over the age of 70 lived well-before the civil rights movement, thus, may have experienced overt acts of discrimination as well as segregation because of the color of their skin. Other older members of ethnic minorities have faced experiences such as being refugees, e.g., During the Cold War, and up until the mid-1990s, the majority of refugees resettled in the U.S. were people from the former-Soviet Union and Southeast Asia. The most conspicuous of the latter were the refugees from the Vietnam War, sometimes known as "boat people;" others experienced incarceration in concentration camps as was the case for the Jews in Poland and Japanese Americans in the United States. Reconstructing the life narrative of these individuals in terms of "survivorship" may help an elder regain a sense of worth and recover her or his lost sense of power (Kropf & Tandy, 1998). For example, in a study by Rokach, Matalon, Rokach, and

Safarov (2007), female elders reported having grown and benefited from the experience of loneliness, such as cultivating new friendships.

Despite obvious disadvantages or losses, self-efficacy may predict attributes related to one's ability to cope. In an analysis of subjective well-being and life satisfaction among older African Americans for example, two of the most important predictors of well-being were subjective assessment of health and a sense of self-efficacy or self-esteem (Tran, Wright, & Chatters, 1991). Moreover, spirituality is highly influential in and an important aspect of advance age when self-managing chronic illness among African American elderly (Harvey, 2006). For example, Harvey and Silverman (2007) studied 88 African Americans who reported that G-d was responsible for the healing in their lives. These participants reported that they were more likely to believe, as a result of their faith, that they could surrender their chronic pain to a higher power, and, thus, were not alone in combating their illness. Submitting to G-d and prayer helped these participants accept their health issues (Harvey & Silverman, 2007). Becker and Newsom (2005) also studied older African Americans' attitudes towards chronic illness and its management and found that respondents who had experienced racism in earlier life, now tended to cope with illness through their unique "philosophy of illness" (p. 216). In other words, the early experience with racial oppression required these women to rely on inner resources, such as self-reliance, problem solving skills, and perseverance, to overcome adversity, thereby preparing them for subsequent challenges, such as illness (Becker and Newsom, 2005). These inner resources were stimulated and supported by their faith in G-d, which kept them from feeling alone as they coped with adverse conditions. Furthermore, Williams and Wilson (2001) corroborate the value of religiosity among the

elderly as it offers a source of hope, comfort, and meaning in times of stress, disability, and loss of loved ones. Drawing on spiritual resources in one's life contributes to added strength to cope, heal, and grow (Elkins, 2005).

The relationship of sociocultural variables to health outcomes has also been observed among elder Mexican Americans. For example, in a study of 3,050 Mexican Americans who were 65 years and older, more symptoms of depression were reported among the less acculturated than their acculturated counterparts (Chiriboga, Jang, Banks, & Kim, 2007). Moreover, those who were more acculturated were more likely to be men, among the younger of the advanced age, currently married, employed earlier in their lives, and educated with higher household incomes. In a study of elder Taiwanese age 60 and older, Hsu (2005) found women were more likely than men to experience negative health outcomes since they were often less educated and from a lower socioeconomic status. Similar findings were found in a cohort of 4,049 Taiwanese men and women, consisting of four ethnic subgroups. Although men's and women's cognitive functioning, depressive symptoms, social support, and social activity were initially similar, over time, the less educated (primarily female) reported higher rates of disabilities in daily activities and more reports of depressive symptoms.

Although it is important to address the social disparities that oppress the lives of people of color, and women in particular, it is equally important to acknowledge the cultural strengths that influence the lives of advanced age women of color. For example, in a biographical-narrative study of three elder African American women (ages 75, 82, and 98), the positive influence of African American culture on lifestyle, family traditions, and lifestyle changes were observed in their advanced years (Daniels, 2004).

Interestingly, contextual factors included: (a) maintaining connections with their childhood communities and families, (b) having strong female archetypes/role models, (c) valuing education as a means to live independently, and (d) considering religion an essential element in their lives. According to Daniels, these culturally-based considerations allow African American women to maintain their independence, which, in turn, allows them to live meaningful lives into their later years. But it is important to note that because these women were educated and financially independent, they were in a better position to ward off poverty and its concomitant challenges in their advanced years.

Clearly gender influences one's health because of the interplay of a number of sociocultural factors. For example, Xakellis et al. (2004) have observed that social support is related to feelings of well-being in advanced age women and their maintained physical health and ability to remain independent. Furthermore, relationships with adult children are generally regarded as promoting well-being among the elderly (Martin, Grünendahl, & Martin, 2001; Pinguart & Sorenesen, 2001).

It is evident that various assets as well as limitations emerge out of the interplay of sociocultural factors with advanced age. Thus far, identifiable strengths, such as religiosity/spirituality, higher social strata, more education, and a social support system, may counteract the challenges associated with aging. But it appears when the well-being of women is compared to the well-being of men, the women appear more vulnerable. Given this observation, attention will now shift to the interplay of gender, ethnicity, and social strata among senior women.

### **Advanced Age Women: Intersection of Gender, Ethnicity, and Social Strata**

Women constitute 58% of the elderly, but are 74% of the elderly poor because they are less likely to have pensions and more likely to live alone (Williams & Wilson, 2001). Older people who live alone tend to more frequently fall into poverty. The likelihood of advanced age women living in poverty can be explained, in part, by the fact that they receive lower retirement benefits compared to men (He et al., 2005). The median income of older persons in 2005 was \$21,784 for males and \$12,495 for females (U.S. Department of Health and Human Services, Administration on Aging, 2006). Butler et al. (1998) characterize the plight of advanced age women in offering the following observation, “Due to the less pay for equal work compared to men, discontinuous outside work experience [often due to care-giving for children and older persons], and built-in inequities in the Social Security system, women still receive less in Social Security benefits than do men” (p. 166).

Moreover, in an analysis of a national survey of census data conducted by the U.S. Department of Health and Human Services (2006), older, minority women have the highest rate of poverty among this age cohort. In 2003, among those women who lived alone and at poverty level, 17% were White, while 40% were Black and Latina (He et al., 2005). In a study that compared elder racial/gender groups, Black men and women are more likely than Whites to report with regret their early termination of education to enter the paid labor force (Schieman, Pearlin, & Nguyen, 2005). Of the groups compared, White men have the highest level of household income and the lowest level of economic hardship, while Black women have the lowest income and highest economic hardship. Similar findings have corroborated the challenges faced by Mexican American

(Chiriboga et al., 2007) and Taiwanese women (Haley, Han, & Henderson, 1998; Hsu, 2005).

When one lives at poverty level, however, the chance of falling into homelessness increases (Ji, 2006). It is obvious, by this point, women in general, and women of color in particular, are more likely to fall into poverty due to a number of potential risk factors. With the declining availability of affordable housing and rising cost of living, the advanced age are clearly disadvantaged (Crane, Byrne, Fu, & Lipmann, 2005; Ji, 2006; National Coalition for the Homeless, 2007). In fact, the inability to pay one's rent or mortgage precipitated homelessness for 27% of older persons who were newly homeless in urban areas in the U.S., U.K., and Australia (Crane et al., 2005). Other precipitants of homelessness include widowhood, marital breakdown or household disputes, death of a parent, end of a job, problems with social security benefit and housing subsidy payments, and onset or increased severity of a mental condition (Crane et al., 2005; National Coalition for the Homeless, 2007). In fact, Hecht and Coyle (2001) found that pathways to homelessness among women are more often crisis-driven, e.g., the death of a spouse that left the woman unable to support herself. Among older homeless women, Hecht and Coyle report substance abuse has not been common, nor has mental illness (Crane, 1998; Crane et al., 2005; Hecht & Coyle, 2001), although mental illness may be underreported. Furthermore, depression, PTSD, and substance abuse are not necessarily causes of homelessness among women of advanced age, but can arise after they become homeless (Crane, 1998; Laganà & Shanks, 2002). For the specific details of the cited references, see Appendix A.

## **Research Questions**

The purpose of this study was to collect the accounts of senior women who were homeless or on the verge of homelessness in order to gain an understanding of their psychological development as they faced challenges in their lives, sought resolution for the challenges they faced, and grew and changed as a consequence of these experiences. Attention to the salience of contextual issues were considered in relation to the participant's personal history and experiences (i.e., family life, social support and relationships, employment, education, major life events), sociocultural factors (i.e., gender, race, gender, social strata, religion/spirituality), and historical context (i.e., key historical events that were experienced and the interviewee's involvement).

Through the study, the researcher gained an insider's view of what life is like as women of color of advanced who have faced homelessness, and from this personal view, she developed an understanding of the strengths from which these women drew to manage the challenges they faced. Equally important to the process is the benefit to the women who had an opportunity to tell their story to an interested listener and to participate in co-writing their narrative. Through this collaborative experience, these women had an opportunity to gain new insight into their lives and to raise their self-awareness of the resilience they exhibit, despite the numerous contextual challenges that contributed to their homelessness or near homelessness. Finally and most important, the stories these women impart can be used to educate future generations about negotiating adversity and the strength from within necessary to persevere during difficult times, starting with the homeless mothers and their children who reside along side with these senior women.

Specifically, the research questions for the study were:

1. How does the intersection of gender, race, and poverty in the lives of senior women influence their sense of agency and ability to manage their lives?
2. Based on their experiences, what insights might these senior women share that could benefit younger women who may face or have faced similar challenges?



## **Chapter II**

### **Methods**

#### **Participants**

The participants for this investigation were recruited from among the approximately 20 senior, female residents at family center, which is affiliated with a rescue mission that serves the homeless population in the greater Los Angeles area. Women of color are heavily represented among the residents. The intent of the study was to recruit 2 residents to participate in the full interview protocol. Although 2 women were recruited, 1 of the 2 women passed away during the study. At the time of her unexpected death, the initial attempt at the interview had been conducted and transcribed, and the participant had begun to review the transcription with the researcher. Because the participant had limited opportunity to review the authenticity of the interview transcript, the researcher had no opportunity to conduct any follow-up interviewing to clarify issues that emerged from the interview data, and background data for the participant were incomplete, the decision was made by the researcher and her dissertation chairperson to not engage in an analysis of these data. Therefore, the study is based on the interview with 1 woman. Narrative inquiry research relies on the depth, not the breadth, of data collection to provide an account of an individual's lived experiences, therefore, focusing on 1 to 2 cases is common (Creswell, 2007). To be included in the investigation, the women had to meet the following criteria: (a) age 65 years or older, (b) someone who was once at risk of being without shelter, and (c) comfortable speaking in the English language. No specific criteria for exclusion were imposed as residence at the is predicated on having undergone an informal screening process with the supervisor of the

senior adult program to ensure a level of psychological (no serious psychopathology or risk of self-harm) and physical fitness (no major medical conditions), the ability to live without daily living assistance, receptivity to living in a community setting, and the availability of some form of supplemental income such as SSI, disability, or a personal retirement pension/fund to partially subsidize the cost of room and board.

In conversations with the supervisor of the program, it was suggested that more than two women might elect to volunteer for the study; therefore, a protocol was established to accommodate more than two women for study inclusion by administering an abbreviated version of the interview. In the end, only two women volunteered for the study who met the study criteria for inclusion. Interestingly, a third woman was interested in sharing her story, but she had her own plans of writing about her life story; hence, declined to participate after several conversations.

For a detailed biographical description of the one woman who completed her study participation, refer to the “Introduction” of Chapter III: A Study of Wisdom through Ida’s Eyes.

### **Interview**

The open-ended interview that was used in this study was developed by the researcher (see Appendix B). The interview began with an explanation as to why the researcher is conducting the interview and the parties who might benefit from the life stories that are told and how they might benefit (Atkinson, 1998). This explanation included the researcher sharing information about herself as well as her personal and professional interest in learning from the lived experiences of the interviewees. After hearing of the study purpose, the interviewee was given an opportunity to initiate telling

the researcher about her life and experiences, but the researcher had also prepared grand tour questions (Questions 1-9) to initiate the conversation if it is not self-initiated (Spradley, 1979).

The grand tour questions included on the interview protocol provide opportunities to develop a more in-depth understanding of the women's personal history and experiences, sociocultural factors, historical context, and key individuals in their lives (Questions 1-7). Question 8 asks the women to reflect on the present relative to the past. Finally, a grand tour question that focuses on what other women might learn from hearing about the experiences of these women is included (Question 9). Although these grand tour questions are listed in a particular order on the interview protocol, the order in which these questions are asked varied and depended on when each question could be appropriately inserted into the conversation. Responses to some of these questions were self-initiated; therefore, it was unnecessary to directly pose some questions.

The researcher listened for opportunities that required a more in-depth understanding and follow-up with appropriate structural (e.g., What were some of the things you did that most impacted you?) and contrast (e.g., How did this period in your life compare to when \_\_\_\_?) questions; the former type of question helped to organize knowledge while the latter type of question helped discriminate between meanings (Spradley, 1979). In instances in which the interviewee paused or required being probed to continue, questions such as "What was that experience like for you?" and "Tell me more about that?" were helpful in maintaining the interview process (Atkinson, 1998, p. 42).

The interview ended with “closure questions” that let the interviewee know that the interview was coming to an end and allowed her to provide any additional insights she felt were important for the researcher to know (Atkinson, 1998), including the effect the interview experience, itself, had on her. This was also the point at which sociodemographic questions were addressed. The interview ended with the researcher expressing her own appreciation for having the opportunity to hear the interviewee’s story and what she personally gained from the experience.

The full interview was piloted with two senior women who do not have ties to the center and was conducted twice with her dissertation chairperson. These pilot interviews were used to refine the interview protocol, obtain an estimate of how long the interview may take to complete, and most important, to provide the researcher with an opportunity to practice her interview skills.

### **Research Approach and Procedures**

**Narrative research.** This study was conducted using narrative inquiry, a qualitative approach that allows the researcher to study participants’ personal experiences in order to understand how participants construct meaning in their lives (Atkinson, 1998; Clandinin & Connelly, 2000; Creswell, 2007; Riessman, 1993). In other words, narrative inquiry provides a forum in which participants can articulate their stories and be heard by the researcher (Atkinson, 1998; Creswell, 2007). Moreover, the particular function of this narrative inquiry study is psychological in nature and the narrative study of lives approach was taken, focusing more on the significant pieces of each woman’s life rather than her whole life (Atkinson, 1998; Mertens, 2005; Sharma-Brymer & Fox, 2008). However, an individual’s position in life and concomitant psychological make-up cannot

be stripped from the construction of meaning that emerges from human transactions within particular social, historical, and cultural contexts (Schwandt, 1994). In other words, through the narrative inquiry process, we learn Ida's perspective or construction of "truth" about womanhood, racism, and classism that was created by the dialectic of her personal understanding and the competing understanding of others.

Riessman (1993) describes the narrative inquiry research process as involving "levels of representation," rather than steps, due to the dialectical rather than linear nature of the experience (p. 8). The use of term "representation" refers to the researcher's inability to "have direct access to another's experience" but rather having to rely on "ambiguous representations of it" (Riessman, 1993, p. 8).

Riessman's first level of representation is attending, i.e., reflecting and thinking about the details of the interviewee's experience. The researcher wrote her reflections about the interview in a journal immediately after the interview and reviewed the entry before returning for the next interview session. Initially, the concerns were more pragmatic, but with later interviews, attention focused more on the meaning of Ida's narrative. The second level, telling, refers to the researcher representing the experience of the interviewee through an oral narrative about it. At this level of representation, the researcher spoke with her dissertation chairperson and shared her experience, allowing her dissertation chairperson to offer alternative views on what transpired or what was said, question the researcher's construction of the experience, and point out what appeared to be gaps in the story. The third level of transcribing involves capturing the meaning of the oral narrative by writing about it. In writing out the transcription, the researcher also made note of quotations that appeared to capture Ida's essence. In

reviewing these quotations with her dissertation chairperson, it became evident that some of the quotations required a context for others to understand the representation of the quotation, including the inclusion of bracketed elaboration. The fourth level of analyzing requires searching for critical themes, identifying epiphanies and similarities across time and events, and putting together the elements in a “metastory” that represents the interviewee’s experience. Representation at this level also included the social, historical, and cultural elements that challenged her personal understanding of events in her life. And the fifth level of representation is reading, i.e., allowing interviewees and colleagues to read preliminary drafts of the written life story to obtain their input as well as make the necessary adjustments that more effectively reflect the interviewee’s perspective. The researcher did find issues on which she and the interviewee disagreed on the representation. One of the most salient points had to do with a statement in which the researcher implied that Ida had no further need for growth. Ida disagreed with this statement as Ida feels she still has much to learn. In consulting with her dissertation chairperson, several of the researcher’s representations were challenged, requiring both the researcher to rethink her initial understanding or to return to Ida for her to either corroborate or contradict the representation. The interviewee also has an opportunity to read the final draft of the life story so she can create her own meaning about the experience and have final editorial authority on the investigator’s representation of her life. This last point, speaks to the notion that there is no “master narrative” but that any narrative is embedded in a “culture, psychological process, or social structure” that “exists in historical time” (Riessman, 1993, p. 15).

This inductive approach to conducting research values the human experience of the whole person, rather than focusing on particular behaviors or traits. The researcher, thus, emphasized the participant's perceptions of her life, which provided rich, detailed themes about her unique life experiences.

**Procedures.** The following specific types of procedures are discussed in detail below: (a) establishing researcher credibility, (b) recruitment, (c) consent, (d) interview, and (e) data management.

*Procedures for establishing researcher credibility.* After obtaining the approval of the supervisor of the senior adult program at the center and the Pepperdine University, Graduate and Professional Schools' Institutional Review Board, the researcher scheduled regular visits to center so the residents could learn more about the researcher and her intentions, which was suggested by the center supervisor. The researcher participated in group activities such as bingo, arts and crafts, a current event group, and Academy Award movie night as well as attended and participated in the weekly Community Group meeting to engage authentically with the senior residents at the center. The researcher was candid and forthcoming in sharing her personal background and was transparent about her interest in the field of geropsychology as the reason for wanting to meet the residents. Furthermore, these visits allowed the researcher to familiarize herself with the contextual and individual cultures of the residents. Grills and Rowe (1999) discuss the importance of establishing a collaborative experience when conducting research with "ethnic-cultural communities" that respects its values and practices in order to make the research germane to its members. The relevance of the experience to the center residents was key to collecting comprehensive and genuine stories of their lived experiences.

The researcher maintained a journal that recorded her experiences on her visits to the center. Three major issues were considered in making each entry: (a) observations of the quality of the researcher's interactions with the residents, (b) cultural observations relevant to understanding the context or individual residents, and (c) her personal feelings and reactions to the experience of being with the residents. The journal was kept in a locked file cabinet in the researcher's office. No resident was referred to by her real name in the journal entries.

***Recruitment procedures.*** When the researcher found that the residents spontaneously and regularly engaged in conversations with her on her visits to the center, she arranged to meet with the residents at a time the entire group was together and when such a meeting would not disrupt their normal activities. A scripted overview of the study was presented that explained the purpose of the study, introduced the researcher, and explained what was involved should a resident elect to participate (see Appendix C). It was emphasized that their decision to participate or not participate had no bearing on the services and resources to which they have access at the center. The researcher also provided the women with a copy of the recruitment brochure (see Appendix D).

Women who were interested in participating in the study contacted the researcher using one of the following methods: (a) they could complete a form that was left with the recruitment brochure on which they could indicate their interest and the dates/times they would be available to meet, and drop the form in a collection box that was left at the center (see Appendix E); (b) they could call the researcher by using a toll free number that was provided on the recruitment brochure; (c) they could email the researcher at the address provided on the recruitment brochure; or (d) they could talk in person with the



researcher on one of her visits to the center. Both women who volunteered to participate in the study spoke with the researcher on one of her visits to the center.

*Consent procedures.* A meeting was scheduled with each woman who was interested in participating in the study. Both women elected to meet in the library located at the center rather than in their private residence at the center. The library was closed off during the meetings to maintain the privacy of the women. During the meeting, the consent form was read paragraph by paragraph with each woman, and after each paragraph was read, a scripted set of questions were asked to confirm the woman's understanding of content (see Appendices F and G). This procedure was used to address any challenges the women might have with reading the form, but also provided an opportunity to confirm that they understood the terms of study participation. Arial 14 font was used to write the consent form in the event any of the women experience visual impairments.

In addition to the usual concerns of the consent process such as the voluntary nature of study participation and issues of confidentiality, the following elements were unique to this particular study: (a) audiotaping the interviews; (b) allowing for multiple meetings to complete the interview, clarifying issues raised during the interview, and reviewing both the transcript of the interview and the draft of the woman's life story; (c) assuring the interviewee that her residential status and the services received at the center were in no way affected by her decision to participate in the study or not; (d) sharing her story with others who might benefit from her wisdom, such as the mothers and their children who reside at the center, the staff of the center and rescue mission, as well as

professional audiences; and (e) sacrificing anonymity due to the personal and specific nature of each narration, although a pseudonym was used in writing the life story.

In the event an interviewee desired to further process her feelings, thoughts, and insights that emerge from her study participation with someone other than the researcher, the resources offered to residents by the center were included on the consent form. After reviewing the consent form and answering all questions, if a woman accepted the invitation to participate in the study, her signature was obtained on the consent form and she received a copy of the form for her personal files.

***Interview procedures.*** Once a woman consented to participate in the study, the researcher conducted the interview. Breaks were offered, and beverages and light refreshments were made available for the comfort of the women. Follow-up interviews were conducted to clarify findings that emerge during the data analysis process. Furthermore, meetings were scheduled with the interviewee to review the transcript and drafts of the life story. As previously mentioned, only one woman completed the interview protocol, including reviews of the interview transcript and drafts of her story; this collaboration occurred for a total of 27 hours over 13 separate visits in person or by phone. After each interview session, the researcher wrote in a journal about her feelings, reactions, and insights about the interviewee and the interview experience.

At the completion of the interview, the participants were given a gift bag of personal items (e.g., body wash, lotion, and a Rite Aid gift card) as a token of appreciation for her participation in the study. Both women did complete the interview so received the gift bag, but the woman who passed away did so during the transcription and early stages of data analysis so could not offer clarification of her interview content or

co-write her story with the researcher. Upon completion of the study, the woman who completed the interview protocol will receive a copy of her story.

***Data management procedures.*** At the conclusion of each interview, the audiotape was identified with a randomly generated identification number that was used for subsequent interview audiotapes. These audiotapes were stored in a locked file cabinet separate from the consent forms and list of participant names and identification numbers. Only the researcher had access to the data.

The interviews were transcribed by the researcher and each transcript was labeled with the same identification number assigned to its audiotapes. The transcriptions were kept on a password protected computer to which only the researcher has access. A backup copy of the transcripts was kept on a USB key that was stored in a locked file cabinet with the audiotapes.

At the end of the study, the audiotapes will be destroyed, and if the participant prefers, the tapes will be destroyed in her presence. The transcribed and content analyzed data will be kept a minimum of 5 years. When these data are no longer required for research purposes, the data will be destroyed.

### **Interpreting Interview Data**

The analysis of narrative data from a study of lives perspective entails two major steps: (a) transcription and (b) interpretation. In the study of lives, the purpose is to tell the life stories of the individuals interviewed; therefore, it is important that the transcript conveys everything that the interviewee said on tape (Atkinson, 1998). But the researcher should also not lose sight of the other important objective, which is to accurately convey the meaning of the words said by the interviewee. The transcripts

underwent minimal editing, following the lead of Atkinson who suggests that “less is better” than more unless the editing enhances the meaning conveyed by the interviewee. Member checks (with Ida) and debriefing (with researcher’s dissertation chairperson) were used to determine whether editing or the insertion of bracketed explanations were required (Mertens, 2005). Although no changes were made to the sentence structure or terms used by the interviewee, bracketed insertions were added to the transcript in cases where the researcher or other readers might be confused without further explanation.

Once the initial transcription was completed, the researcher listened to the tape again and followed along with the transcript to check for its accuracy and correct for any inaccuracies. The interview transcript was then reviewed with the interviewee. Since this is the story of the interviewee’s life, it is not only courteous but necessary for her to have an opportunity to “make changes, deletions, additions, amplifications, or any other corrections” to the transcript so that it more accurately tells her story (Atkinson, 1998, p. 57).

The interview transcript was then subjected to a derivation of Clandinin and Connelly’s (2000) three-dimensional narrative inquiry space, i.e., interaction, continuity, and situation. Rather than numbering each clause as recommended by Clandinin and Connelly, key interview elements were noted in the transcript margins and these elements were classified into the three dimensions. Interaction refers to the *personal* or internal condition (e.g., feeling marginalized) and *social* or environmental condition (e.g., residing in an under-resourced urban community) of the narrative (Clandinin & Connelly, 2000), while *continuity* refers to the temporal (past, present, or future) dimension and *place* refers to the situation. Furthermore, narrative threads or content themes, apparent

content gaps, and conflicting content or tensions were identified for follow-up with the interviewee.

After coding the transcript, the researcher engaged in an interpretive process. As mentioned previously, the particular function of this narrative inquiry study is psychological in nature. It is important to acknowledge that the researcher's interpretation of psychological development was embedded within a sociocultural or contextual frame as well as the researcher's experiences with advanced age individuals. According to Atkinson (1998), the interpretation of narratives takes into account its (a) reliability and validity and (b) meaning making.

Reliability and validity are not defined in the same manner as would be the case for quantitative researchers. For researchers engaged in narrative analysis, reliability and validity entails: (a) the internal coherence of the narrative, i.e., the interviewee neither contradict herself at different points in the narrative nor do the interconnections between events and experiences appear contradictory to an outsider; (b) the narrative can be corroborated by the interviewee and perhaps others who were not directly involved in the interview experience; and (c) the persuasiveness of the narrative, i.e., the plausibility of the narrative (Atkinson, 1998).

Meaning making occurs for both the interviewee and the researcher. As previously noted, through the interview process, the researcher guides the interviewee in understanding the meaning (making sense) of her narrative. But meaning making also occurs for the researcher, i.e., the researcher tries to understand the significance (in this case, the psychological significance) of the interviewee's life story (Atkinson, 1998). Not only does the researcher consider the content of the interview, but the interview

experience itself, that is to say, the relationship that emerges between the interviewee and researcher (Atkinson, 1998). The researcher relies on both theoretical (in this case, a sociocultural/contextual frame) and subjective interpretations to make sense of the interviewee's life story (Atkinson, 1998). But the interviewee's story should neither be forced to fit the researcher's theory nor judged for its relevance to theory. Rather, the researcher's analysis should be focused on making connections, i.e., "we seek to find the relevance of the story itself" (Atkinson, 1998 p. 69). Conceivably, the theory may need to be altered to fit the interviewee's intent. Hence, the interviewee was allowed to review the researcher's re-storying and make any necessary corrections.

Finally, based on the approved re-storying, the interpretive process ends with writing a commentary by the researcher that highlights salient elements of the life story (e.g., personal history and experiences, sociocultural factors, and historical context) that may not be explicit or readily evident to a naïve reader of the narrative as well as demonstrate the connections between theory and the life story. According to Atkinson (1998), the researcher's commentary may provide the meaning that the interviewee is unable to convey in her own words thereby facilitating the reader's ability "to get the most possible out of the story" (p. 72).

### **Methodological Limitations**

In considering the limitations of the proposed study, the subjectivity that is inherent throughout the narrative inquiry process may be perceived as a limitation by quantitative researchers, although it is this very quality that is the essence of the study of lives. No two stories will be told exactly the same; no two interviewees will make meaning of their lives identically; and no two researchers will conduct the interview in

the same way, represent the story heard exactly the same, and derive the same meaning from the story. Ultimately, despite the collaborative effort between interviewee and researcher, the narrative representation of the individual's life is not "an exact record" or "historical truth," but it is exactly this "subjective reality" that the researcher seeks (Atkinson, 1998, p. 60). According to Atkinson, the researcher who engages in narrative inquiry is more concerned with whether the life story the interviewee provides can be "deemed trustworthy, more than true" (p. 60). This same sentiment is echoed consistently among qualitative researchers familiar with narrative research (Clandinin & Connelly, 2000; Creswell, 2007; Riessman, 1993).

Finally, it must be acknowledged that the narrative inquiry process cannot escape the influence of the researcher's own personal perspective in making sense of the interviewee's story (Creswell, 2007; Riessman, 1993). Therefore, as described by Clandinin and Connelly (2000), the researcher looked "inward" and "outward" as she "restoried" the interviewee's narrative.

## Chapter III

### A Study of Wisdom Through Ida's Eyes

#### Introduction

In this chapter, I share my understanding of Ida's narrative of the challenges she has faced, triumphs she has achieved, and wisdom she has gained through her journey in life. The body of this chapter focuses on the themes that I identified in our conversations together that are particularly descriptive of Ida's life story. But in telling her story, I want to begin with a chronological account of the "events" in Ida's life. Given that the psychological nature of this study focused on significant segments of Ida's life rather than her life in total, the intent of the chronology is to offer the reader context and continuity in reading the discussion that ensues on her life themes. The chronology is roughly divided into birth through adolescence, young adulthood, middle adulthood, and advanced adulthood.

**Birth through adolescence.** Ida was born in Los Angeles, California in the same decade that Amelia Earhart became the first woman to successfully pilot an aircraft across the Atlantic Ocean; Coco Chanel liberated women's fashion of waist clinching attire; and the daughters of the women's suffrage movement were more interested in going without corsets, bobbing their hair, reading risqué novels, and dancing the Charleston. She was raised in a Creole working-class community in the same city in which she was born. Ida was the oldest of three daughters of a Native American/Afro-Cuban father and Catholic/Creole mother. Her mother fled the segregated South (Louisiana) for California in search of a life that offered more opportunities for people of color. In California, Ida's mother met and married a man who shared in her desire to raise



their children in an environment that was less influenced by racism and the related disparities of their times. Her parents divorced when she was 16 years of age.

Ida attended Los Angeles County public schools where she excelled in all subject areas and often received accolades for her artistic giftedness. She was encouraged by her teachers to pursue her artistic talents in painting, sketching, writing, and poetry—even 70 years later, she relishes the support they offered. In fact, her second grade art work was exhibited in the school district headquarters for 4 years and her middle school violin instructor advocated for her to attend a special music enrichment program at the University of Southern California. By age 15, Ida worked as a journalist for the *California Eagle*, an African American newspaper, and was an understudy to Charlotta Bass, who was a journalist, a civil rights activist, and the editor and publisher of the *California Eagle*. She was such an exceptional student that her teachers advocated for her early promotion, and, in fact, she was advanced in the second half of 6<sup>th</sup> and 11<sup>th</sup> grades.

At the age of 17, although she was accepted to several universities, including Stanford, Cornell, and the Atlanta School of Social Work, she attended a local nursing school to appease her mother who could not accept having Ida move away from home. She successfully completed the nursing program.

Ida was also active in her community. At age 11, she was a member of the Girl Scouts and involved in mentoring youth to excel in school. By age 16, Ida was a leader for the Girl Scouts at a local high school and was among the first to take leadership for racially integrating the troop. She was also a member of 14 different clubs and took leadership roles in volunteer work for the community.

**Early adulthood.** Two years later after completing her nursing program, Ida was married to a medical student and had her only child, a daughter, with him. The marriage resulted in a divorce 2 years later, and she raised her daughter as a single parent, while working as a nurse to support herself and her daughter. In 1952, Ida formally commenced her connection to Kriya, although she was first exposed to this spiritual practice in adolescence. Around this same time, she was accepted to the University of Southern California and earned her Bachelor's degree in Communications. In the 1950s, Ida worked as a freelance screen writer and was a member of the Writer's Guild as well worked in advertising for a marketing firm. During this period of time and into the 1960s, Ida continued to work in nursing to support herself when writing jobs were not coming her way.

In 1968, Ida travelled to Mexico City, which was a transformative experience for her. While in Mexico, she was exposed to highly regarded artists, went to the Olympics, came close to attending a prestigious art school, and almost married a wealthy Mexican man. As an aside, Ida had several opportunities over her lifetime to remarry, but elected not to.

During her youth, Ida remained actively involved in various activist groups and philanthropic endeavors during her young adulthood years. For example, she raised money for drought victims in India and provided leadership for organizing others to work towards increasing minority political representation during the civil rights movement.

**Middle adulthood.** Ida worked as a nurse intermittently as she pursued new career and educational interests, including freelance screen writing, going to law school, and pursuing her Master's in Business Administration. In the 1970s, Ida started and

owned her own business in script writing and worked for a legendary television writer/producer, writing scripts for successful television programming. As a woman of color she experienced both sexism and racism, which she reported impeded her ability to meet with success in the industry. During the same time period, Ida “ghost wrote” autobiographies, and met with considerable financial success. She also sold her art pieces and painted murals for high profile individuals and organizations. In the 1980s, particularly after the death of her mother in 1982, Ida returned to a more consistent career in nursing, working as a registered nurse in maternity wards at two large hospitals where she cared for mothers and their newborns.

In the mid-1970s, her first two grandchildren were born, who she raised for 3 years in the 1980s. Her third grandchild was born in the late 1980s. Ida also elected to make a dramatic change in her lifestyle in 1973. Through her growth as a spiritual person and valuing of all living things, she became a vegetarian.

**Advanced adulthood.** Moving from the 1980s into the 1990s, Ida continued to do what she loved—working as a registered nurse with women and their newborn infants. In addition, she studied to become and practiced as a Religious Science Practitioner, became involved in charitable causes for children with autism, and volunteered to teach gardening to local school children. Ida also became a great grandparent twice over in the late 1990s and mid-2000, with whom she maintains regular telephone contact.

In 1994, Ida experienced an unfortunate accident in which she fell, hit her head, and was left unconscious for a period of time. As a consequence of this accident, Ida experiences chronic pain from a herniated disc in her neck, spine, and lower back. The initial prognosis was grim as she was told that she required back surgery and may be

unable to walk again. But with ongoing physical therapy and prayer, she no longer requires the surgery.

Since the accident, Ida had been on disability insurance. Due to the steep cost of housing in her previous neighborhood and a reduced income, Ida was forced to move into an under-resourced, crime filled part of the city. Her safety was further jeopardized after witnessing a homicide in her apartment building. In response to this traumatic event, Ida relocated to a hotel that was beyond her financial means, draining her savings with no options for secure and safe housing. Ida's granddaughter helped her seek residence at Hope Gardens in 2007. Ida continues to persist in her search for affordable housing so she can regain her independence. In the meantime, Ida sustains herself through volunteerism, particularly the education of parents who have children with autism, and she continues to write, paint, and engage in other activities that are personally meaningful to her.

### **Womanhood and What I Learned from My Mother and My Father**

*Well, [the] traditional role was [the] woman stays home, a husband goes out to work, right? My father believed in that. And ... she [Ida's mother] forced and pushed and pushed until he allowed her to go to work. He wanted me to go to work when I finished high school, and my mother said, of course not, she's going to college. –Ida*

To understand who we are today, we must also understand our past. And for each of us, our past begins with our relationship with parents, whether these individuals were physically and/or emotionally present or absent in our lives. Some might claim Ida was fortunate in that she was raised in an intact household where she resided with both parents and siblings. But when one delves beyond the socially constructed view of how our society defines “the ideal family,” one uncovers a family life ruled by beatings,

emotional and physical scars, and the devaluation of women. But it is exactly these challenging early experiences that had a profound influence on her views of women and life in general, to this very day.

Ida's father valued the domination of men over women, refusing to allow Ida's mother to work and forcing her to remain home—"The experiences my mother had made me more afraid of men and their power and the fact that somebody could come and beat you up." In contrast, Ida's mother fought hard to inculcate in her daughter the importance of being an independent thinker who valued the pursuit of knowledge, the arts, and seeing the beauty in life. The complementary duality of these two opposing messages contributed to the development of a woman, a woman who fought for the equal rights of women, who was well ahead of her generation and time. From her parents, Ida learned the lesson of empowerment and has made it part of her life's purpose to ensure that other women do not fall under the domination of men. Ida, herself, would rather face financial uncertainty than to depend on "a man" for financial security. The commitment to independence that is a hallmark of Ida's womanhood is illustrated in the following comment she made to me:

I remember one of my ex's once said to me "shut up." I think I was pregnant or something and he said "shut up." And I said "what!?" And that was the beginning of the downturn of the whole thing, and thinking this was nonsense. I was thinking I shouldn't be around somebody just because he thinks that he knows he's going to make a lot of money and I should just let him run over me. I thought that was crap.

Although after this incident, Ida elected not to remarry or have other children, it was not that she lived a loveless life. Ida continued to meet “great” men, who treated her generously and supported her ambitions, with whom she engaged in long-term relationships. Unlike Ida, I have to admit my reluctance to commit in relationships, and she wisely pointed out that I “subliminally” feared ending up in an unhealthy relationship like the relationships of our mothers. Like Ida, I have vowed to not allow the injustices that befell my mother, be a part of my personal narrative, but her analysis of my reluctance is spot-on.

What I admire about Ida is that she has confronted and come to accept her family experiences as opportunities for growth. By coming face-to-face with the truth, Ida is no longer haunted by the memory of her father’s abusive behavior. Just as Ida did not shy away from romantic relationships in her personal life, she also did not hesitate to confront acts of dominance by men and other behaviors that devalue women, despite risking her job security. For example, Ida described an incident with one of her male employers who tried to exploit her creative contributions, while she worked as a script writer for a network:

He’d say, “I really don’t have time to work with you.” But he’d be leading me on and take my stuff. And when I had said I had registered at the Writers Guild, he said “oh, you don’t regis[ter], please, don’t bother, that’s not important, you don’t do that, you don’t register.” [But] I joined the Writers Guild, and when they found out, they were furious with me!

What is unique is Ida’s ability to separate the *actions* of men from their *personhood*. She understands that one cannot make a sweeping generalization about all men as either

“good” or “bad.” I believe it is this capacity that allows Ida to trust others. Amazingly, Ida could also view her father with this same balanced perspective, the man who attempted to prevent her from obtaining an education, forbade her from marrying a man whom she loved, and offered no support to her when she became a single parent. She recognizes that her father’s behavior could be attributed to his own issues rather than a desire to blatantly hurt her.

Ida and I often talk about how much we love our mothers, and how the strength they exhibited in a cultural context when men’s authority over women was more typical than not, has contributed to our resilience and resolve as women. Although we learned some important lessons from our fathers, it’s the lessons we learned from our mothers that has allowed us to take the risks in life to reach our dreams.

### **Feeling Worthy in a Racist Milieu**

*I started seeing myself in a different way as a person because I didn’t believe that you should believe that you wake up in the morning thinking that you are a certain race or color, but ...you are a human being and a person. –Ida*

Ida grew up in a time that society felt her dark skin and exotic features made her unworthy of the same rights and privileges accorded her White counterparts. Her mother, a fair-skinned Creole woman, was chastised and forsaken by her own family of origin and extended family members in New Orleans when she married a man of Native American and Afro-Cuban descent, whose “dark” skin offended their aesthetic sensibilities. The union of Ida’s mother and father resulted in children of dark skin, subjecting Ida and her family to the segregation and isolation experienced by people of color who resided in the segregated South during her childhood. But like the other challenges she experienced during her lifetime, Ida did not allow the oppressive nature of

the time to inhibit her. She offers accounts of making friends from diverse backgrounds and traversing Los Angeles with her White friends, making the most of their privileged status. Ida did not allow herself to be intimidated by “Whites only” signs in restaurants and other public places. She has traced her family’s roots and migration history, finding that her mother’s Creole heritage is an amalgamation of diverse cultures, i.e., Spanish, French, Italian, and Native American as well as Cajun ancestors from Canada; these cultures have informed her existence. Ida fully embraced who she is and felt herself above the senseless divisiveness of the racism that was all around.

Ida never got to know her maternal relatives as a child since they disapproved of her mother’s decision to marry a man of “dark skin” and rebuffed any contact. But as is typical of Ida, she was curious to learn more about her mother’s roots so she attempted to re-establish a relationship with her mother’s family. Ida talked about the explicitly racist experiences she underwent on her visits. For example, she was generally denied admission to local ballrooms, when her cousins went out dancing. And if by chance Ida was admitted, she was not allowed to dance with the White guests. Ida became particularly aware of the depth of how skin color was important to her Louisiana relatives when she invited a friend to join her on a visit. Ida recalls,

So, I asked them if she can come, and they kept stalling and stalling, but I finally got the message when they asked me “What complexion is she?” And so when I told them she’s brown skinned like me or whatever...nobody had a space for her. Rather than being critical of her relatives’ racist ways, Ida elects to focus on their positive attributes. For example, she is proud of the education and success of her mother’s family. In fact, Ida found that her maternal relatives eventually came to accept her because of the



intelligence and talents she exhibited in school. Moreover, Ida's tolerance for her relatives' racism was offset by her mother's open-mindedness and appreciation of diverse cultures, "regardless of color." Ida's mother welcomed diverse people into their house and picked up words and phrases of several languages to connect with her non-English speaking neighbors. Watching her mother relate to French-speaking Creole neighbors who often did not speak the English language encouraged Ida to learn French, and she picked up Spanish from hearing her father and paternal grandparents speaking Spanish. But Ida also studied both languages in school since her mother insisted that she learn to speak the languages properly. Her facility with languages allowed her to connect with people of other cultures. Ida finds it irritating when people assume she is "Black" without considering the richness of her collective heritage.

Ida's passion for exploring and embracing other cultures is evident from her travels in Mexico. For example, while touring Mayan ruins, Ida requested the guide conduct the tour in Spanish out of respect to the nation she was visiting and the guide who was leading the tour. She was struck by the criticism from other tourists who complained she "should learn English." With composure, she responded, "Please ask them why I need to learn English in a Spanish speaking country?" She recalled, "I was so annoyed at their arrogance. It's like saying, it doesn't mean anything to speak Spanish." When Ida told this story, she and I burst into laughter. Ida is graced with a terrific sense of humor. I suspect levity has allowed her to maintain a positive attitude, despite the injustices she has experienced.

One of Ida's prized possessions is a pipe that she received from a couple she met at the Gathering of Nations. By smoking the pipe, Ida affirms her zest for life,

compassion for others, and love for her Native American heritage. This practice also brings her inner peace and self-respect, despite the injustices she has experienced on her life's journey. She longs for engaging in this blessed practice, although it is not allowed in her current residence. One of Ida's fondest memories is the spiritual connection she experienced with her maternal grandfather, through the pipe, in which she heard him say to her, "every time you open your pipe, every time you smoke, I am there with you, smoking with you, and praying with you."

Ida also beams with pride as she describes the resilience of her paternal great grandparents who were sold for rum in Africa and shipped as slaves to Cuba, eventually escaping by boat to America. They foraged in the mountains until they were welcomed by members of the Blackfoot, Cree, Crow, and Cherokee Nations. Ida remembers her father and her grandparents speaking the languages to which they were exposed by her great grandparents, i.e., Spanish and a dialect spoken by members of the Blackfoot Nation. From listening to Ida describe her ancestors, it is no surprise that Ida, too, has the inner fortitude to rise above the social injustices she has experienced. It's in her DNA.

### **Intellectual Curiosity, Lifelong Learning, and Personal Enrichment**

*And, I found, an amazing thing was, as I was growing up and I was interested in art, and in writing, and in speech , poetry and public speaking, cuz before like when I was 15, I was already speaking on the radio and giving speeches.... –Ida*

A mélange of life experiences, from a young age, has contributed toward Ida's culturally rich worldview. Although her father discouraged her inquisitive mind, Ida's mother encouraged Ida's curiosity for new ideas, beliefs, and practices. Ida's mother, like her family and relatives, believed in the value of an education. In fact, Ida proudly shares that out of over 70 first cousins on her mother's side, only three or four have not earned

at least a Master's degree. Their success encourages Ida of her worthiness for pursuing higher education: "It impacts me because I'm proud of their accomplishments, and it also validates me."

As a youth, her mother urged her to enroll in challenging course work as well as extracurricular activities such as journalism and motivational speaking. Ida's mother was not content with a traditional public education, and expressed her views about expanding the curriculum through her involvement with the PTA. To her mother, the goal of an education was not to obtain good grades or commit facts to memory to do well on exams; rather, she wanted Ida to cultivate and enrich her world. Her mother's encouragement to explore new things without fear cultivated in Ida an appreciation for an educated mind. Her inquisitive nature followed her into adulthood, when she studied a number of disciplines, including nursing, art, business, and law, as well as different spiritual practices such as Kriya (modern version of an ancient form of Yoga) and Scientific Prayer (praying for a positive outcome rather than praying to reverse a negative situation). She is an avid reader who enjoys the works of Walter White, Richard Wright, and W.E.B. DuBois.

Ida also believes an educated mind positively influences the quality of one's life. Her strong belief about the connection between education and quality of life is illustrated by her desire to inculcate in other women the importance of educating themselves. Ida believes an education is the road to empowering women and the generations of offspring that follow.

...and I'm thinking their children are benefiting because they have better income and they can have richer life, and having an educated person as your parent is *so*

important. You know, think about it, but the more educated your parent is, the more they can contribute to making you a whole person, and you know, things like that.

Ida lived her life true to her values. She sacrificed moving abroad and much of her salary to send her daughter to the best private schools. When her grandchildren became school age, Ida began taking classes at a local community college and at UCLA so she could show them “if I can get straight As in school, then they will say ‘If Nana can do it, then so can I.’” One of Ida’s greatest pleasures is feeling a part of her granddaughter’s academic success at an Ivy League institution of higher education.

Although Ida’s father did not encourage her intellectual pursuits like Ida’s mother, it is interesting to note that her father also comes from a well educated family, many of whom are in the field of law:

So many people in my father’s side of the family are attorneys and judges and it felt every time I had to confront somebody about a legal issue, I could always out-lawyer them or out argue them. And everybody was saying that in court... one time my cousin, who was a judge downtown in some courtroom, I had to argue a case against him and everybody said “you out-argued him, you out-lawyered him.” And it was so funny [we laugh together] and so I said, I have the skill you know. So why don’t I do that [go to law school and become a lawyer]?

Ida taught me to be more open to exploring new interests and to view each of these interests as opportunities for growth. I appreciate Ida’s *joie de vivre*. Her lifelong quest for new knowledge, willingness to entertain new ways of thinking about things, and forward thinking approach to life, keeps her young at heart and keen of mind.

### **Self-Reliance, Resourcefulness, and Self-Determination**

*I find that when people try to make me into something or believe in something, I think that's insulting, you know. I really do think it's insulting. Because you have the right, or you should have the right, to choose whatever you want and do as you like, you know. –Ida*

You can tell when someone was probably a “spunky kid.” I can picture Ida early in life, wearing bold and bright colors like her red ballet flats and matching red kurta blouse. And I can see her playful nature by the way she tends to giggle and joke around; no matter how serious, our conversations effortlessly shift to levity. With Ida’s numerous interests and ability to befriend people from diverse walks of life from a young age, she was determined to make her mark on the world. Something I have learned from her, and I hope to integrate into my own sense of self, is to not look to others for approval. She evaluates herself by her own standards and does not fall prey to social conformity. Her motto is “Let’s give it a go! If it is mine, it is in best good.” In other words, as experiences come her way, whether positive or negative, she views these experiences as in her best interest since it offers new opportunities for growth. Ida is self-determined and not confined by conventionality, and she learned to value these attributes early in life.

Ida’s motivation to pursue and venture into new areas of interests continued further on in her life. She studied nursing, law, art, creative writing, different spiritual practices such as Scientific Prayer and Kriya, and the Spanish and French languages; experienced numerous careers, including nursing, advertising, script writing, oil painting, and prayer ministry; and travelled to faraway places such as Mexico to see the Olympics, throughout the U.S., and Europe. Although Ida has achieved a great deal during her lifetime, it has not all been a smooth journey. As a single parent, Ida had to forego some of her dreams in order to care for her daughter. For example, Ida shared how she was

asked to marry a wealthy man and move to Mexico where she could attend art school and paint for a living. But as a single parent, she knew she had to return to the U.S. to care for her daughter—“She’ll think I was going to abandon her!”—and do whatever she could to financially sustain them. Ida also talked about the sexism and racism that she endured, particularly while employed in advertising and as a script writer. She felt these industries violated her intellectual property rights, refused to offer fair compensation for her work, and expected her to work on projects that stereotyped African Americans. Although she was disappointed by these experiences, it did not diminish her sense of personhood.

Furthermore, she does not subscribe to conventional ideas about meeting developmental milestones at particular points in one’s lifetime. She is never too old to try the things in which she is interested. This is quite a contrast from the myth of our society that views aging as something to avoid and the assumption that new pursuits are only for the young. But, again, Ida has not fallen prey to these limiting assumptions. She does not see herself as ‘too old’ to go back to college, start a new career, or cultivate her interests in becoming an artist. She teaches us it is never too early or too late to pursue your ambitions. But it is important to note that despite her ambitious nature, she did not neglect her real life responsibilities, such as raising her daughter.

Ida is also fearless, which has allowed her to adapt to the rollercoaster of a life she has lived and pursue ventures from which others might have shy away. It is an attribute that I would like to emulate. She told me that a personal source of pride is teaching people, for whom she cares, and particularly women, the importance of assertiveness, independence, and self-empowerment. I once asked Ida what advice she might give to a woman who was in a similar situation to herself. And her response was, “I would

probably tell her to set a goal, and evaluate where she is at, and go back to school, a program, or whatever it is to improve her life condition. And keep on marching and keep on going, like that.”

Sometimes we learn by observing those closest to us struggle. And Ida’s self-determination and fearlessness were clearly products of lesson learned from witnessing her mother’s vulnerable situation before, during, and after divorcing Ida’s father. Her mother’s struggle to free herself and gain autonomy from an oppressive man fueled Ida’s independent nature and unbridled way of life. Ida’s mother understood that financial independence and an education were reliable ways of being less reliant on a man, and she taught Ida this lesson well.

Sometimes we trick ourselves into believing that once we’ve learned a lesson in life, we’re immune to repeating the errors of the past. But even Ida, with her strong will and refusal to subscribe to society’s construction of how women should behave and what they can do, fell prey to relationships in which she was criticized for being who she is. For example, she describes the provincial ideas about women that men in her life have conveyed, making her feel “apologetic for [her] intelligence.”

A guy would say a woman shouldn’t be so vivacious because you should have a couple of kids and you’re just going to be more calm and more reserved and a lot of crap. And a woman shouldn’t be asserting themselves and all this stuff you know...But I think that was a lot of damn nerve. But at the time it makes you stop in your tracks and makes you think “ahhww” you know. Wow, it really makes you stop and think what’s going on, why are they saying this to me, what have I done. And I’m glad that now

women can assert themselves more. And that happened in my time... So the women get together in group and they would talk about the things that would weigh on their heart. And that was important.

It is through Ida's connection with other women, both in dialogue and in spirit, she could share the truths that only other women can genuinely comprehend. And in sharing our pain with one another, we revisit the wisdom and continue to integrate the lessons learned from our mothers and sisters.

Ida has no regrets. Despite the challenges she has faced in life, she is at peace with her choices and the decisions she has made along the way. She has given herself the authority to lead her life on her own terms. And in so doing, she has accepted responsibility for any consequences. She is prepared to face the next challenge and is confident that she will get through it. Ida reflects on any adverse life experiences as lessons learned and looks to her future hopes, dreams, and aspirations. She believes that she has a higher purpose to serve in life, so she does not allow herself to be bogged down by the personal challenges she encounters along the way. Rather than being blinded by the frustration she experiences, she reminds herself of the positive impact she has had on the lives of many and looks ahead to future possibilities.

Ida has also faced challenges with important people in her life. A particularly difficult interpersonal experience involved her daughter. To help her sort out unexplained interpersonal tensions with her sister and father and trying relationship with her daughter, Ida underwent past life regression in her middle adult years. Ida discovered in a past life, she was a "Northern European queen" and her daughter was a member of her royal court who was engaged to marry before Ida. Out of jealousy, Ida forbade this member of her



royal court from marrying—"I was saying no, you're here and this is your first priority, you don't have the choice to leave me." From this experience, Ida deduced that her daughter's present resentment toward her was attributable to this past life occurrence, so she vowed to "right a wrong" and consent to her daughter's next request. It just so happened that her daughter's next request was to ask permission to wed a young man who neither treated her daughter or her granddaughter well. But, "I felt so badly about the whole thing when I came back to this present day life. I said when my daughter asks me, I'm going to...it wasn't even like a hiccup away, and already she's asking. So then I gave her permission. That's how it happened that I did." Ida did not immediately free herself of the anguish she experienced over her daughter's decision to marry, but as she reflected on the situation over time, just as she did with other disappointments in her life (e.g., not having her father's support, her disappointments as a writer, and not marrying the men who were interested in her), she gained new insights that made her a stronger mother to her daughter, daughter to her father and mother, and self-sufficient woman who did not need to rely on men to sustain herself. Ida does not currently view these life experiences as either "disappointments" or "hurdles" but rather opportunities for self-growth. In fact, she often makes light of these experiences for she is at peace with herself and her decisions. She once said to me, in a matter of fact style, "Change your mind, change your problems." Ida understands that we can be prisoners of our thoughts, and that is the reason that some people are sad and broken by life's trials, and others are content and optimistic.

It is not to say that Ida was unaffected by these experiences that many of us would consider adverse. But rather than surrendering to her life circumstances, she has the

capacity to transcend her problems and fears through the inner strength she has developed over her lifetime. Rather than viewing this stage of her life as an ending point, Ida sees the beginning of a new and exciting stage in her life—“I’m going to volunteer, I’m going to help other people, I just know.” Her zeal for life positions her well to face common challenges encountered by seniors, such as chronic illness or the loss of loved ones, with greater equanimity.

The lessons Ida learned during her lifetime, have taught her the importance of generously giving of herself to others and the value of leading a purpose filled life. As Ida told me her story and provided an account of both the trials and triumphs of her existence, we recognized that we shared a common path, as we both faced challenges in our lives, albeit our challenges were quite different. I may not have experienced her pain, nor she mine, yet we can appreciate the ups and downs of each other’s life. We have learned to understand each other at a deeper level. And we have come to a place in our relationship where we show respect, provide encouragement, and give one another a “high five” as ways to express our common bond.

### **A Lifelong Commitment to Serving Others**

*I believe all of us have a divine calling or a reason to be on earth. –Ida*

Ida’s generosity towards others seems to be an inherent part of her predisposition. Despite her father’s faults, a lesson he taught Ida well, a lesson that she deeply revered is “the reason for life is service to humanity.” Both of her parents had a fondness for “giving, giving, giving,” as Ida described in her own words. Even when her parents had little themselves, “He [her father] would find a way to give it to them.” I’m so humbled by the goodness Ida and her parents quietly imparted onto others. Even small gestures,

such as sending someone good wishes, can mean so much to the receiver of the kindness. In the Jewish culture, it is said that when you share your smile, you are doing good for others. Let's face it, smiles can be contagious and they provide us with a natural way of releasing ourselves from distress and other forms of negativity. Ida taught me to gladly accept the cost of those laugh lines around my eyes for all the benefits that countless smiles offer.

The consistent expression of generosity of Ida's parents towards others has been powerful in steering Ida toward a personally meaningful, purpose-filled life. What a wonderful gift to inherit from one's parents, don't you think? Like Ida's mother, who would cook for others even as she barely made ends meet for herself and her three daughters, Ida, too, finds meaning in her life through giving. Her desire to service humanity has always played a significant role in her life goals: "I always believed that we have to do that you know. We have to share, we have to be aware, you know." For example, Ida encouraged others to explore their purpose in life, reach for what they aspire to achieve, and be giving in their relationship with others:

You are somebody and you deserve to have the fullest most fulfilling life you can have. And I was fortunate that often people listened to me and they did follow or look at their dreams or aspirations as something personal to follow up on and have ambitions that they *could*....

She also talked about the personal reward of helping others:

[A] lot of the people in the neighborhood where I grew up told me that I had influenced them. And they came back as adults and said 'I did this, this, and this, because what you said or what you did or what happened to you.

Although Ida's genuine commitment to serve others follows the path set forth by her parents, she also believed that her purpose in life is a divine calling that deepens as she grows spiritually:

I thought it would be part of my purpose to, in my life to, in a loving way, and a gentle way, and in an intelligent way, to share some of my experiences. And I think there is a reason for everything and we never know what that specific word or thing we are going to talk about is going to ring a bell or be *that* thing...

She is particularly passionate about serving the needs of children:

And this I just accept, when the spirit says to me you should do this, I always obey...I would do anything for a child, even give my life. It doesn't even have to be my child or my relation, it's just a child and I'd take care for him.

As I grew to know Ida, I marveled at how she gained personal insight with each challenge, faced her own shortcomings, and dealt with indignities. But most important, rather than succumbing to the negative, Ida rose above it all and grew as a person, a person who continues to seek ways to achieve the goals and aspirations she has set for herself. I believe being comfortable in her "own skin" has allowed her the capacity to offer healing to others and to do so purely from a place of loving humanity. She gives with humility and without expectations from others, but with the sole purpose of empowering those who she sees as more vulnerable. I see many of the decisions Ida has made in her life intimately tied to her desire to give a voice to the less empowered, such as going to law school so she might someday defend children's rights, racially integrating a previously segregated Girl Scout troop, mentoring economically disadvantaged Black

youth in Watts, joining an East Indian charitable organization that served drought victims in India, and working with the civil rights voting movement.

I was particularly touched one day when Ida shared photos of her family, art work, and other personal memorabilia. But a photo that caught my attention and was an image that I will always remember fondly was one of her in denim overalls with a group of young children in an elementary school where she volunteered to teach youngsters about gardening and growing their own vegetables. “A picture is worth a thousand words,” and this photo was an apt illustration of the truth of this adage. It visually captured Ida’s unconditionally loving essence.

During one of our many visits together, I shared with Ida that I would be moving to New York for the next year to complete my predoctoral internship. In Ida’s authentically loving style, she shared her elation about my having this opportunity and spent time sharing her wisdom about safely embarking on this new journey. Her advice was to be open to the good people that I meet along the way, while sharing how to protect myself from those who may not have my best interest at heart. As I encounter new challenges in my life in New York, I hear Ida’s sound advice echo in my head.

### **Spirituality and Living a Balanced Life**

*Well, I just think you have to have faith, a lot of faith. –Ida*

Even as a young woman, Ida displayed the maturity and wisdom of an adult. Her adaptable personality allows her to maintain a youthful spirit in the face of the challenges she has faced through her lifetime. A source of strength in Ida’s life comes from her deep faith in the transformative power of one’s spiritual beliefs and practices. She credits faith

for her ability to transcend the societal barriers she has encountered and to provide direction and instill a sense of purposefulness in her life.

So I believe in being, how should I say, I practice my faith by meditation and prayer and I set goals and I try to do things that are worthy of my divine calling. Because I believe all of us have a divine calling or a reason to be on earth. Because you have the right, or you should have the right to choose whatever you want and do as you like you know.

Ida' subscribes to elements of a number of spiritual systems, including Kriya, Religious Science (Scientific Prayer), Buddhism, Sufism, Rosicrucianism, Baha'i, and Jewish mysticism, each having a "kernel of truth" that when merged together, "affirm and strengthen each other." Ida sought her own "truth," and coming to know truth for herself, she believes, encourages open-mindedness, acceptance, and wisdom. Her goal in studying and practicing these different spiritual traditions is to ultimately "find your own reality and emancipate [yourself] because your spiritual self is free, and knowing yourself, it makes you more aware of yourself." Ida equates spiritual growth with "self-realization":

It's like the Self going higher and higher and evolving until you're in bliss. You go into a space beyond the physical and embrace a sense of self that is beyond any limitation of the physical body or physical barriers.

Ida spoke particularly about how Religious Science, through the practice of Scientific Prayer, and Kriya have nurtured her spiritual soul. Her interest in Religious Science began when she was introduced to it by her colleagues in nursing school. In describing Religious Science and the practice of Scientific Prayer, she related how the

prayer practice does not come from a place of “begging” from a “stingy God,” but rather describes her spiritual connection as follows:

From another standpoint of the Religious Science person, you are affirming your good, you are saluting it and saying I know that the Father hears me and He blesses me and I am giving thanks for the blessing I have. I am giving thanks for my good, whatever it happens to be. I am thankful for my demonstration, whatever it is, and I know that only the highest and best could happen. God comes from an abundant place of love and passion; and giving thanks for the abundance we already have helps allow more of that come in. And that’s part of your inheritance as a child when you’re born, you’re coming from heaven and so much good within you.

Ida’s interest in Kriya was more longstanding as she was first introduced to it while in high school after experiencing extraordinary spiritual encounters in which she saw spirits and experienced psychic abilities. Around the same time, she crossed paths with a celebrated yogi and was inspired by reading his autobiography, so she began to practice meditation, and she continued the practice, particularly in nursing school, to move beyond a mundane perspective of her nursing responsibilities to one that focused on healing those whom she served. Ida describes meditation as “you are in tune and conscious, learning more and more about yourself, and being more joyful in life,” and through the energy she derived from this practice, she elevated the healing needs of her patients. Ida believes her study of Buddhism complements Kriya as she feels the joining of the two, along with the elements of the other spiritual systems that make up her

spiritual world, has made her a more compassionate nurse and person who elevates the import of each person to whom she tends.

Ida believes that faith drives her choices in life, rather than her life being directed by the trappings deemed desirable in our society. She does not fill her life with empty possessions as a way to fill a void in her life. It is not that she does not welcome nice things, which at times has included owning luxury cars and fine clothing as well as dating affluent men. However, her appreciation for finer things is never overshadowed by her goal of spiritual enlightenment. Through meditation and prayer, Ida alleviates her own suffering, acquires insight that facilitates self-actualization, and seeks ways to empower the disenfranchised or offer a voice to those who are silenced in society. Ida recognizes that happiness is a state of mind that cannot be achieved by *how much* we have, but such inner peace can only be found through a profound spiritual connection with the divine that allows for “purity of heart and integrity...and a capacity to love other people, to love humanity, to love God or to be true to whatever it is [you] believe in.” This doesn’t mean that Ida never experiences feelings of anger, frustration, grief, or sadness; she is simply aware that these feelings do not have to *overcome* her. In fact, Ida’s spiritual centeredness protects her from being overwhelmed by what life throws at her.

As a concluding statement that captures Ida’s spiritual journey, she shares the following:

I am a person who is like a mystic and I am on the spiritual path, my meaning for my life is a spiritual meaning. And that’s my purpose to grow and learn and be more and more aware of the journey. More and more of a complete spiritual person because our lives, as we live them in our bodies, are like fragments... and



you are becoming more of a spiritual being to become more in tune with the infinite [and] more knowledgeable, more aware, and transcend a lot of the mediocrity.

### **Reflecting on the Past, Gaining Resolve in the Present, and Looking to the Future:**

#### **Living a Life of Purpose**

*I thought it would be part of my purpose to, in my life to, in a loving way, and a gentle way, and in an intelligent way, to share some of my experiences. And I think there is a reason for everything and we never know what that specific word or thing we are going to talk about is going to ring a bell or be that thing. –Ida*

I have the same revelation after each of my meetings with Ida. She is always going to be full of surprises! I was often nervous about not asking the right questions that would result in missing significant aspects of her life. But oftentimes, I would have never come up with a question to elicit some of the information Ida volunteered. For example, she is a connoisseur of pop culture and proud of it. She loves Harry Potter. And she has been a vegetarian for over three decades because she respects and loves all living creatures and she believes it has helped make her a more patient and tolerant person rather than a person whose “hot temper” got the better of her.

As much as I marvel at Ida’s rich history of memories, experiences, and lessons learned, I am equally intrigued by her contemporary interests and plans for the future. But most important, I am in awe of Ida’s ability to remain on course with living a purpose-filled life. She regularly asked herself, “What is your purpose?” She understands life has its ups and downs and mistakes are made as we live our lives, but by having a purpose to live, one can grow from the down times and increase the length of up times. Ida also has the ability to stand back and see her own role in creating some of the circumstances that

she has experienced as well as separate those situations she could control from those she could not. For example, at one point, Ida reflected on the racial discrimination she faced in nursing school:

I mean it was really graphic, I mean it was really pounding on you because there was this racial thing when certain things were happening and then you realize that you're in a different situation and you think 'what the hell is this?' And I'm thinking why am I still here and going through this? ....And this racism was going on because we were segregated and then because what happened was...they were going to kick me out of nurses training because of my classes.

Although racial discrimination may not be the stated cause of her potential expulsion from nursing school, Ida was aware that her excessive absences due to illness may have been treated differently if she was a White student.

In a society that defines personal well-being in terms of financial fitness, the loss of one's security is considered a tragedy, not an opportunity for self-growth. Ida disagrees. Every experience has growth potential, and she has the ability to reframe each challenge as an opportunity. What some might define as defeat, Ida views as an opening to enrich her life and further her growth as a deeply spiritual person. Ida draws off the energy of her spiritual life force to transcend experiences of adversity. In her own words, she describes her devotion to living a spiritual life.

...Well, one of the things that I noticed is that, in spite, once I started practicing yoga and started meditating Kriya, I realized that there is a part of me that cannot be destroyed. It's not going to be distraught, it's not going to be sad or moved by anything because it's like, it's like something so genuine, so real, so perfect, it's

like I'm one with the One... And it's always there and it surprised me because I'm thinking that if you practice these things, then nothing bad will happen to you. But it's not true. Things happen but you have a different take on it but then you also realize that it's not going to kill you or anything like you think. It's not as bad as you think because something in there is keeping you calm and serene and even and all that.

It is also her spiritual grounding that serves as the basis of her compassion for others and desire to serve as a guide, "in a loving way," to help others traverse life. Ida believes in the importance of thinking beyond one's personal gain and is committed to sharing what she has gained with others. Just as she asks herself, she will ask others, "What is your purpose in life?" She then follows up with,

What are you going to do about it?" and trying to encourage them to get a higher education, go back to school, or something like that ... [I'd] say, "You are somebody and you deserve to have the fullest most fulfilling life you can have.

I have been the grateful recipient of her wise advice on a number of occasions. Like many of my peers, I live my life by the things that "I should do." But Ida advised me that our goals in life should be less about the prize at the end of the journey and more about the richness of experiences one encounters getting to the destination. For example, I shared with her how important a career as a psychologist was to me. Ida responded by asking me what I wanted from a career. She asked if from a career, I desired, "Energy? A higher purpose? To be a leader? To interface successfully with compatible people?" These are important questions that I had never consciously considered, until Ida brought them to my attention.

## Epilogue

The original intention of telling Ida's story was twofold. First, I was interested in hearing an insider's view of how gender, race, and poverty potentially intersect in the lives of women of advanced age. Second, I wanted to learn how this extraordinary woman has successfully negotiated her life, despite the many challenges she has encountered, so that I could share her wisdom with other women who are also navigating life's "lemons." But a serendipitous outcome, and perhaps the most profound outcome of this journey together, is how we have *both* gained new insight into who we are, how we cope, and where we might need to go from here. I had an intellectual understanding about this aspect of engaging in narrative research when I began my conversations with Ida, but I now fully grasp and appreciate the power of the process. I have to admit that it feels selfish to have personally benefited from this experience in the ways that I have. It was certainly not an experience free of its challenge, but I could not be more grateful for the opportunity.

I want to end Ida's story by summarizing what I learned from her and what others could gain from her wisdom. Moreover, I want to share Ida's thoughts about what she learned about herself through this process.

**Lessons learned.** Ida grew up experiencing, firsthand, blatant acts of sexism, racism, and classism. But Ida used these experiences to derive personal meaning and growth, rather than allow these experiences to limit her potential. Ida credits the women in her life, particularly her mother and teachers of her youth, as influential in her becoming the liberated, enlightened woman she became. Given the era in which she was

raised, Ida is a woman well ahead of her time. In my conversations with Ida, I learned a number of sage lessons that I summarize through the following maxims.

***Never play the victim.*** Ida shared how at one point in her life she allowed herself to fall into the role of a victim as she encountered disappointments or other challenging situations in her life—“I was very messed up. And all I have to say about is it sucks. I’ve been there, done that, and I don’t do that anymore.” But as Ida learned to authentically embrace her many strengths and talents, she uses these abilities to prevent herself from becoming entrapped by life’s challenges. She uses the metaphor of “pulling weeds” and the “tools” necessary to rid thoughts that allows one to view herself as a victim:

I think mostly you think about the different tools you have. Just like if you are going to garden and you pull weeds. Well you have to pull weeds out of your consciousness, too. And you take the things, that knowing the kind of weeds you have, you have to take the kind of tools you need to get them out.

***Education is the ticket to liberation.*** Valuing education is in Ida’s DNA. Not only does she place import on formal educational experiences, but Ida has intentionally exposed herself to diverse cultures, languages, and religious experiences from which she has derived personal meaning as well as advanced her understanding of others. She ensured her daughter attended the best of private schools, making sacrifices to do so, just as her own mother insisted Ida enrich her life through challenging course work and extracurricular activities. Ida attended college courses after her grandchildren were born to model the importance of an education; she is tremendously proud of her granddaughter’s Ivy League education. She believes strongly that an educated mind

empowers women and ensures the success of future generations. Ida believes a quality life is the corollary of an educated mind.

*A disappointment is only a nuisance, not a life defining moment.* What Ida did not specifically discuss was as informative as what she elected to share. For example, I assumed we might talk more about her current financial challenge, but we didn't. And as I got to know her, I realized Ida has the capacity to view this issue as a temporary inconvenience or nuisance in her life, rather than a situation that defines who she is. She has been at the center for about three years now and has every intention of moving out, but given her limited resources, actualizing this goal has been difficult. Yet, Ida has not allowed this annoyance to stand in the way of her continuing to seek housing arrangements outside the center, or prevent her from enjoying life, in the interim. She has the capacity to not become bogged down by the minutiae of life.

*Be an action verb, not a noun.* Ida believes that self-growth never ends. She is in a constant state of self-renewal. Although she corrected facts or sequencing of events in my re-storying of her life, there was only one interpretative observation with which she took issue. It was a statement in which I implied that she is satisfied with her life. Ida did not agree with this observation, as she continues to set new goals and seek ways to achieve her aspirations. For example, in addition to finding residence outside the center, Ida lives to cultivate her relationship with her grandchildren and great grandchildren, the people who are most important in her life. She metaphorically illustrates her ongoing development when she shared the following:

The human being is not a noun. You're a verb—I'm an action verb, doing, being.

And that's heavy! It's like becoming more and more [in] the present, and that to

me is very glorious. And it makes you be more consistently up here [raises hand over her head to indicate a deeper spiritual connection].

***Spirituality as the pathway to self-renewal.*** Ida identifies strongly with her spiritual belief system and takes pride in her ability to heal through her spiritual gifts. Of her entire story, the section on her spiritual life was what resonated strongest with Ida. Ida shared the following about the essential nature of spirituality in her life: “It’s like the anchor and the way to keep going. My salvation probably.... it’s the center of my life, I mean it gives meaning to my life.”

**Ida’s thoughts about sharing her story.** When we met to review the manuscript of her life story, as I read out loud, Ida was inspired to sketch my portrait. When captivated by hearing her own words quoted as I read the narrative, she would interrupt her sketching and let me know that it was “validating and encouraging” to hear that she has had such a profound influence on me and could offer such advice to other women. I shared with her how her I was inspired by the wisdom she shared with me, particularly over this last year when I was personally seeking ways to feel hopeful about challenges in my own life. Ida acknowledged that she, too, felt discouraged by the setbacks she has experienced, such as losing her driving privileges in a city that requires a car, to coping with chronic back pain, which worsens in times of stress. But Ida also shares how she does not permit herself to wallow in her disappointments:

I can’t afford to be down or frustrated. I can’t afford it! It’s not good for my aura (laughs)...it’s going to mess up my blood chemistry...and mental, spiritual, and emotional health! ...Once in a while I might be aware of being upset or depressed for a minute or a while. And then I

think about why am I like this? What is this about? How much am I depressed, or sad, or upset about that? And what can I do about it? And what *must* I do about it?

She told me “you just live your life as fully and completely as you can,” and referenced Coco Chanel, who at 95 years young, continued to have love affairs...“And I think that looks like fun, as long as you’re selective, then have fun.” Ida wanted to send a message to all women, especially those who are of advanced age, that there is always a choice to have “exquisite taste” to make “your life richer and fuller...The fact that you can pick and choose so much ideas, people, big, wide, broad, that’s a beautiful thing.” For example, to give herself a “lift” the week we met, she treated herself to diving at a community pool and had plans to see a play about Thurgood Marshall.

Ida said that hearing her story re-inspired her to complete two books that she had started writing; one about her nursing experiences and the other about mysticism and spirituality. Ida believes she has so much to offer practicing nurses about their ability to heal others and making miracles possible through the work they do. Ida thought about what she wants to leave behind to commemorate her life. And she hopes that the insights she shared will benefit younger women who may face or have faced similar challenges. I believe documenting Ida’s personal journey is a special gift, a gift that will continue to give for a long time coming.



## **Chapter IV**

### **Discussion**

This study illuminates the life story of a multicultural-rich woman of advanced age who has navigated life experiences and challenges over the course of her life, including sexism, racism, and near-homelessness. The phenomenological framework of this dissertation explored how a resident of a low-income housing project makes meaning from and within her lived world. Indeed, Ida's construction of her existence is profound and informative, and far from the emptiness that some may presume prevails among women who have lived the experiences she has lived. Ida's narrative, co-constructed with the researcher, emphasizes Ida's point of view of how gender, race, and poverty intersect in her life. It was the researcher's intention to view a vulnerable population's experiences using diverse lenses and in-depth descriptions (Sharma-Brymer & Fox, 2008).

Understanding a woman's experiences by virtue of interpreting the meaning of life events she has experienced honors her personhood and offers her a voice. Through this journey together, Ida's views were provided a voice, and through this voice, her life authenticated, while the researcher has moved from a purely intellectual understanding of the life of women like Ida to an understanding that is deeply connected to her heart and spirit.

This life story also offers therapists an in-depth window into the life of one woman, a level of depth that is rarely achieved in an intake interview, and in some cases, over the course of therapy. This study also challenges how therapists conceptualize advanced age individuals, and advanced aged women in particular, who are dealing with adverse life circumstances. Ida faced her challenges with wisdom, fortitude, and sheer

willpower. She neither views herself as a victim nor does she allow circumstances to define who she is or dictate her life. Ida views life as dynamic, never static.

Focusing on such strengths during the interview invigorated Ida's appraisal of her ability to look beyond immediate stressors (Ranzijn, 2002). For example, she is able to work through the chronic pain she experiences and the disappointment over not finding housing outside the center through modulating her emotional reactivity, allowing her to feel content and accept her current circumstances. Strongman and Overton (1999) note this ability is a special quality in people of advanced age. When Ida is not overwhelmed by the life stressors she encounters, she is better able to make rational, healthy decisions, as well as effectively enlist others for support. From Ida's life story, other women who are undergoing similar experiences or who may face similar experiences have much to gain.

In the discussion that follows, the findings from the life story of Ida are considered relative to previous research. Moreover, the clinical implications of that emerge from this study are considered. The discussion ends with the researcher sharing her self-reflections of engaging in this type of research and taking this journey with Ida.

### **Study Findings and Previous Research**

Seligman and Csikszentmihalyi (2000) argue that the following qualities serve as buffers against mental breakdown: (a) courage, (b) future-mindedness, (c) optimism, (d) interpersonal skills, (e) faith, (f) strong work ethic, (g) hope, (h) honesty, (i) perseverance, and (j) insight. Ida possess all 10 of these attributes, and she uses these qualities to continue her own personal growth as well as share with others how to navigate life's challenges in their personal journeys (Turner & Helms, 1995). The

interview allowed Ida to consolidate her lifetime of contributions, allowing her to feel positive about her numerous accomplishments, or what Erikson would refer to as viewing one's life with integrity (Monte & Sollod, 2003). Elements of dignity, satisfaction, and personal fulfillment are central to her narrative, all signs of integrity (Turner & Helms, 1995). For Ida, integrity may be further defined as feeling at peace with herself amidst the external sociopolitical challenges she faced as a racially profiled woman and now as an older adult.

Bowling's (2007) meta-analytic study identified attributes associated with successful aging, which included a sense of purpose, spirituality, humor, personal growth, self-acceptance, and positive self-concept—all of which were captured in Ida's story. In Ida's biographical narrative, her goals of retaining her independence, her sense of generativity in relation to children and other women, and her artistic creativity are all qualities that have promoted her sense of well-being, qualities that are the outgrowth of the attributes described by Bowling.

Despite her resilient disposition, Ida has not been exempt from the judgment of others or the sexism and racism that exist in society. Whether a woman of color can sustain her personal dignity, transcend losses, and redefine her life as meaningful cannot be separated from the social, historical, and cultural elements that influence her life experience. For example, the uninformed might assume Ida's residence at the center was the result of life-long battles with mental illness or substance abuse (Crane, 1998; Crane, et al., 2005; Hecht & Coyle, 2001). But as the literature demonstrates, Ida's pathway to near-homelessness was crisis-driven (Hecht & Coyle, 2001) and related to socio-political challenges that women often encounter (Comas-Díaz & Greene, 1998). A major

challenge faced by women is the disparity of income when compared to their male counterpart (Schieman, Pearlin, & Nguyen, 2005). Moreover, Ida has had to cope with the realization that hard work does not ensure a higher income, and that her sex and race has something to do with her ability to financially succeed (Butler et al., 1998; He et al., 2005; Schieman et al., 2005). To honor her multicultural heritage, Ida does not identify herself as African American, although she did grow up within an African American community and shares its history of segregation, racism, and other persistent socio-political challenges. Ida understands the social challenges she faced were offenses against a collective identity (i.e., women of color), and not because of personal failings. Her ability to separate affronts against a group identity from a personal attack was important in her maintaining a positive self-concept (Comas-Díaz & Greene, 1998).

Ida derives considerable strength from her eclectic spiritual practices and attributes her ability to cope during difficult times to the transcendent meaning she gains from engaging in these practices. Her connection to the spiritual realm reminds her constantly that “there is a deeper, more primordial world than our logical processes” (Elkins, 2005, p.137). For Ida, access to a sacred power grounds her life. Through faith, individuals can be assured that no matter what happens, they will be able to manage the outcome of a given situation because they are secure in the belief that they are not alone and that there is an ultimate purpose to all human struggles (Becker & Newsom 2005; Harvey, 2006). Ida does not feel burdened by life’s adversities because she entrusts her faith with standing by her as she journeys through life. Her faith is constantly reinvigorated by emphasizing the very injustices she transcended within the political climate in which she lived.

## Clinical Implications

In conducting this study, it appears several major clinical benefits emerged that may better serve the psychological needs of women of advanced age. First and foremost to understanding the psychological make-up of members of this population is for therapists to understand the complex interplay of social, historical, and cultural contexts on their lives. For Ida, a particularly salient element is her rich multicultural heritage and the assumptions made by others about her racial identity. She refuses to allow herself to be labeled by the racial assumptions of others as her self-construction honors both her father's Native American/Afro-Cuban and mother's Catholic/Creole heritages. Particularly salient for understanding Ida's racial identity development is her mother's Creole heritage to which she often referred. By examining the history of Creole<sup>1</sup> identity, offers a context for how Ida has grown to conceptualize her own identity and why respecting the cultural worldview of others is important to her.

Moreover, advanced age women meet with challenges such as income disparities in greater numbers than men in similar age cohorts (Butler et al., 1998; Schieman,

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<sup>1</sup> The Creole identity, influenced by social, political, and economic forces, has undergone shifts in meaning from the 17<sup>th</sup> century through the 20<sup>th</sup> century (Dubois & Melancon, 2000). During the 17<sup>th</sup> century, under the French influence, the term "Creole" was not associated with a particular race or ethnicity—Black, White, or mixed. Under the Spanish regime in the 18<sup>th</sup> century, a socioeconomic element was introduced to the Creole identity. Individuals of mixed ancestry, light skin, and free of enslavement, i.e., Colored Creole or the free people of color, became part of the social elite alongside the White Creole, while Black Creole individuals (enslaved people of color) did not achieve this same status. Both White Creole and Colored Creole held tightly to their French ancestry, although these two groups lived a segregated existence. With the U.S. purchase of the Louisiana Territory in the 19<sup>th</sup> century, White Creole began to view Colored Creole as an economic and a social threat, and Black vs. White racial separation became a salient social division. This separation intensified through the Reconstruction era. In the 20<sup>th</sup> century, White Creole individuals tended to assimilate with others of White European ancestry, while the division between Colored Creole and Black Creole has essentially disintegrated and both groups identify as African American. The Creole identity, in its current form, appears to exist as an identity of choice by those individuals who elect to maintain the use of the Creole French language, rather than one of ancestry.

Pearlin, & Nguyen, 2005). Moreover, ageism, sexism, and racism cannot be neglected in understanding the lives of these women (Comas-Díaz & Greene, 1998; Williams & Wilson, 2001). For Ida, these experiences were explicit and unveiled. As a therapist, it is important to examine the influences of these contextual issues and validate how the lives of women have been impacted by these realities. By applying a contextual model to understand a client's needs, the therapist can help the client understand how multiple factors external to herself have impacted her life (Wampold, 2001), and in so doing, facilitate the separation of social oppression that befalls women as a collective from the assumption that the challenges a woman faces is due strictly to her own undoing. In other words, the therapist assists in developing a feminist consciousness about the challenges women face (Brown, 2008). Moreover, "the lives of women of color need to be examined from a racial minority and feminist perspective, one that recognizes that both racism and sexism exist and are extremely oppressive of women of color" (Comas-Díaz & Greene, p.186).

It appears Ida's demonstrable psychological assets were further strengthened, not weakened, by her interchanges within a less than hospitable socio-political and historical climate. Acknowledging the marginalizing effects of racism and sexism in the workforce strengthened her resolve to overcome their confining influences. It is important to note that Ida's formative years preceded the Civil Rights, Women's Rights, and Gray Panther movements; therefore, she did not have the advantage of the socio-political context afforded the present-day middle aged woman of color. Ida was truly a woman who was well ahead of her time.

Second, the study demonstrates the empowering potential of approaching work with clients from a strength-based perspective, particularly when working with clients who are commonly disenfranchised in society (Comas-Díaz & Greene, 1998). Focusing on the lifetime contributions of the client is not only validating but provides opportunity to view one's life as purposeful. Purposeful living in one's advanced years contributes to successful aging (Bowling, 2007; Krause, 2001), and allows one to view her life with integrity over despair (Monte & Sollod, 2003). Viewing the benefits of therapy as reciprocal rather than therapist-to-client and expressing authentic respect for the lived experiences of advanced age women are essential therapeutic considerations. Moreover, finding opportunities for these women to share with others the wisdom they have acquired over their lifetime allows them to meet their developmental needs (Turner & Helms, 1995). For example, partnering these women with programs in the community to serve as mentors to other seniors who may be experiencing difficulty adapting to challenges in their lives may be a beneficial experience for both parties; or women who enjoy being around children may be partnered with children who could benefit from "grandmotherly advice and attention."

Third, the findings of this study appear to elevate the importance of subjective well-being when working with the advanced age cohort. Self-perceptions of autonomy, competence, and generativity are developmentally integral to aging successfully (Bowling, 2007; Isaacowitz et al., 2003; Krause, 2001), and Ida's life is a testament to this observation. The personal integration of these perceptions requires internal resources such as self-reliance, problem solving skills, and perseverance to meet life's challenges (Becker & Newsom, 2005). For Ida, these inner resources are derived from her eclectic

spiritual practices, and for clients like Ida, the therapist must not only respect the client's spiritual life but encourage her practices for psychological sustenance. Among the elderly, religiosity can serve as a source of ongoing hope, comfort, and meaning in times of stress, disability, and loss of loved ones (Williams & Wilson, 2001). Therapists working with the advanced age may also need to reframe how they view the behavior of some older individuals. For example, being quarrelsome or unwilling to accept assistance from others may actually be healthy behaviors as these behaviors are attempts to maintain one's personal agency.

Moreover, the life review process can give new significance and meaning to an older adult's life and help integrate an individual's sense of purpose and dignity for previous accomplishments (Ando et al., 2008). Therapists working individually with older adults or in facilities that serve older adults may consider offering opportunities to engage in reviewing their lifetime of accomplishments to encourage clients to re-evaluate and appreciate their lives based on what is most salient and meaningful for them. Here, too, by engaging in activities that serve others may enhance one's sense of well-being.

Fourth, in working with the advanced age, it is important to recognize that one's age cohort, gender, race, or social status may not necessarily define a person. One cannot deny these sociodemographic characteristics may influence the life of advanced age women, but each woman has her own complex, multifaceted story to tell, which includes the degree to which each of these characteristics carry salience in her life. Each client creates her own lived experience, and the therapist must enter the client's experiential world and listen without presuppositions or judgments that potentially distort understanding or unintentionally malign her personhood. In order for the therapist to truly



come to know the client, the therapist should focus on *being*, not *doing*. As Irvin Yalom (1980) proposed, one cannot be understood by a psychology that fails to recognize one's continuous multi-layered self-awareness. Ida is a perfect illustration. In interviewing her, other than mentioning the frustration associated with her inability to locate housing outside the center on a fixed income, Ida never focused on her limited financial resources, i.e., near-homelessness was not significant to her personhood. In part, the era in which she was raised, which included a country reeling from the effects of the Great Depression, offered her a unique perspective of the meaning of financial hardship.

Finally, therapists must look deeply into themselves and uncover their own biases and fears about aging and the aged. Laganà and Shanks (2002) believe that a therapist will be more effective in working with older adult clients by introspectively evaluating one's own attitudes and fears towards getting older. A therapist must balance her own fears of aging, disability, and death, including fear of decay, illness, and losses. An experienced therapist working with the older adult population must successfully navigate her perceptions of challenges associated with aging. To understand that change is still possible in one's advanced years, therapists need to keep their minds open to the varied challenges their clients face and examine their own countertransference reactions during the course of therapy (Agronin, 2010). To strengthen their therapeutic alliances with advanced age clients, therapists should actively listen to their client's reminiscences, encourage their client's sense of personal mastery, believe that personal growth is possible at any age, and foster their client's self-esteem (Laganà & Shanks, 2002).

## **Personal Reflections**

There is a Jewish saying that I love: “What is truer than truth? The story.” I am not a storyteller, but all stories interest me while some haunt me, which brought me to this study. Not all women can be celebrities, but I believe all women should be celebrated. I wanted to share a story that is “truer than truth” about women, particularly women who are often forgotten or invisible. I enjoy reading memoirs about women because I find an honesty and almost spiritual quality from these readings. Isabel Allende, a recognized feminist writer, once described her passion for writing about women’s stories as a way to connect with one another in the here and now, and each story carries a legacy about what matters most (Allende, n.d.).

When I initially decided to interview women who were previously homeless and near-homeless, I feared being overwhelmed by the intensity of the situation that these women faced. I viewed these women as “vulnerable” and I was afraid that the experience would be too real, too harsh, and too difficult for me to process. But despite my initial apprehension, I knew there was much to gain by moving in this direction. I also thought about the two women who are most important to me, my mother and my grandmother, and the challenges they faced having been raised in a culture in which men oppressed women and the assorted hardships they endured as women. I am still haunted by the stories that I was told by my grandmother and the experiences of my mother at the hands of my father. I know that I am not exempt from the disparities women continue to face in society, but I do have rights and privileges that neither of these women experienced. So, in part, my decision to follow through with this study was to honor my mother and grandmother.

Telling Ida's story has changed me. I have learned a lot about me from my conversations with Ida. As a therapist, I now stop and examine every reaction, feeling, and thought that I experience in my work with clients, and I make no assumptions about how clients define themselves. I have learned to feel more comfortable sharing elements of my own life, when appropriate, with clients. And most important, Ida has taught me to stop asking myself—"Why me?"—as I navigate challenges in my own life. I find that I take more time to "pull weeds" to rid myself of thoughts that allow me to view myself as a victim. I try harder to learn from the past, rather than allow the past to weigh me down, to make changes in how I approach today and think about tomorrow.

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**APPENDIX A:**  
**Literature Spreadsheets**

## How Color, Gender, and Poverty Intersect in the Lives of Senior Women

### Overview of Advanced Aged Persons

Author/ Year	Research Questions/ Objectives	Sample	Instruments	Research Approach / Design	Major Findings
Baltes (2006)	Reviews research on the younger old (age 65-80) in comparison to the “oldest old” (e.g. age 80 and above) in regards to life expectancy, aging, quality of life, emotional intelligence, and interpersonal social cognition.			Literature review	<ul style="list-style-type: none"> <li>• Provided that older adults don’t suffer from brain disorders, they can still evince heightened emotional intelligence, interpersonal social cognition, and wisdom</li> <li>• Despite increasing restrictiveness of activities and physical abilities, the elderly are well equipped to adapt and establish new standards for comparison – e.g. even if they had a heart-attack, they compare themselves to someone who is dead, not someone who has not had a heart attack.</li> <li>• “Adaptive self-plasticity” has positive effects on well-being</li> </ul>
Cutler and Hendricks	Extrapolates emerging social trends (e.g.,			Literature review	<ul style="list-style-type: none"> <li>• With technology advancing, people are living longer, but the social cost for caring for them in older age will</li> </ul>

(2001)	technology, productivity, ageism, and volunteerism) in older people.				<p>be an impending challenge because they will live longer than their predecessors.</p> <ul style="list-style-type: none"> <li>• Medicare costs will increase but the number of working tax payers will decrease.</li> <li>• As Baby boomers age, new research cohort norm formations will be in need.</li> <li>• Older persons may continue to work in the workforce beyond retirement age, thus there will be a need for flexible retirement policies, and technologically advanced distance learning opportunities to update older worker skills.</li> <li>• Health care paradox – as technology advances, those who are better off can afford health care coverage for more quality health care, equaling potential discrimination in later life health because of earlier health care precautions.</li> <li>• Email and the internet (online support groups) may become a facilitator for social networks for elders.</li> <li>• Supporting elders into volunteerism may help promote equanimity in society in terms of what the elders</li> </ul>
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					provide and may enhance their sense of well-being.
Hagestad and Dannefer (2001)	<p>Discusses concepts and theories of aging:</p> <ul style="list-style-type: none"> <li>• Lack of dialogue between data and theory related to aging - Current research on aging has neglected culture, social institutions, norms and values</li> <li>• Psychological characteristics</li> </ul>			Theoretical discussion	<ul style="list-style-type: none"> <li>• Current research on aging focuses on topics such as dementia or caregiver burden but not on structural changes between age and inequality</li> <li>• North American social sciences approach on aging focuses on aging of the individual, especially problematic aspects and not enough on the macro-theory (p.15) - we lose out on the community experience of the aging and how organizations impact their social life process</li> </ul>
Krause (2001)	Discusses factors that shape social ties (e.g., religions and SES) and unique aspects of social support and its impact on successful aging in regards to health and well-			Theoretical discussion	<ul style="list-style-type: none"> <li>• Older adults who are embedded in supportive social networks tend to enjoy better physical and mental health than elderly who do not maintain meaningful ties with others.</li> <li>• Interventions for at risk elders by adding social support have not been successful however b/c conceptual framework of social support is not yet well defined.</li> </ul>

	being				<ul style="list-style-type: none"> <li>• Perceived support has been found to be the strongest and most consistent effects on health and well being in late life (p.273).</li> <li>• It is hypothesized that the relationship between religious support and coping may be much stronger than the relationship between support in secular settings and coping responses (e.g. religious texts provide guidance on coping with stress).</li> <li>• Although higher SES elders have greater social networks, minority elders are more religious, thus minorities may have higher religious social support groups.</li> </ul>
Newman and Newman (1995)	Discusses current research and data on lifespan development for people of advance age			Literature review	<ul style="list-style-type: none"> <li>• Elders have encountered diverse experiences, decision making, parenting and other forms for mentoring of younger generations, and may exhibit efforts to formulate and share their personal philosophy, and thus elders can connect with new levels of conscious thought (p. 688).</li> <li>• Have adapted to dramatic technological innovations in communication, transportation, manufacturing, economics, food</li> </ul>

					<p>production, leisure activities, and health care. They have experiences striking changes in cultural and political values.</p> <ul style="list-style-type: none"> <li>• No significant decline in social functioning or economic stability in a 10 year cohort study between 1972 – 1983 (p. 684)</li> <li>• Physical changes in aging include sensory changes – hearing loss, behavioral slowing, sensory changes, vision, illness (acute and chronic). Nevertheless, many still achieve major accomplishments in advance age.</li> <li>• If they have achieved integrity, they believe that life makes sense, bringing as sense of personal dignity to the choices they have made and the goals they have achieved without despair over their values, missed opportunities, or the misfortunes that may have occurred.</li> <li>• Faced with mortality: with integrity, can accept the end of life and view it as a natural part of the lifespan.</li> <li>• A psychological sense of immortality may be achieved through one’s children, a connection and attachment to the future of their</li> </ul>
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					<p>loved ones, devotion to one's country, or social organizations of humankind.</p> <ul style="list-style-type: none"> <li>• Belief in the afterlife may help cope with mortality</li> <li>• May sense immortality through one's creative achievements and one's impact on others: find comfort in achievement and generativity in middle adulthood, and believing they were a chain in the positive influences on others (generativity).</li> <li>• Role transitions: loss of one's significant other, retirement, loss of friends, but emergence of new roles: grandparent, senior advisor, community leader, retiree.</li> <li>• More time for leisure in older adulthood because of less responsibilities</li> <li>• Most elders don't consider themselves as "old" and those who do, have more difficulty adjusting to life in older age. The fear of growing old is related to lower levels of satisfaction (Ward, 1977, p. 649).</li> <li>• In an analysis of subjective well-being and life satisfaction among older African Americans, the most</li> </ul>
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					<p>important predictors of well-being were subjective assessments of health, low # of stressful events, a sense of self-efficacy, and self-esteem (Tran, Wright, and Chatters, 1991).</p> <ul style="list-style-type: none"> <li>• For women, staying healthy, especially as it relates to remaining independent and not become a burden onto others, is central to feelings of well-being.</li> <li>• Demographic variables do not predict perceived life satisfaction adequately (p. 651). Life satisfaction remains fairly stable over the years, despite losses (Costa et al., 1987; p. 651)</li> </ul>
Pinquart and Sorensen (2001)	Analyzes the relationship of gender differences to psychological well-being (life satisfaction, happiness), self-esteem, and subjective well-	<ul style="list-style-type: none"> <li>• Studies that had participants with <math>M \geq 55</math></li> <li>• 30 empirical studies on gender differences</li> <li>• Studies were found in gerontological literature</li> </ul>	<ul style="list-style-type: none"> <li>• 5 Step-Statistical Integration Measures from Hedges and Olkin (1985)</li> <li>• Life satisfaction Index</li> <li>• Affect Balance Scale</li> </ul>	• Meta-analysis	<ul style="list-style-type: none"> <li>• Life satisfaction was most often measured with the Life Satisfaction Index (1961)</li> <li>• Compared to men, women reported lower life satisfaction, happiness, and self-esteem</li> <li>• The greater quality of the questionnaire, the lower the level of subjective loneliness was discovered by female participants</li> <li>• Studies where men had education</li> </ul>

	being (SWB; subject health and subjective age)	<p>in dominant databases (e.g. Psych Info, Medline, and PSYINDEX)</p> <ul style="list-style-type: none"> <li>• 300 studies total</li> <li>• Primarily from journals on gerontology</li> </ul>	<ul style="list-style-type: none"> <li>• Rosenberg's Self Esteem Scale</li> <li>• UCLA Loneliness scale</li> <li>• Single items on subjective scale testing for variables mentioned</li> </ul>		<p>levels and SES, women were found to have reported lower self-esteem, life satisfaction and subjective health than men</p> <ul style="list-style-type: none"> <li>• Findings also indicated a higher gap between men and women in perceived competence, level of education, and income</li> <li>• Feelings of younger subjective age was more prevalent in women than in men, which may indicate women are more sensitive to growing "old" and maintaining a younger age identity may be especially more important to women.</li> <li>• Women are more willing to admit to socially unacceptable feelings such as loneliness than men</li> <li>• Some studies showed that elder women use more intra-psychic coping mechanisms with adversity, which may be a strength</li> <li>• Problem with this study is that by summing up characteristics from studies that vary can be problematic</li> <li>• Marital status, health and SES were not tested to determine if they influenced outcomes</li> </ul>
Rokach, Matalon,	Explores qualitative aspects of loneliness	<ul style="list-style-type: none"> <li>• 89 men compared</li> </ul>	<ul style="list-style-type: none"> <li>• Rokach's Loneliness</li> </ul>	Descriptive	<ul style="list-style-type: none"> <li>• Not only was it found that the elderly in the present study reported</li> </ul>

Rokach, & Safarov (2007)	(emotional distress, social inadequacy and alienation, growth and discovery, interpersonal isolation, self-alienation) in the elderly	to 239 women in the age range of 61-94. <ul style="list-style-type: none"> <li>• Found in a large North-American City (Toronto, Canada)</li> </ul>	questionnaire	study	<p>having benefited and grown from loneliness, but it seems that women are particularly prone to perceive the positive aspects of loneliness.</p> <ul style="list-style-type: none"> <li>• Women, who may experience more loneliness than men and may thus be more in need of support, assistance, and connection to others, thus may also greatly appreciate those that they have and attribute their growth to the care and support they received.</li> <li>• Women may experience the growth - promoting and positive aspects of loneliness to a larger extent than do men</li> <li>• Since women usually look after finding and cultivating friendships and building and maintaining the couple's social support network, upon being alone unmarried men do not have as many support resources and thus experience interpersonal isolation</li> </ul>
Torres and Hammarstrom (2006)	Studied perspectives and subjective experiences of aging and impairment in advanced age	21 home health-care recipients in an urban Swedish town (18 women, 4	Open-ended interviews designed to tap into the informants' experiences and	Qualitative-phenomenological	<ul style="list-style-type: none"> <li>• There is a difference in how one experiences 'feeling old' or diminished everyday competence (DEC).</li> <li>• Adapting to age-related decline and cognitive efficiency (e.g.</li> </ul>

		men, age 78-93)	thoughts regarding their everyday lives and the various limitations with which they are faced as a result of debilitating health		<p>independent living capability) can be experienced differently by different people:</p> <ul style="list-style-type: none"> <li>• 1. Some consider age related cognitive decline cannot be overcome and thus must be accepted.</li> <li>• 2. Some tend to find a way to work around their DEC; they don't have problems with asking for and receiving help because this helps work around their limitations.</li> <li>• 3. Others can neither overcome DEC nor accept the loss. They experience physiological aging as an arduous experience. They tend not to ask for or open to receiving help from others and usually tend to resign without using resources to help themselves work around their limitations.</li> <li>• A major limitation of this study is that this research was conducted with a Swedish population, which may not be generalizable other heterogeneous cultural populations.</li> </ul>
Turner and Helms (1995)	Discusses Erikson's psychosocial theory			Theoretical discussion	<ul style="list-style-type: none"> <li>• Essential to Erikson's theory is the development of the ego and the ego's ability to deal with a series of</li> </ul>

	<p>of development and how it defines middle adulthood and old age</p>				<p>crises or potential crises throughout the individual's life (p. 48)</p> <ul style="list-style-type: none"> <li>• In Middle adulthood, Erikson's 7<sup>th</sup> stage is called generativity vs. self-absorption</li> <li>• Generativity means are the adults willing to look beyond themselves and to express concern about the future of the world in general. The self-absorbed person tends to be preoccupied w/personal well-being and material gain.</li> <li>• The final stage is called integrity vs. despair. In late adulthood, those nurturing a sense of integrity have typically resolved previous psychosocial crises and are able to look back at their lives with dignity, satisfaction, and personal fulfillment.</li> <li>• The unsuccessful resolution of previous crises is likely to produce a sense of despair; their past lives are usually viewed as a series of disappointments, failures, and misfortunes.</li> </ul>
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## What We Know About Older Persons of Color

Author /Year	Research Questions/ Objectives	Sample	Instruments	Research Approach/Design	Major Findings
Becker and Newsom (2005)	Studied older African American experiences with racism and attitudes about chronic illness and its management	38 respondents between age 65 and 91	Series of five open ended and semi-structured interview style questions were asked over the course of several years	<ul style="list-style-type: none"> <li>Longitudinal cohort study</li> </ul>	<ul style="list-style-type: none"> <li>Respondents who have experiences racism in earlier life used culturally specific resources to respond to illness such as resiliency, spirituality, independence, and survival.</li> </ul>
Chiriboga, Jang, Banks, and Kim (2007)	Studies how the cultural context (acculturation) is associated with the experiencing of depressive symptoms	3,050 community-dwelling Mexican Americans (aged 65 and over) from five states; 56% women	Center for Epidemiologic Studies Depression (CES-D) Scale	Correlational	<ul style="list-style-type: none"> <li>Those who were more acculturated were more likely to be men, younger, currently married, with a higher household income, more educated, and to have been employed during their earlier life</li> <li>those lower in acculturation report more symptoms and lower morale</li> </ul>
Daniels (2004)	Collected biographical sketches of family traditions, lifestyle changes, and the influence of race	3 African American women ages 75, 82, and 98	Interviews	Qualitative-biographical narrative	<ul style="list-style-type: none"> <li>All three women retained connections with their childhood communities and families</li> <li>None were on welfare and were of middle class in this survey</li> <li>All three reported that education was valued and an important aspect</li> </ul>

	among elderly African American women				<p>of their family tradition to live independent lives</p> <ul style="list-style-type: none"> <li>• Religion was openly discussed and considered as an essential element in their lives</li> <li>• Attitudes about aging: community service was considered important and none expected to live this long</li> <li>• The researcher believes that African American women who maintained a sense of independence in their lives functioned well.</li> </ul>
He, Sengupta, Velkoff, & DeBarros (2005)	Analyzed 2005 demographic data of people age 65+ in the U.S.	U.S. Census data of people age 65+		Archival study	<ul style="list-style-type: none"> <li>• The percentage of Americans 65 and older has tripled from 4.1% in 1900 to 12.4% (or 36.3 million) in 2005.</li> <li>• Baby-boomers are also entering retirement in 2011, thereby increasing the population of elders to 20% or 72 million</li> <li>• Elderly women are a substantial proportion of this population.</li> <li>• Furthermore, a higher percentage of older women require help with personal and routine care when compared to older men.</li> <li>• Three out of four older people lived in metropolitan areas in 2000</li> <li>• Older people who lived alone have the highest poverty rates. In 2003, among those women who lived</li> </ul>

					<p>alone, poverty rates were 17% White non-Hispanic, and 40% were Black and Hispanic.</p> <ul style="list-style-type: none"> <li>• Women receive lower retirement benefits compared to men</li> <li>• In 2003, older men were more likely to be married than were older women (71% compared to 41%)</li> </ul>
Haley, Han, & Henderson (1998)	Addresses the unique circumstances of minority ethnic elders such as unique life stressors, cultural dynamics and acculturation, select clinical problems, and adapting assessment and interventions with older minority adults.			Literature review	<ul style="list-style-type: none"> <li>• Increased population survival age in minorities projected</li> <li>• Older, non-white, minority women have the highest rate of poverty among the “elderly”</li> <li>• Because of previous experiences with adversity, older minority people may cope better with aging</li> <li>• Many older African-Americans experienced frank discrimination and segregation for many years of their lives. Other older ethnic minorities have faced such experiences as being refugees, or even victims of concentration camps. Older Japanese-Americans may have faced internment camps. Such experiences may have powerful effects on views toward authority and trust of institutions. This may pose a sense of distrust with health care workers</li> </ul>



					<ul style="list-style-type: none"> <li>• Cohorts experience particular historical and social periods that may have dramatic effects on their socialization, and these events are likely experienced differently according to ethnicity.</li> <li>• Minority elderly typically feel more control over their family relationships, thus may experience more social support, and less likely to live alone</li> <li>• Experiences with problems such as poverty, racism, and segregation, which cannot easily be changed, may lead to an adaptive process of reframing of difficult life circumstances, which may be very useful in facing late-life problems (Wood and Parham, 1990).</li> <li>• Cultural expectations of others vary</li> <li>• How one expresses oneself may be impacted by their native language</li> <li>• Respect and cultural competence when doing therapy with minority elders is important and valued</li> </ul>
Harvey (2006)	Studied role of spirituality in chronically ill African American	100 senior African American women	Semi-structured interviews	Qualitative	<ul style="list-style-type: none"> <li>• Spirituality influences self-management practices among people of color – particularly through prayer</li> </ul>

	senior women				
Hsu (2005)	Investigated indicators of gender differences for successful aging among elderly Taiwanese	<ul style="list-style-type: none"> <li>Data for individuals age 60 and older were drawn from the Survey of Health and Living Status of The Elderly in Taiwan; national study of an initial 4,049 participants</li> <li>43% were female and 57% were male</li> <li>4 ethnic subgroups were studied (Mingnan [60.9%],</li> </ul>	Activities of Daily Living Scales, The Short Portable Mental Status Questionnaire, Center for Epidemiological Studies Depression Scale	6-year longitudinal study	<ul style="list-style-type: none"> <li>Among Taiwanese “elderly” women (Taiwan has a lower life expectancy rate compared to Western countries) age 60 and over, 67.7% were illiterate whereas 21.9% of the men were illiterate.</li> <li>Elderly men had a significantly larger proportion of higher paying jobs and their female counterparts often worked at home or did not have a job; women who worked had lower monthly incomes than men.</li> <li>Women displayed higher rates of social support than men.</li> <li>Cognitive function, depressive symptoms, social support, and engagement in activities were not significantly different between men and women and among the 4 ethnic subgroups.</li> <li>As the cohort aged over the course of 6 years, the less educated, who were primarily female, had higher rates of disabilities in daily activities and depressive symptoms.</li> <li>Female elderly tend to outlive their male counterparts but often display worse physical and cognitive functioning, and are more likely to</li> </ul>

		Hakka [15%], Mainlander [22.4%], and others [1.4%])			<p>have depressive symptoms in their later years, i.e., the “living longer but weaker” phenomenon.</p> <ul style="list-style-type: none"> <li>• Elder women had a cumulative disadvantage in their aging process because they predominantly were of lower SES and lower education, which predisposed them to limitations in their functioning and health outcomes.</li> </ul>
Laganà and Shanks (2002)	<p>Discusses:</p> <ul style="list-style-type: none"> <li>• Biases held by mental health professionals towards the “elderly”</li> <li>• Ethnicity related issues</li> <li>• Suggestions for interdisciplinary ways to improve how older adults and mental health professional deal with one another</li> </ul>			Literature review	<ul style="list-style-type: none"> <li>• Defines “ageism” as a negative attitude held toward older people, and not toward any other age groups.</li> <li>• Older adults may be discriminated against by health care providers on the basis of their health – in a study of 371 doctoral clinical psychology students, they gave poorer prognosis for hypothetical older clients who presented with both mental and psychological problems</li> <li>• In a study of 19 therapists treating patients ages 60-70 (Woolfe and Biggs, 1997), the researchers found that the clinicians were less apt to challenge the defenses and held lower expectations of what could be achieved in therapy with their older clients</li> </ul>

					<ul style="list-style-type: none"> <li>• In another study by Ford and Sbordone (1980), an investigation of 179 psychiatrist using clinical vignettes, they found that participants' attitudes toward older patients led them to find the hypothetical older patients unsuitable for psychotherapeutic care and were attributed poorer prognosis more often than young clients.</li> <li>• The authors found in several articles that the young-old elderly are more inclined to visit their GP rather than a psychologist or psychiatrist but that the old elderly were more prejudiced against psychotherapy than the young-elderly</li> <li>• Western society may generally use the bio-medical approach in therapy whereas the ethnic-minority senior may have a different orientation in terms of seeking care; thus, mental health professionals should consider different models that is more syntonetic with such attitudes</li> <li>• In a study of 62 elderly American Indians, Dukapoo (1980) found an underutilization of counseling services was due to the insensitivity</li> </ul>
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					<p>of agency personnel and the elderly's mistrust and fear.</p> <ul style="list-style-type: none"><li>• Other studies found that African American seniors underutilized mental health resources because of the lack of trust in Caucasian clinical providers, feelings of shame, and preferring to cope with spiritual beliefs and spirituality instead of mental health services,</li><li>• African American women were more likely to utilize help from clergy than mental health professionals</li><li>• There are differences in cultural views of the healing process and a lack of trust in traditionally trained Anglo therapists, which may be the reason that older minority adults tend not to use mental health services, which should be addressed in community interventions.</li><li>• Elderly women who live alone and have poor health status are more vulnerable to ageism- the older homeless population is more in need of mental health services but less like to seek it.</li><li>• Homeless women are more vulnerable to mental illness</li></ul>
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					<p>including depression, PSD, and alcohol and drug abuse (p. 279) and have greater obstacles in negotiating entry into the health care system, generally do not have health care, may have a fear of health care professionals, and lack information about their eligibility for services, thus their needs must be better addressed in the community</p> <ul style="list-style-type: none"> <li>• In order to help seniors overcome their fear of stigma and general diffidence in mental professions, mental health workers interested in working with elder populations should collaborate with general physicians by educating the GPs to detect psychiatric symptoms and make appropriate referrals.</li> <li>• Suggested clinical approaches for older patients include: 1. Integration of gerontology with psychotherapy, 2. Have therapist deal with against attitudes by dealing with their own fears of getting older, 3. Listen to older adults' reminiscences and offer active support for older adults' sense of mastery, 4. Have professionals believe in the possibility of personal growth at any age, and 5. promote self-esteem in</li> </ul>
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					the older patients.
Schieman, Pearlman, & Nguyen (2005)	Studied how work-related perceived discrimination impacts later life regrets in African American elders compared to White counterparts	1,167 African Americans 65 years and older residing in the District of Columbia and two adjoining MD counties	<ul style="list-style-type: none"> <li>• Phone interviews with a random sample of elders who are entitled to Medicare</li> </ul>	Correlational	<ul style="list-style-type: none"> <li>• Erikson’s theory of life span adjustment underscores self-evaluations, distinguishing themes of “integrity versus despair” as a main challenge in late life. He claimed that elders must integrate pleasant <i>and</i> unpleasant features of their earlier years to achieve a sense of wholeness. When unpleasant judgments dominate the life review, one is left with a sense of regret, or a “painful judgment and state of feeling sorry for misfortunes, limitations, losses, shortcomings, transgressions, or mistakes” (from Landman 1993).</li> <li>• Black men and women are more likely than Whites to report early termination of education to enter the paid labor force.</li> <li>• White men have the highest level of household income and the lowest level of economic hardship. On the other hand, Black women are the most disadvantaged on those two economic indicators. Taken together, the educational,</li> </ul>

					<p>occupational, and economic profiles reported here are consistent with the notion that Black men and women tend to have experienced greater past and current social disadvantage.</p> <ul style="list-style-type: none"> <li>• having quit school to enter the labor force, job conditions, and current economic circumstances are associated with work regret.</li> <li>• Black women and men report a higher level of regret than Whites partly because they tend to have lower levels of education, are more likely to have quit school early to enter the paid labor force, cluster in lower status occupations, and have poorer economic statuses.</li> <li>• Early termination of education is also associated with poorer economic circumstances, which in turn tend to be related positively to work-related regret</li> <li>• In-depth qualitative accounts would help shed further light on the subtle and complex dynamics in the experience of regret and their link to broader life satisfaction issues, aspects of the self-concept (i.e., self-esteem and the sense of personal control), and mental health</li> </ul>
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					outcomes.
Williams and Wilson (2001)	<p>Discusses:</p> <ul style="list-style-type: none"> <li>• How as the elderly population grows, higher percentages of elders from minority groups will be included.</li> <li>• Traditional interests in minority elders have been focused on black-white differences</li> </ul>			Theoretical discussion	<ul style="list-style-type: none"> <li>• Enormous heterogeneity of the minority elderly; Immigrants vary greatly within races (e.g. 261 various Asian-Pacific Islander minorities elderly subgroups in the US (US Census, 1993). There are dramatic variations in poverty and education within minority groups; although women constitute 58% of the elderly, they are 74% of the elderly poor b/c less likely to have pensions and more likely to live alone.</li> <li>• Even though immigrants may have been exposed to more adverse life circumstances and lower SES, they have higher health rates and life expectancies = possible resiliency factors at play.</li> <li>• African Americans have the highest mortality rates in elderly. Access to quality of medical care demonstrates possibility of how racial bias can affect health. Blacks less likely to be referred for medical procedures under medical. Black families more likely to engage in help across generations, thus more kinship in</li> </ul>

					<p>family.</p> <ul style="list-style-type: none"> <li>• Elderly are generally more religious as it is an important source of hope and comfort and provide systems of meaning that can facilitate co with stress, disability, and the loss of loved ones.</li> <li>• Minority elderly are overrepresented among lower income groups, and worsening health statues linked to economic inequalities will disproportionately affect these populations.</li> <li>• Racially targeted policies may still exist because of persistence of racism in our country.</li> <li>• Need research that would identify mechanisms and processes that link location in social structure to health outcomes. Attend to resources and adaptive co strategies within minority populations.</li> <li>• Need more research on attention to resources and cultural strengths and not on pathologies and deficits with minority communities. Research on how broader range of social and psychological support can play at enhancing health.</li> <li>• Race and: Acculturation, SES,</li> </ul>
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					economic and non-economic aspects of discrimination are variables that need to be researched.
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## Older Persons and Homelessness

Author/ Year	Research Questions/ Objectives	Sample	Instruments	Research Approach/ Design	Major Findings
Crane, 1998	Studied the association between homelessness and mental illness among older people and assessed the role of mental illness in contributing to the entry of homelessness	225 subjects over the age of 55 living in four British cities	Flexible semi-structured interview	Qualitative - field study	<ul style="list-style-type: none"> <li>• Mental illness among the elder homeless was prevalent and considered to be a factor for entry into homelessness because their needs had been neglected or undetected.</li> <li>• Some became mentally ill after a major life event such as the breakdown of a marriage, domestic violence, or the loss of a primary caretaker such as the mother, or were severely paranoid and refused supportive care.</li> <li>• The ages when most became homeless spanned across the lifespan, however, the women were more likely to become homeless for the first time in their later years.</li> <li>• Out of 175 participants, 41% reported they had a mental illness prior to homelessness.</li> <li>• Mental illness may have contributed to strained relationships and marital breakdown, or relationship difficulties may have instigated</li> </ul>

					<p>stress and mental health problems. This may have led the person to decompensate or lose all resources and fall into homelessness in later adulthood. Some women withstood domestic violence and depression, and at the death of the spouse or moving out, were unable to support themselves financially.</p> <ul style="list-style-type: none"> <li>• The onset of paranoid thoughts and lack of family and social support exacerbated the flight into homelessness. This study suggests there may be an association between stresses, late-onset paranoid illness, and homelessness.</li> </ul>
Crane, Byrne, Fu, & Lipmann (2005)	Investigated causes of homelessness among recently homeless elders in selected urban areas of the U.S., England, and Australia	<ul style="list-style-type: none"> <li>• 122 or more newly homeless (during the last 2 years) older people in each of the following locations: Boston, MA, four English</li> </ul>	Semi-structured interview with the newly homeless older people and collateral information also collected from the subjects' key workers about the circumstances and problems	Descriptive study	<ul style="list-style-type: none"> <li>• Results suggest that most subjects became homeless through a combination of personal problems and incapacities, welfare policy gaps, and service delivery deficiencies. Whereas there are nation-specific variations, across the three countries, the principal causes and their interactions are similar.</li> <li>• Two-thirds of the subjects had never been previously homeless. Antecedent causes were accommodation was sold or needed repair, rent arrears, death of a close relative, relationship breakdown,</li> </ul>

		<p>cities, and Melbourne, Australia;</p> <ul style="list-style-type: none"> <li>• Inclusion criteria were that the person became homeless during the previous 2 years and was aged 50 years or older at the time</li> <li>• The achieved samples comprise 122 subjects in Boston, 131 in England, and 124 in Melbourne who stayed in hostels, shelters, or had slept on the streets since being</li> </ul>	<p>that contributed to homelessness</p>		<p>and disputes with other tenants and neighbors. Contributory factors were physical and mental health problems, alcohol abuse, and gambling problems.</p> <ul style="list-style-type: none"> <li>• Most subjects became homeless through a combination of personal problems and incapacities, welfare policy gaps, and service delivery deficiencies.</li> <li>• Since the late 1980s, a few studies have focused on older homeless people and have found that many become homeless for the first time in later life, raising questions about why this happens, the unmet support needs of older people, and how their homelessness can be prevented. Recently, a few specialty services have been developed to meet their needs (Warnes &amp; Crane, 2000). Cohen and Sokolovsky (1989) argued that many homeless people aged 50-59 years have chronic health problems and disabilities normally associated with old age and are unlikely to return to work. The age group may be particularly disadvantaged as many welfare services are available to people only when they reach the officially</li> </ul>
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		<p>homeless</p> <ul style="list-style-type: none"> <li>47% in Boston were Black (mainly African American), 45% White, and 8% Latino or Asian; in England, 89% were White British or Irish; and in Melbourne , 62% were White Australian born and most others (37%) born overseas</li> </ul>			<p>recognized thresholds of old age.</p> <ul style="list-style-type: none"> <li>Cohen (1999) proposed that the risk of homelessness accumulates over time and that the event occurs when several risk factors co-present. The most influential risks during middle and later adulthood are imprisonment, substance abuse, mental and physical health problems, victimization, lack of family and social networks, and low income. Among people aged 50-59 years, enforced unemployment, income decline, and the age group's few entitlements to social security benefits and support services were also factors.</li> <li>The transitions that commonly precede homelessness in later life are widowhood, the death of a parent, marital breakdown or household disputes, stopping work, the loss of accommodation tied to a job, evictions for rent arrears, and the onset or increased severity of a mental illness (Cohen &amp; Sokolovsky, 1989; Crane, 1999; Crane &amp; Warnes, 2001b; Keigher, 1992; Wilson, 1995). There has, however, been little rigorous or longitudinal research into the causes</li> </ul>
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					<p>of homelessness among older people.</p> <ul style="list-style-type: none"> <li>• 77% became homeless between the ages of 50 and 64 years, and only 9% were aged 70 years or older.</li> <li>• In Boston, 23% were employed when they became homeless. For the majority, homelessness was a new experience. Across the three countries, 68% had never been homeless before, including 79% in Boston.</li> <li>• The death of a relative or close friend precipitated homelessness for one-tenth of the subjects. Some abandoned the accommodation because they found it too distressing to remain.</li> <li>• 77% reported physical health problems, and 28% believed that these problems were implicated. Sixty-four percent reported depression or other mental health problems, and 23% said that these problems contributed to homelessness. Several stopped work due to ill health, which led to financial problems, whereas nearly one tenth said that health problems contributed to family and marital breakdown or affected their ability</li> </ul>
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					<p>to cope at home.</p> <ul style="list-style-type: none"> <li>• 32% of the subjects described heavy drinking or alcohol problems, with a significant gender differential (men 38%, women 14%).</li> <li>• One in two subjects said that financial problems contributed to them becoming homeless. As described earlier, difficulties with paying rent or mortgage payments precipitated homelessness for 27%. Most others said that financial problems had led to relationship problems and breakdown. Many associated financial difficulties with the end of a job, rent increases, or problems with social security benefit and housing subsidy payments. Twenty-five percent of the subjects (52% in Melbourne) reported poor money management skills and budgeting difficulties, and most of them had mental health or addiction problems.</li> </ul>
Hecht and Coyle, 2001	Compared characteristics of homelessness in older adults (55 and older) with younger homeless and	3,132 clients in a Bakersfield local homeless center	Intake records for people who were homeless and age 55 or older seeking case	Descriptive study	<ul style="list-style-type: none"> <li>• Less reports of substance abuse history in elderly females but higher reports of prior mental illness</li> <li>• Although the older homeless have access to more economic resources, they have less social support</li> <li>• Elder men had a higher Hx of</li> </ul>

	studied gender differences within each age group		management in Bakersfield and Kern Counties between 19 96-98		alcohol abuse but women had a higher rate of mental health problems
National Coalition for the Homeless (2007)	Provided a description of the elderly homeless population (age 50 and older) in the U.S.			Synthesis of literature	<ul style="list-style-type: none"> <li>• Increased homelessness among elderly persons is largely the result of the declining availability of affordable housing and poverty among certain segments of the aging (p.1).</li> <li>• The current maximum monthly SSI benefit (\$850.33 for an individual) is well below the poverty line</li> <li>• With less income for other necessities such as food, medicine, and health care, these populations are particularly vulnerable to homelessness; economic growth will not alleviate the income and housing needs are an issue; continuing or returning to work, or gaining income through marriage, are often unlikely.</li> <li>• Isolation (living alone) also contributes to homelessness among older persons (p. 2).</li> <li>• Once on the streets, elderly have more difficulty getting around</li> </ul>

					<ul style="list-style-type: none"> <li>• They tend to distrust crowds in shelters and clinics, and prefer to stay on streets, which makes them more vulnerable to crime.</li> <li>• Often being homeless for long periods of time = don't tend to live &gt; age 62</li> </ul> <p>In all the case studies, evaluated, life expectancies for people without permanent housing, have an average life expectancy of 50-52 when the average life expectancy in US is 80.</p>
Ji (2006)	Studied risk factors for homelessness in 52 metropolitan U.S. cities		<p>Published data from the following:</p> <ul style="list-style-type: none"> <li>• Census Bureau (1994, 1997, 1998, 2000)</li> <li>• National Low Income Housing Coalition (1999)</li> <li>• Dept. of Housing and Urban Development</li> </ul>	Secondary data analysis	<ul style="list-style-type: none"> <li>• A higher poverty rate = higher homelessness</li> <li>• Minimum wage does not pay for the more costly housing</li> <li>• Need more cash allowances to prevent homelessness</li> </ul>

			<ul style="list-style-type: none"> <li>• the Urban Institute</li> <li>• Interagency Counsel on the Homeless</li> </ul>		
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Personal Growth In Advanced Age: Transcending Life’s Challenges

Author/Year	Research Questions/Objectives	Sample	Instruments	Research Approach/Design	Major Findings
Andrews (2001)	Presents a collection of self-reflections by women from diverse backgrounds (topics include gender relations, birthing stories, illness narratives and eating issues, sexual abuse, migration, women's collectives, lesbian lives and working with older women)	Women from diverse demographics including varying ages, ethnicities, and life experiences	Motivational interviewing was used to elicit the self-reflections	Collection of oral life histories	<ul style="list-style-type: none"> <li>• By engaging with elders in their oral life histories, they have an audience for their stories – a witness to their lives.</li> <li>• To validate the importance of their experience, ask “tell me more about it, what happened next, what did that mean at the time.”</li> <li>• Witnessing lives involves reclamation of dignity as well as authenticates the reality, meaning, and importance of the stories of elders’ lives.</li> <li>• Reminiscence work implies inviting elder residents to speak about their histories and re-engage in their</li> </ul>

					<p>experiences. It invites links to the past, present, and future as well as the effects of these experiences.</p> <ul style="list-style-type: none"> <li>• Residents in retirement hotels have demonstrated that they are often searching for meaningful conversation and connection with others; although they live alongside many others, they often feel like strangers.</li> <li>• By inviting people to collectively re-engage with their histories, it creates the possibility for people’s lives to be linked together.</li> <li>• Caretakers in the residential facilities who share in this process become in touch with the other significant people in the person’s life and connect with these other people in regards to their shared responsibility to care for the person.</li> <li>• One intern of the Elder project created a newsletter documenting elders’ stories in a local church, which increased visibility of the elders in the community.</li> </ul>
Borglin, Edenberg, and Rahm Hallberg	Investigated how the old and the oldest old experience their quality of life or	<ul style="list-style-type: none"> <li>• 11 informants</li> <li>• 6 women aged 81-84 years and 5</li> </ul>	Semi-structured narrative interviews focused on	Qualitative	<ul style="list-style-type: none"> <li>• The meaning of home, how life was viewed, thoughts about death and dying, and telling one’s story proved to be areas of importance for their</li> </ul>

(2005)	what quality of life actually means for them	<p>men aged 80-85</p> <ul style="list-style-type: none"> <li>• Living in different neighborhoods of a large city in Sweden</li> </ul>	quality of life and the participants' evaluative experience of quality of life		<p>perception of quality of life.</p> <ul style="list-style-type: none"> <li>• This cohort was born after WWI and often came from large families whose financial situations were often unstable until they became adults in their 40s.</li> <li>• Maintaining a sense of continuity over time, or “anchorage,” allowed for a positive outlook on life-personal values held across the lifespan as well as adjusting and accepting changes in advanced age and maintaining a sense of self throughout the lifespan.</li> <li>• A positive outlook was achieved most often when the participants did not plan for their future but focused on “living in the present” and appreciated each day in its own right.</li> <li>• Insight about approaching ill health and death helped these elders focus on the ever presence of time; death was viewed as a natural part of life and their openness about death was spontaneous and seemingly contributed to anchorage.</li> </ul>
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					<ul style="list-style-type: none"><li>• By acceptance and adjustment to the physical limitations brought on by ageing, the impact of the losses was reduced and the feelings of dependency were diminished.</li><li>• Statements like, “I feel young inside, but the body refuses to do the things I want to do” or “Being old does not change the mind” were interpreted as reflections of acceptance and adjustment. Whereas statements like “I am too old for that,” indicated that the person had not yet accepted the turn life had taken, negatively affecting anchorage in life.</li><li>• Reminiscing about life helped them maintain a perceived sense of self into later adulthood.</li><li>• Close bonds with others resulted in a feeling of a maintained self. Those who lost a spouse due to illness or death had a sense of loss that could never be replaced; sharing their past and stories gave them a sense of purpose.</li><li>• “Staying together as opposed to</li></ul>
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					<p>losing a part of oneself’ demonstrated that staying together meant love and solidarity, and that sharing a common past during good and bad times and in everyday life gave them strength to carry on.</p> <ul style="list-style-type: none"> <li>• The areas contributing to the experience of quality of life were: life values, recollection of previous life, activities, health, significant others, material wealth, and home. These areas, in turn, had specific meaning for the older person, either positively or negatively, and were interrelated. When the positive meaning was achieved, the experience of a preserved self and meaningful existence prevailed.</li> <li>• The results of this study imply that older people's ability to revalue what renders meaning also seems to be of importance for their experience of a good life. This further supports the idea that theories about successful ageing and quality of life are related, as some models of successful ageing (Baltes</li> </ul>
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					<p>&amp; Baltes, 1993) emphasize the importance of adapting to change as a source of self-esteem.</p> <ul style="list-style-type: none"> <li>• The ability to view and sum up one's life history facilitates the validation of a coherent existence, helping older people to maintain their self-image and experience meaning in life, thereby enhancing a good life. This underscores the importance of telling stories as a way to facilitate the quality of one's life. The use of life review in nursing care may be a profitable way to support older people's adaptation to the changing and challenging circumstances of growing older.</li> <li>• The significance of good versus bad became especially discernible in some of the sub-themes: being independent as opposed to being dependent, keeping in control as opposed to losing control over body and/or mind, staying together as opposed to losing a part of oneself, being involved as opposed to being left out, having freedoms as opposed</li> </ul>
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					to limitations.
Bowling (2007)	What is successful aging?	<ul style="list-style-type: none"> <li>• 170 published papers on concept of positive aging</li> <li>• Consisting of: 75 empirically based articles, 20 large and small cross-sectional surveys, 18 longitudinal surveys, 12 qualitative or exploratory studies, and remainder were reviews.</li> </ul>		Literature review	<ul style="list-style-type: none"> <li>• There is little consensus between and among disciplines on what successful aging in the 21<sup>st</sup> century is</li> <li>• Themes of successful aging that were tested or investigated included theories on social functioning, life satisfaction, psychological resources, biomedical approaches, and lay views on successful aging</li> <li>• Themes found across empirical studies on successful aging include social functioning ( social engagement, social contacts and exchanges, and or positive relationships with others); life satisfaction (zest, resolution, fortitude, relationships between desired and achieved goals, self-concept and mood); physiological resources (adaptation, autonomy, adjustment, personal growth, sense of purpose, self-acceptance, and self-worth); biomedical theories (longevity, physical, mental and cognitive health and functioning)</li> <li>• Psychological approaches have emphasized the importance of motivation and control theory: a</li> </ul>

					<p>high sense of control or mastery over life (self-efficacy) promotes capability, and increases resistance to the adverse effects of challenges in life, while low perceived control increases feelings of powerlessness (Pearlin, 1999)</p> <ul style="list-style-type: none"> <li>• Baltes and colleagues’ studies found a strong theoretical model based on the need to employ compensatory strategies to deal with activities they can no longer perform in order to adapt successfully to aging</li> <li>• Qualitative investigations illustrated lay people’s values on aging, which consisted of happiness, social relationships, support, productivity, sense of purpose, spirituality, humor, personal growth etc.</li> <li>• Anthropological studies found how people’s definitions of successful aging varied with their cultures.</li> </ul>
Cohen (2005)	Discusses the positive aspects of aging	People of advance age in general.		Theoretical discussion	<ul style="list-style-type: none"> <li>• Positive aging holds potential for growth, love, and happiness despite the hard realities of growing old and the losses associated with it.</li> <li>• Denying the positive potential of aging prevents people from realizing the full spectrum of their talents, intelligence, and emotions.</li> </ul>

					<ul style="list-style-type: none"> <li>• Midlife evaluation (ages 40-65) does not necessarily lead to “midlife crisis,” but rather can serve to explore and transition to advanced age, as well as satisfy the desire to answer deep questions and search for meaning.</li> <li>• Developmental intelligence refers to the deepening of wisdom, judgment, perspective, and vision.</li> <li>• A negative stereotype about aging is that older people are depressed because of physical limitations or illnesses; however research shows that the incidence of depression in later life is no higher than in early adulthood.</li> <li>• Other advantages to aging are greater acceptance of life’s realities, a greater sense of self, a long-term perspective that makes it easier to accept the inevitable, and relativistic/dualistic/systematic thinking.</li> <li>• A later life review/life review process for elders can lead elders to confront unfulfilled dreams and to bring closure to unresolved conflicts.</li> </ul>
Isaacowitz,	Studied:	• 89 men from	• 16-Strength	Descriptive	<ul style="list-style-type: none"> <li>• Hope, citizenship, and capacity for</li> </ul>

<p>Vaillant, and Seligman (2003)</p>	<ul style="list-style-type: none"> <li>• levels of different human strengths (from positive psychology)</li> <li>• relationship between the strengths and life satisfaction across four adult samples</li> </ul>	<p>the Grant Study of Harvard graduates, w/average age of 78.</p> <ul style="list-style-type: none"> <li>• 100 young adults (age 18-25), 86 middle-aged adults (age 36-59) and 94 older adults (age 60 and above) in the Philadelphia community</li> </ul>	<p>Questionnaire</p> <ul style="list-style-type: none"> <li>• Satisfactions with Life Scale</li> </ul>	<p>study</p>	<p>loving relationships all emerged as unique predictors of life satisfaction among the community sample of older adults.</p> <ul style="list-style-type: none"> <li>• All the significant predictive relationships were positive; higher levels of strengths uniquely predicted more life satisfaction.</li> <li>• Older adults scored higher on self-control, spirituality (except for the Harvard graduates).</li> <li>• Younger adults focus more on exploring the world (e.g., originality), whereas older individuals possess more self-regulatory strengths.</li> <li>• Older adults have to invest less energy in family and collecting resources for the future, so they have more energy to select and utilize whatever strengths give them the most effective reward in the present.</li> <li>• Differences in socioeconomic status and education led to life trajectories in which aesthetics were valued more and spirituality was valued less in the adult lives of the majority of</li> </ul>
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					individuals
Kahng, Dunkle, and Jeon (2005)	Studied how chronic health conditions and functional health may impact self-esteem in advance age over time	<ul style="list-style-type: none"> <li>Initial sample included 1,179 Black and White Americans age 65 and over who agreed to participate in the Americans' Changing Lives (ACL) survey between 1986-1994</li> <li>By the end of the study, only 683 participants remained due to mortality</li> </ul>	Rosenberg Self-esteem Scale	Longitudinal study; multilevel modeling analysis	<ul style="list-style-type: none"> <li>Self-esteem is important for older adults as it is closely related to mastery and as an effective defense against stress (Lazarus, 1984).</li> <li>Flaw of the study – only focuses on Blacks and Whites and not other races</li> <li>Self-esteem in the old-old (75+) decreased faster than the young-old (65+), implying an increased vulnerability to losing self-worth with increasing age</li> <li>African Americans presented a faster decrease in SE than whites as they age</li> <li>Although men had higher self-esteem than women in the first part of the longitudinal study, that didn't change over time, indicating that age and gender does not impact directly on SE</li> <li>This study also found that older adults with more education had higher SE than those with less education. Further, those with higher education presented a slower decrease in self-esteem than those with less education. Gaps in SE</li> </ul>

					<p>between those with high and low education become wider with age.</p> <ul style="list-style-type: none"> <li>• Older adults who experienced faster increasing numbers of chronic health conditions presented steeper decreases in self-esteem across the study</li> <li>• Elders with fewer chronic health conditions present better functional health, which further benefited their self-esteem</li> <li>• Interventions or prevention strategies focused on health outcomes should help older adults protect their individual self-esteem. Cognitive change interventions would provide effective alternatives, such as normalizing stressful experiences</li> <li>• Being older, black, and having lower levels of education are risk factors that increase the rate of decline in individual self-esteem.</li> </ul>
Kropf and Tandy (1998)	Studied re-constructive narrative therapy with an older woman who is experiencing	80-year-old woman	Interview	Single case clinical study	<ul style="list-style-type: none"> <li>• Reconstruction of narrative of physically declining older woman helped her re-construct her life narrative in terms of “survivorship” so less fear and depression</li> <li>• The therapy helps regain sense of worth and regain lost power</li> </ul>

	depression and health declines.				(because of old age) in life
Kwan, Love, Ryff, and Essex (2003)	<p>Studied:</p> <ul style="list-style-type: none"> <li>• If increased levels of social-comparison would impact self-appraisal as well as mental health and well-being</li> <li>• The connection between self-enhancing evaluations and psychological health during a later life transition and community relocation</li> </ul>	<ul style="list-style-type: none"> <li>• 301 women with an average age of 69 years, 14 years of education</li> <li>• 27% were married</li> <li>• 98% White, and living in Wisconsin</li> <li>• 66% lived alone and 56% owned their own home</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Self-enhancing evaluation (based on Rosenberg’s self concept theory)</li> <li>• Ryff’s six scales of psychological well-being</li> <li>• Center for Epidemiological Studies-Depression scale</li> </ul>	Correlational	<ul style="list-style-type: none"> <li>• Older women who showed increased levels of social comparisons and reflected appraisals evidenced gains in psychological well-being and reductions in depression symptoms over the course of relocation</li> <li>• The reflected appraisals (from others) influenced elevated gains in mental health more after relocation than earlier in relocation.</li> <li>• Social comparisons reciprocally influenced a sense of environmental mastery and self-acceptance: self-acceptance helped mastery and vice versa.</li> <li>• Social comparison influences one’s ability to master their environment and acceptance of the situation.</li> <li>• How well one masters the environment and how one accepts oneself changes how one relates to others.</li> <li>• Either social comparisons or positive self-appraisals have positive impacts in one’s self-efficacy in managing ones’ new</li> </ul>



					<p>environment.</p> <ul style="list-style-type: none"> <li>• Not until later in the relocation process does one's own comparisons or the comparisons of others influence one's self-image. Environmental factors are key to mental health outcomes, and if the senior has a positive self-reflection based on interpersonal comparisons, he or she will have a more positive sense of mastery as well.</li> <li>• Limitations of the study: This study depends on respondents' self-reports, which may reflect respondents' biases towards presenting themselves more favorably than their actual personal experience.</li> </ul>
<p>Martin, Grunendahl, and Martin (2001)</p>	<ul style="list-style-type: none"> <li>• Examined if the constructs of social resources, stress, and well-being in middle-aged and older adults are interrelated</li> <li>• Examined the age differences between 40 and 60-year-old adults on their</li> </ul>	<ul style="list-style-type: none"> <li>• Data from the Interdisciplinary Longitudinal Study of Adult Development</li> <li>• 1,001 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-structured interview of social resources (social contact and social support) and stress</li> <li>• Philadelphia Geriatric Center</li> </ul>	<p>Structural equation modeling</p>	<ul style="list-style-type: none"> <li>• Stress has a strong negative direct relationship to well-being, and stress and social resources have a strong negative relationship.</li> <li>• Stress mediates the relationship of social resources to well-being. In other words, stress explains why social resources have a relationship to well-being.</li> <li>• This finding seems to be true for middle and older adults.</li> <li>• The population studied was predominantly German and the</li> </ul>

	adaptation to available social resources	with 500 born between 1930 and 1932, and 501 were born between 1950 and 1952; half of the data from each cohort were collected in the former East Germany, and half in West Germany <ul style="list-style-type: none"> <li>In both cohorts, 52% of the participants were men and 48% were women</li> </ul>	Morale Scale		authors indicated that there was very little ethnic diversity among this population.
Pinquart and Sorenesen	Studied influences of SES and social	286 empirical studies on the		Meta-analysis	<ul style="list-style-type: none"> <li>This study neglects to account for people from various cultures and minority people of advance age.</li> </ul>

(2001)	network and competence on subjective well-being in later life	association of socioeconomic status (SES), social network, and competence with subjective well-being (SWB) in the elderly			<ul style="list-style-type: none"> <li>• Relationships with adult children appear to play a larger role in well-being than relationships with friends.</li> <li>• The quality of kinship is considered to be more important than quality . [Something is missing here.]</li> <li>• Income was clearly more strongly associated with SWB in males than females.</li> <li>• Social integration was more closely related to life satisfaction and happiness for women than for men.</li> <li>• The relationship between income and SWB in old age still appears relatively small.</li> <li>• Middle-class respondents were overrepresented in the data, thus, the meta-analysis may underestimate the effect of poverty on older women. More studies are necessary in this area.</li> <li>• The authors cite Baltes and Baltes (1986) in defining the “competence” variable, (i.e., in Western societies, individuals are seen as in control of choosing how their lives unfold, and there is an expectation that being in control and living autonomous optimize human</li> </ul>
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					potential or make one more competent). This is a potentially ethno-centric worldview as it may not apply to men and women of color and diverse cultures.
Ranzijn (2002)	Describes how recent trends in the emerging science of positive psychology can be applied to the development of a positive psychology of aging.			Literature review	<ul style="list-style-type: none"> <li>• Older age is stereotypically associated with losses and declines and work needs to be done to identify gains and areas of growth.</li> <li>• There is much unrealized potential among older people in the domains of physical health and cognition functioning. For example, according to Overton (1999), older people have an increased ability to moderate their emotions, leading to contentment and acceptance of life.</li> <li>• Other benefits of aging include increasing freedom from financial, professional, and family responsibilities as well as an expanding store of memories, experiences, and appreciation of the complexity and beauty of human existence.</li> <li>• Having lived a long life and observed events and changes in the world are strengths in the elder community in terms of the wisdom one might acquire through these</li> </ul>

					<p>experiences. Because elders have a higher awareness of the fragility of life and the beauty it contains, they can be better citizens and conservationist in the community.</p> <ul style="list-style-type: none"> <li>Elders have had to adapt to significantly changing circumstances, overcome tremendous obstacles, and can be considered “experts on living.” However, their contributions are undervalued by our culture with its current emphasis on the virtues of youth.</li> </ul>
Seligman and Csikszent-mihalyi (2000)	<p>Introduces positive psychology as follows:  “psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best” (p.7)</p>			Theoretical discussion	<p>Prevention researchers have discovered that there are human strengths that act as buffers against mental illness: “courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, and perseverance, the capacity for flow and insight.” (p. 7)– create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people.</p>

Turner and Helms (1995)	<p>Discusses:</p> <ul style="list-style-type: none"> <li>• Erikson's theory of development and defines middle adulthood as the resolution of the psychosocial crisis known as generativity versus self-absorption (p. 526).</li> <li>• Also considers Robert Peck's (1968) theory, Daniel Levinson's Theory (p. 528) and Roger Gould's theory (p. 530)</li> </ul>			Theoretical discussion	<ul style="list-style-type: none"> <li>• This is a developmental time period of productivity and attaining a desire to share and give to others. These desires may be directed towards children. Life satisfaction is measured by knowing if one has made a contribution to the growth and betterment of others through personal, social, and vocational commitments.</li> </ul>
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## APPENDIX B:

### Interview

#### I. Introduction to Interview and Setting the Stage

IA. If interview begins immediately after reviewing the consent form with the participant, go to IB below.

If interview commences on another day from obtaining consent or requires more than one session to complete, say

How are you today Ms. \_\_\_\_? Please help yourself to the refreshments that I brought along. [*Briefly engage in small talk then go to IB*]

#### IB. Remind the participant:

As you know by now, I am here to listen to and learn from the things that you share with me about your life. As you share things about your life with me, I also hope that you gain a new perspective on what you have achieved during your lifetime.

We can talk for as long as you feel comfortable or desire to talk with me today. If you have a question that you wish to ask me along the way, don't hesitate to ask it. If you would like to take a break, just let me know, and we can take one.

If at any time you don't want to talk about something or answer a question that I may ask, just let me know and we will move on to something else.

As you know, I am going to tape the interview. I also want to remind you if at any time you would like to delete something on the tape, we can do so at any time.

Do you have any questions for me before we begin? [*Answer any questions then go to Section II*]

## II. Interview

IIA. Grand tour questions [Ask all 9 questions for the 2 participants who complete the full interview protocol and only questions 1, 2, 3, and 9 for additional volunteers]

1. As you know, I'm interested in learning how you manage or have managed the challenging experiences of your life. As a woman, I believe there is much I can learn from you. And I also feel other women can benefit from what you share during our talks. I am most grateful that you decided to help me with this project. And I am really looking forward to hearing about your life. But if it's okay with you, can you share why you decided to speak with me?
2. Something that I've read in the psychology textbooks and journals is that being a woman and perhaps one's ethnicity or race may contribute to experiencing more difficulties during one's lifetime. How, if at all, do you believe being a woman or your ethnicity or race has influenced your life?
3. What are the most important things you remember, both good and bad, when you look back on your life? And what made these things so important to you?
4. Who are the people who have had the most impact on your life, both good and bad? And why was this person (*go through each person mentioned*) so important?
5. If I were to ask \_\_\_ (*pick first 5 from list generated in Item 4*) to tell me about you, what do you think she/he might say?
6. Who are the people on whom you've had the most impact?
7. If I were to ask \_\_\_\_\_ (*pick first 5 from list generated in Item 6*) to tell me about you, what do you think she/he might say?
8. How does the story of your life that you tell now compare to the story you might have told me when you were younger?
9. What advice would you have for other women who are going through some of the same things you have experienced?

**IIB. Structural/contrast/probing questions [Ask as needed]**

1. What was that experience like for you?
2. Tell me more about that?
3. Where do you think you learned about that?
4. Can you describe more about what that was like?
5. How did it make you feel at the time?
6. How does that make you feel now?
7. What comes to mind when you think about that situation?
8. What mattered most to you at that time?
9. What matters most to you now?
10. You seem to be saying \_\_\_\_\_, is that what you mean?
11. How did this period in your life compare to when \_\_\_\_\_?
12. What informed your decision at the time? Would you do anything different now?
13. That must have been a difficult time for you. How did you get through it?
14. How would you explain what was happening?
15. What were some of the things you did that impacted that person?

**III. Ending Interview**

**IIIA. Closure questions if **multiple** interview sessions are required**

1. We discussed quite a bit about some significant life experiences and people in your life. How has this experience been for you?

2. Is there anything else you feel it is important for me to know about what we discussed today?

**OR**

IIIB. Closure questions if only a **single or abbreviated** interview session is required or for the **final** interview session if multiple interview sessions are required

1. If you were to imagine someone writing about you and your life, what might they say? (*ask only of full interview participants*)
2. What would you want to make certain that the person writing about you says about your life?
3. If it is okay with you, may I ask a few questions about your background? If you prefer not to answer a question, just let me know and I will skip it and move on to the next question.

***(Note: Only ask the demographic questions that have not already been discussed during the interview.)***

- (a) What is your marital or relational status?
- (b) Do you have any children? How many?
- (c) What is your current age?
- (d) What is your religious affiliation?
- (e) What is your ethnicity?
- (f) What is the highest level of education that you completed?
- (g) What was your most recent occupation? What other jobs did you have during your lifetime?
4. Is there anything else you feel it is important for me to know about your life that you didn't have a chance to share with me?
5. What impact, if any, has this experience had on you?

**IIIC.** Concluding the interview

If you think of any questions after I leave, don't hesitate to contact me. My contact information is on the consent form.

Just as a reminder, I will be back after I have had a chance to transcribe the interview so we can review it together. I want to make sure that I have correctly understood what you have told me. I may also call or come by to see you before I complete the transcription if I have further questions about what you shared with me.

Again, thank you very much for your time and support of my research project. As a small token of my appreciation for helping me with my project, I want to give you this gift bag of things that I hope you will enjoy. I look forward to seeing you, again, soon.

**APPENDIX C:**  
**Recruitment Script**

Thank you so much for your time. As you know, my name is Mona Mikael, and I am a doctoral student at Pepperdine University, Graduate School of Education and Psychology. I'm here because I want to invite you to take part in my research project (*hand out the recruitment brochure*). The title of my project is "Accessing Women's Wisdom Project."

I believe that seniors have a breadth of experiences from which those of us in the field of psychology can learn a great deal. But most of what we hear about in our studies and the things we read focuses on how seniors experience illness and other losses. I know that aging has its challenges, but I am particularly interested in hearing about how senior women of different ethnicities/races overcame these challenges, as well as how one's ethnicity/race may influence a person's life, particularly when faced with challenging life experiences, such as the risk of being without shelter. I know that many of you found your way to Hope Gardens because you were at risk of being without shelter.

Not only do I feel the field of psychology can learn a lot from hearing more about your lives, but I believe hearing about the way you managed challenging life experiences can benefit other women who may be going through some of the same challenges that you experienced.

To be interviewed, you must be 65 years of age or older, someone who was once at risk of being without shelter, and comfortable speaking in the English language. The interview will be audiotaped to help me remember the details of our conversation. The interview may take anywhere from 3-5 hours to complete, and we will complete it over two or more visits. I am interested in exploring your inner strength's in facing the risk of being without shelter, what you have learned from this experience and other life experiences, and what sorts of advice you have for other women who may face similar challenges.



If you decide that you are interested in learning more about this research project or are interested in participating in the project, we can meet individually to further discuss what would be involved. The brochure that I am leaving with you also has more details.

While I thought you might be interested in this project, I do want you to know that the decision to take part in this project is entirely up to you. Your guest status at Hope Gardens or any services you may obtain through Hope Gardens is in no way affected by your decision to participate in the interview project or not. It is important that you understand this point.

If you would like to find out more about the project, you can [*Point to section of brochure where this information is located*]:

1. Complete and drop the form included with the brochure in a collection box located (*insert location at Hope Gardens*).
2. Call me using the toll free number that I have provided.
3. Email me at [mona.mikael@pepperdine.edu](mailto:mona.mikael@pepperdine.edu).
4. Speak with me in person next week when I return to Hope Gardens. I will be here on this same day, 2 hours before the group begins next week.

Just to let you know, I am only able to interview up to 7 women for the project. But if you contact me after I already have 7 women to interview, I will let you know that I will not be interviewing you rather than leave you wondering.

Do you have any questions? I will be staying around for a while, so if you do have questions or think of something you wish to ask me, don't hesitate to see me.

I look forward to the opportunity to work with you.

**APPENDIX D:**  
**Recruitment Brochure**

## WHAT IF I HAVE QUESTIONS?

If you are interested in finding out more about the project or have questions, please do not hesitate to contact me. The following is my contact information:

Mona Mikael, M.A.  
Pepperdine University  
Graduate School of Education and  
Psychology  
6100 Center Drive  
Los Angeles, CA 90045  
(xxx) xxx-xxxx  
mona.mikael@xxx.edu

You may also contact Dr. Asamen who supervises my research project. Below is her contact information.

Joy Asamen, Ph.D.  
Pepperdine University  
Graduate School of Education and  
Psychology  
6100 Center Drive  
Los Angeles, CA 90045  
(xxx) xxx-xxx  
joy.asamen@xxx.edu

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## HOW DO I LET YOU KNOW IF I WANT TO PARTICIPATE?

If you are interested in participating in this research project, you may contact me in one of the following four ways:

1. You can complete and drop the form in a collection box located at (add location here).
2. You can call me using the following toll free number, (xxx) xxx-xxxx.
3. You can email me at mona.mikael@xxx.edu.
4. You can talk with me on my next visit to Hope Gardens.

**PARTICIPATION IN THIS RESEARCH PROJECT IS STRICTLY VOLUNTARY.**

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## Accessing

## Women's Wisdom

## Project



**VOLUNTEERS ARE NEEDED FOR A RESEARCH PROJECT ON THE LIVES OF SENIOR WOMEN**

### **WHO IS CONDUCTING THE RESEARCH PROJECT?**

My name is Mona Mikael, and I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology.

I am working on my dissertation, which is supervised by Joy Asamen, Ph.D., Professor of Psychology.

### **WHAT IS THE PROJECT?**

So much of the research with the senior population focuses heavily on physical decline, losses, and other life challenges that are often faced by individuals 65 years of age and older. Although it is important to understand the challenges and find ways to support seniors during these difficult times, it is equally valuable to gain insight into the strengths of the group and to learn from the wisdom they have acquired from their life experiences.

In my own interactions with seniors, I have found my own life enriched through the stories they have shared with me.

Women, like you, have valuable life stories to share with others and from which we can learn. The intent of this research project is to hear the stories of senior women of different races/ethnicities so those of us in the psychology field can better understand the strengths from which you drew to cope with the risk of being without shelter, and how this experience may be influenced by one's ethnicity or race. It is also hoped that by sharing these stories with younger women who may face or have faced similar challenges, they may learn from your experiences and gain new insights into their own lives.



### **WHO CAN PARTICIPATE?**

To participate in the study, you must be:

- Female
- 65 years of age or older
- Someone who was once at risk of being without shelter
- Comfortable speaking in the English language

Only the first 7 women who volunteer for the study and meet the above characteristics will be entered into the study.

### **WHAT IS INVOLVED?**

If you decide to participate in this research project, it will involve completing an audiotaped interview.

The interview will ask about your experience with having your housing situation threatened, what the experience was like, how you coped with the situation, and what you learned from this challenging time in your life.

The interview may take as long as 3-5 hours to complete and can be completed over two or more visits.

**APPENDIX E:****Form Indicating Interest in Participating****Accessing Women's Wisdom Project**

Mona Mikael

Pepperdine University, Graduate School of Education and Psychology

Thank you for your interest in my study.

Please complete the following information so that I can schedule a visit with you.

Just drop this form in the collection box located at (add location here).

1. What dates and times in the next 4 weeks would you be available to meet? Please provide five possible dates.

<u>Date</u>	<u>Preferred Time (please allow for at least 2 hours)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. May I meet with you at your residence?     Yes     No

If you prefer that we not meet at your residence, I will arrange for us to meet in another location at the Center.

## APPENDIX F:

### Informed Consent Form

I give permission to Mona Mikael, a student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, to include me in the research project entitled "Accessing Women's Wisdom." The project is under the supervision of Joy Asamen, Ph.D., Professor of Psychology.

I understand my participation in this study is completely voluntary. I have the right to refuse to participate in the study or stop participating in the study at any time. **My decision to participate in the study or not will not affect my guest status at Hope Gardens or the services that I obtain from Hope Gardens.** I also have the right to refuse to answer any questions that I choose not to answer.

I have been invited to participate in this study because I am a woman who is a guest at Hope Gardens, I am over age 65, and I was once at risk of being without shelter. The research project in which I have been invited to participate is interested in exploring and learning more about the inner strengths of senior women of different ethnicities/races, as well as how one's ethnicity/race may influence a person's life, particularly when faced with challenging life experiences, such as the risk of being without shelter. I will also be asked about what I have learned from my life experiences and what sorts of advice I have for other women who may face similar challenges.

For my convenience and with my permission, the interview will be conducted in my apartment at Hope Gardens. If I prefer, I can request that the interview be conducted elsewhere on the Hope Gardens campus.

I understand that the interview will be audiotaped, will take about 3-5 hours to complete, and will be completed over two or more visits. The conversations that are taped will be written out word for word after the interview is over and Mona will write the story of my life based on the interview. I also understand that I will meet with Mona to review the written version of the conversation as well as the story that is based on the conversation to make sure the content is accurate and that the story correctly says what I intended to say. **I understand that I may require Mona to delete any information from the story that I wish to keep private.** These additional meetings along with the interview sessions may require us to meet a total of 2-5 times.

I understand that talking about my life and the challenges that I have faced may make me feel uncomfortable. For example, I may feel embarrassed, remorseful, or disappointed as I think back on my life. If I do begin to feel uncomfortable, I should not hesitate to stop and discuss my discomfort with Mona. The choice of how much I wish to reveal about myself is strictly up to me, so I can always ask to not talk about something that I prefer not to discuss. I can even ask to stop the interview. Sitting and talking for a long period of time may be tiring.

If I feel a need to get up and stretch my legs or take a break, I should not hesitate to let Mona know about my need. Mona will also provide light refreshments to make the interview experience more comfortable. We will generally not meet for more than about 2 hours at a time, unless I prefer to continue the interview for a longer period of time. There may be situations that arise with which Mona decides it is not in my best interest to continue so she may decide to end the interview early. If during the interview, Mona finds there are things about my well-being that concern her, she has the right to inform Ms. Johnnie Davis so that I can get the professional attention that I may require.

In the event I desire to further process my feelings, thoughts, and insights from participating in the interview, such as any feelings of embarrassment, remorse, and disappointment, Hope Gardens provides resources to address the needs of their guests. I should not hesitate to contact Dr. Paulette Melina, Hope Gardens Mental Health Director, at (213) 347-6300 x 7161 or pmolina@urm.org.

Although I may not directly benefit from participating in this study, it is hoped that the field of psychology will benefit from learning more about the inner strengths seniors pull from in coping with life's challenges at this point in their lives. Furthermore, other women who are facing or have faced similar circumstances may also profit from hearing about my experiences and how I coped with these challenges. Finally, it is hoped that I will gain new insight into my own life and develop an appreciation for how I have carried on, despite life's challenges.

In order for others to learn from the story of my life, I understand that my story will be made available for others to read. Individuals who may read or want to hear my story include the women and their families at Hope Gardens and the Union Rescue Mission, the staff of Hope Gardens and the Union Rescue Mission, and professional audiences that want to learn more about seniors. Although my name and other personally identifying information will not be included in the story, it is possible that others who know me will know whose story they are reading.

Although the story of my life may be read by or told to others, I understand that the audiotaped interviews and the written version of the interview that provided the information for the story will not be released to others without my permission, unless such a disclosure is required by law. Under California law, confidentiality does not apply if there is suspected or probable abuse of a child, abuse of an elder or dependent adult, or if I communicate a desire to inflict serious harm to



myself, to someone else, or to someone's property. In these cases, Mona will be required to make a report to the proper authority.

The audiotapes of our conversation and the written version of the conversation will be kept in a locked file cabinet to which only Mona will have access. At the end of the study, the audiotapes will be destroyed. If I prefer, the audiotapes can be destroyed in my presence. The written version of the conversation will be kept for at least 5 years in a locked file cabinet. When this material is no longer required for research purposes, it will also be destroyed.

As a token of Mona's gratitude for participating in this interview project, I understand that I will receive a small gift and a copy of my story.

I understand that if I have any questions regarding the study procedures, I can contact Mona Mikael at (xxx) xxx-xxxx or [mona.mikael@pepperdine.edu](mailto:mona.mikael@pepperdine.edu) to get answers to my questions. If I have further questions, I may contact Joy Asamen, Ph.D., at Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, (310) 568-5654, [joy.asamen@pepperdine.edu](mailto:joy.asamen@pepperdine.edu). If I have further questions about my rights as a research participant, I may contact Doug Leigh, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology; 6100 Center Drive, Los Angeles, CA 90045, (310) 568-2389, [doug.leigh@pepperdine.edu](mailto:doug.leigh@pepperdine.edu).

I understand to my satisfaction, the information in the consent form regarding my participation in the research project. All of my questions have been answered to my satisfaction. I have received a copy of this informed consent form, which I have read and understand. I hereby consent to participate in the research described.

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Name of Participant (please print)

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Participant's Signature

---

Date

I have explained and defined in detail the research procedures in which the participant has consented to participate. Having explained this and answered questions, I am co-signing this form and accepting this person's consent.

---

Investigator's Signature

---

Date

## APPENDIX G:

### Script for Reviewing Informed Consent Form

Thank you for being interested in participating in my project [*Engage in small talk as necessary*].

Before we can get started, I am required to review this form with you [*Hand copy of ICF to Hope Gardens guest*]. If at any time while reviewing the form, you have questions, don't hesitate to ask your questions.

I will read through the form paragraph by paragraph, and you can follow along as I read. After I finish reading each paragraph, I will either highlight things that are important for you to remember or ask you questions about what we just read. I will also give you an opportunity to ask me any questions that you might have.

After we review the entire form, I will ask you if this is something you are still interested in doing. Just because we are meeting does not mean that you have to participate after hearing more about the project. Do you have any questions? Are you ready to begin?

1. Read Paragraph 1

2. Read paragraph 2

- ✓ It's important that you know the decision to participate in this project is completely under your control and no one can insist that you participate. And most important, your decision in no way affects the resources to which you have access at Hope Gardens.
- ✓ You don't have to even answer any questions that you prefer not to answer.
- ✓ Do you have any questions so far?

3. Read Paragraphs 3 and 4

- ✓ Do you have any questions or concerns about why I am inviting you to participate in this project or where we will conduct the interview?

4. Read Paragraph 5

- ✓ Are you okay with the need to audiotape the interview?
- ✓ It's important that you know the interview may take some time to complete, and participating in the study may require several meetings.
- ✓ **It's also important you know that you can ask me to delete information from the story you wish to keep private.**

## 5. Read Paragraphs 6 and 7

- ✓ Do you have any questions about what you can do if you feel uncomfortable about what we are talking about or start feeling tired?

## 6. Read Paragraph 8

- ✓ Remember, Dr. Melina is available to speak with you if you want to talk more about your feelings and thoughts **such as feeling embarrassed, remorseful, and disappointed.**

## 7. Read Paragraph 9

- ✓ Do you have any questions about the benefits of the study?

## 8. Read Paragraph 10

- ✓ It's important for you to know that I **cannot** ensure your anonymity if you allow me share your story with others, even if I don't use your name in the story.

## 9. Read Paragraph 11

- ✓ Do you have any questions about when I may have to disclose information that you tell me?

## 10. Read Paragraph 12

- ✓ As you can see, I will be doing everything that I can to keep the information you provide me in a secure place.
- ✓ Do you have any questions about the security of your interview?

## 11. Read Paragraphs 13-15

- ✓ Do you have any questions about what I just read?
- ✓ Now that you know more about the project, are you still interested in participating?

[If **yes**, do the following with **2 copies** of the consent form: (a) ask participant to initial whether or not she is willing to share her story with others and (b) sign/date the consent forms. Investigator should also sign/date the consent forms. Finally, give the participant one copy of the executed consent form for her personal files.]

[If **no**, say: Thank you for taking the time to meet with me and finding out more about my project. If you change your mind, please contact me. Do you have any

further questions or concerns? Again, thank you very much for your interest.  
Good-bye.]

**APPENDIX H:****Self-Introduction Script**

Thank you for allowing me to join you today.

As Ms. Davis mentioned, I'm a doctoral student at Pepperdine University in clinical psychology. I am very interested in working with senior citizens. And to learn more about seniors, I have decided to do my research project on the inner strengths that help senior women of different ethnicities/races get through the challenge of finding oneself at risk of being without shelter. I know many of you found your way to Hope Gardens because you were at risk of being without shelter.

I know you don't know me, so the idea of talking to me about your experiences may make you feel uncomfortable and is not something you might want to do. But I am hoping after you spend some time with me, you will feel more at ease about the idea. I won't go into detail about my study today, but I will provide more information in the near future.

Do you have any questions?

I really look forward to spending time with you and joining your group activities.