



Provided by the author(s) and University of Galway in accordance with publisher policies. Please cite the published version when available.

| | |
|------------------|---|
| Title | What are the perspectives on ageing of mid-life women in rural Ireland? |
| Author(s) | Herbert, Alison |
| Publication Date | 2017-02-15 |
| Item record | http://hdl.handle.net/10379/6312 |

Downloaded 2024-05-14T13:23:06Z

Some rights reserved. For more information, please see the item record link above.



What are the perspectives on ageing of mid-life women in rural Ireland?



A thesis submitted to the National University of Ireland, Galway, in
fulfilment of the requirements for the degree of
Doctor of Philosophy

By

Alison Herbert, B.A., M.A.

Supervisors:

Professor Thomas Scharf, Institute of Health & Society & Newcastle
University Institute for Ageing,
Newcastle upon Tyne, UK

&

Dr Áine Ní Léime, Irish Centre for Social Gerontology, Institute for
Lifecourse and Society, National University of Ireland,
Galway, Ireland

February 2017

TABLE OF CONTENTS

| | |
|---|-----------|
| List of Figures | vii |
| Declaration | viii |
| Acknowledgements | ix |
| Abstract | x |
| Peer Reviewed Conference Presentations | xi |
| | |
| <i>Chapter One: Introduction</i> | <i>1</i> |
| | |
| 1.1 Introduction | 1 |
| 1.1.1 Research problem | 1 |
| 1.1.2 Research purpose, aims and objective | 2 |
| 1.1.3 Research question | 3 |
| 1.1.4 Researcher position | 4 |
| 1.1.5 Research background | 4 |
| 1.1.6 Research approach | 7 |
| 1.2 Research methodology and method | 7 |
| 1.3 Research contributions | 9 |
| 1.4 Practice and policy | 10 |
| 1.5 Chapter overview | 11 |
| | |
| <i>Chapter Two: Literature Review</i> | <i>17</i> |
| | |
| 2.1 Introduction | 17 |
| 2.2 Mid-life as a key phase of the extending lifecourse | 17 |
| 2.2.1 Defining mid-life | 19 |
| 2.2.2 Ageing from a lifecourse perspective | 21 |
| 2.2.3 Ageing at mid-life from a lifecourse perspective | 23 |
| 2.2.4 Models of ageing | 26 |
| 2.3 The gendered nature of mid-life | 30 |
| 2.3.1 Gendered theories at mid-life | 30 |

| | | |
|--|---|-----------|
| 2.3.2 | Intra-mid-life perspectives on ageing | 35 |
| 2.4 | Cultural perspectives on mid-life ageing | 40 |
| 2.4.1 | Social identity | 40 |
| 2.4.2 | Corporeal identity | 44 |
| 2.4.3 | Ageism and stereotyping | 47 |
| 2.5 | Mid-life in its rural context | 50 |
| 2.5.1 | Defining rurality | 50 |
| 2.5.2 | Rurality and ageing | 53 |
| 2.5.3 | Gendered, rural ageing | 58 |
| 2.5.4 | Gendered, rural mid-life | 62 |
| 2.6 | Quality of life: a prism through which to evaluate women at mid-life | 65 |
| 2.6.1 | Defining and assessing quality of life and well-being | 65 |
| 2.6.2 | Quality of life at mid-life | 69 |
| 2.6.3 | Quality of life and health | 71 |
| 2.6.4 | Quality of life and social relationships | 72 |
| 2.6.5 | Quality of life and work | 81 |
| 2.6.6 | Quality of life and place | 86 |
| 2.7 | Summary | 92 |
| 2.7.1 | Research questions arising from the review of literature | 92 |
| 2.7.2 | The relevance of exploring the lived experiences of mid-life women in Connemara | 93 |
| 2.7.3 | The need for new empirical data to respond to research questions | 93 |
| 2.8 | Introduction to methodology and methods chapters | 94 |
| <i>Chapter Three: Methodology</i> | | 95 |
| 3.1 | Introduction | 95 |
| 3.1.1 | Researcher position | 95 |
| 3.1.2 | Methodological considerations | 96 |
| 3.1.3 | Methodological approach: a qualitative study | 97 |

| | | |
|-------|--------------------------------|-----|
| 3.2 | Data collection | 98 |
| 3.3 | Data analysis | 102 |
| 3.3.1 | Grounded theory | 103 |
| 3.3.2 | Constructivist grounded theory | 106 |

Chapter Four: Method ***110***

| | | |
|-------|-------------------------------------|-----|
| 4.1 | Introduction | 110 |
| 4.2 | Ethical considerations | 110 |
| 4.2.1 | Beneficence | 110 |
| 4.2.2 | Confidentiality and anonymity | 111 |
| 4.2.3 | Informed consent | 111 |
| 4.2.4 | Researcher-participant interaction | 112 |
| 4.3 | Sampling | 113 |
| 4.4 | Pilot study | 114 |
| 4.5 | Main study: phase one and phase two | 117 |
| 4.6 | Data collection | 120 |
| 4.7 | Leaving the field | 125 |
| 4.8 | Transcribing interviews | 125 |
| 4.9 | Memo writing | 126 |
| 4.10 | Data analysis: coding interviews | 127 |
| 4.11 | Pen profiles | 130 |
| 4.12 | Writing up findings | 131 |

Chapter Five: Findings ***133***

| | | |
|-------|---------------------------------|-----|
| 5.1 | Introduction | 133 |
| 5.2 | Quality of life | 133 |
| 5.2.1 | Influences on quality of life | 134 |
| 5.2.2 | Quality of life and rural place | 137 |
| 5.2.3 | Quality of life and health | 138 |
| 5.2.4 | Quality of life and work | 140 |

| | | |
|-------|---|-----|
| 5.2.5 | Summary | 145 |
| 5.2.6 | Case illustration | 147 |
| 5.3 | Ageing | 149 |
| 5.3.1 | Ageing at mid-life | 149 |
| 5.3.2 | Ageing in old age | 158 |
| 5.3.3 | Summary | 160 |
| 5.3.4 | Case illustration | 162 |
| 5.4 | Place | 164 |
| 5.4.1 | Place as an influence on quality of life | 165 |
| 5.4.2 | Place attachment | 170 |
| 5.4.3 | Summary | 172 |
| 5.4.4 | Case illustration | 173 |
| 5.5 | Health | 175 |
| 5.5.1 | Physical health | 175 |
| 5.5.2 | Mental health | 177 |
| 5.5.3 | Influences on health across the lifecourse | 180 |
| 5.5.4 | Summary | 183 |
| 5.5.5 | Case illustration | 184 |
| 5.6 | Social relationships | 186 |
| 5.6.1 | Relationships with partners | 186 |
| 5.6.2 | Relationships without partners | 189 |
| 5.6.3 | Relationships with children and grandchildren | 191 |
| 5.6.4 | Relationships with parents | 192 |
| 5.6.5 | Relationships with siblings | 193 |
| 5.6.6 | Relationships with friends | 195 |
| 5.6.7 | Relationships with neighbours | 196 |
| 5.6.8 | Summary | 198 |
| 5.6.9 | Case illustration | 199 |
| 5.7 | Work | 200 |
| 5.7.1 | Nature of employment | 201 |
| 5.7.2 | Reasons to work | 203 |
| 5.7.3 | Retirement, future work and finance | 205 |

| | | |
|-------|-------------------|-----|
| 5.7.4 | Summary | 208 |
| 5.7.5 | Case illustration | 209 |
| 5.8 | Chapter overview | 210 |

Chapter Six: Discussion **212**

| | | |
|-------|--|-----|
| 6.1 | Introduction | 212 |
| 6.2 | Gendered, mid-life ageing theory from a lifecourse perspective | 214 |
| 6.2.1 | Intra-mid-life comparisons | 216 |
| 6.2.2 | Gendered ageism | 218 |
| 6.3 | Theorising quality of life | 223 |
| 6.4 | Social relationships | 226 |
| 6.5 | Health | 236 |
| 6.6 | Work and income | 238 |
| 6.7 | Rural place, attachment, and quality of life | 241 |

Chapter Seven: Conclusions **248**

| | | |
|-----|----------------------------|-----|
| 7.1 | Introduction | 248 |
| 7.2 | Contribution of this study | 248 |
| 7.3 | Contribution to literature | 251 |
| 7.4 | Key empirical findings | 254 |
| 7.5 | Future research directions | 260 |

| | |
|-------------------|------------|
| <i>References</i> | 264 |
|-------------------|------------|

| | |
|-------------------|------------|
| <i>Appendices</i> | 280 |
|-------------------|------------|

| | | |
|------------|--|-----|
| Appendix 1 | Participant information sheet and consent form | 280 |
| Appendix 2 | Participant recruitment media releases | 284 |
| Appendix 3 | Public notice to recruit participants | 286 |
| Appendix 4 | Participant interview questions | 287 |
| Appendix 5 | Demographic profile of participants | 292 |
| Appendix 6 | Participant pen profiles | 293 |
| Appendix 7 | Thesis activity plan | 363 |

LIST OF FIGURES

| | | |
|-----|--------------------------------------|-----|
| 1.1 | Map of Ireland / Map of Connemara | 6 |
| 4.1 | Participant Recruitment Methods | 120 |
| 5.1 | The Inter-connectivity of Categories | 133 |

Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Philosophy, is entirely my own work and has not been taken from the work of others and to the extent that such work has been cited and acknowledged within the text of my work.

Student ID Number: 90901894

Name of Candidate: Alison Herbert

Signature of Candidate:

Date:

Acknowledgements

I wish first and foremost to express my gratitude to my two supervisors, Professor Tom Scharf and Dr Áine Ni Léime. Thank you Tom for your faith in me from the very start. The support I received from both of you was wonderful, and your encouragement genuinely propelled me forwards to completion. I enjoyed the journey.

I also wish to sincerely thank Dr Christine Domegan for acting as a supervisor during my first year of study, and for her continued incisiveness as an active member of my Graduate Research Committee. My thanks also go to all members of this committee for their valuable feedback.

NUI Galway library staff and associated trainers also deserve my thanks for patiently answering endless queries.

Although they may never read this thesis, I extend a huge thank-you to all participants of this study who agreed to give up their time and energy to offer me their invaluable insights into ageing at mid-life. Thanks also to the various gatekeepers and personal contacts who helped secure me such diverse and interesting women to interview.

To my friends and work associates who have listened with patience to my PhD journey, I will not forget your kindness.

A final thanks must go to my husband Ciarán for looking after me and making sure I was fed. Every day. My turn now.

Abstract

Adopting a lifecourse perspective, this exploratory study examines what rural ageing means to mid-life women (45-65 years of age) in Connemara. Gaps in existing research coupled with divergence between theoretical and empirical perceptions on gendered mid-life ageing indicate the importance of developing new empirical studies to capture the diverse experiences of this growing population group. Drawing on these divergences, this qualitative study adds to the body of existing knowledge, offering new insights within an Irish, rural context. Methodologically, constructivist grounded theory was employed to facilitate the discovery of fresh perspectives and emerging theory on gendered mid-life ageing. Twenty-five diverse participants were recruited using this methodological model, and their narratives, obtained by semi-structured one-to-one interviews were inductively analysed. Themes emerging from this study's grounded theory analysis led to the adoption of 'quality of life' as an overarching concept. This fluid, subjective concept was shaped by the secondary categories of health, social relationships, place, and work. Categories were found to be inter-dependent, strengthening the case for studying gendered ageing from a multi-contextual background that includes such influences as health, social relationships, geographical place and attachment, work and life purpose, and self-identity. 'Single issue' studies of ageing are less likely to offer the depth of understanding needed to inform policy and literature. Findings show that participants sought balance in their mid-lives, adopting and adapting behaviour in preparation for older age. Most enjoyed mid-life, citing wisdom and confidence, often missing from earlier lifecourse stages, and most anticipated new opportunities in self-development in the years ahead. Reported negative aspects of mid-life included fatigue and stress brought about by over-busy 'multi-role' lifestyles; concerns for older age were situated around dependency and reduced autonomy.

Peer Reviewed Conference Presentations

Herbert, A. (2014) 'A Qualitative Study of Mid-life Women Ageing in Connemara: Preliminary Findings'; 8th International Conference on Cultural Gerontology, NUI Galway, Ireland.

Herbert, A. (2014) 'Health and Well-being of Mid-life Women in Connemara: a Qualitative Study'; Irish Gerontological Society Conference, Galway, Ireland.

Herbert, A. (2015) 'A Qualitative Study of Mid-life Women Ageing in Connemara: Final Findings'; Irish Gerontological Society Postgraduate Study Day, Dublin, Ireland.

Herbert, A. (2016) 'Ageing and quality of life of mid-life Women in rural Connemara: in what ways does where we live influence the quality of how we live? British Society of Gerontology, 45th Annual Conference, Stirling, Scotland, UK.

CHAPTER ONE: INTRODUCTION

1.1 *Introduction*

At every lifecourse stage, from childhood to old age, new imprints from lived experiences are gathered that collectively help shape our beliefs and behaviour. In its pivotal position between early adulthood and older age, mid-life is a time to stop and take stock of what has gone before and what has still to arrive (Biggs, 1999b). Women at mid-life comprise a growing sector of the population in Ireland, and harbour a wealth of lived experiences from earlier lifecourse stages that are likely to influence their future lives. Yet, comparatively little empirical work addresses how mid-life women feel and deal with ageing, particularly within an Irish context. Therefore, this study sets out to explore what rural mid-life women think of being middle-aged, and what they anticipate for themselves in older age. Insights gained will add to existing knowledge, and may help inform policy that may influence the lives of women at all stages of the lifecourse.

This chapter introduces my thesis: its purpose, its aims and objectives, and its structure. It discusses the research question and its relevance to existing literature; my position as researcher; background and approach to the research; methodology considered, and intended research contributions. It ends by outlining what will be discussed in each chapter.

1.1.1 *Research problem*

Despite the growing number of mid-life women globally, and in Ireland in particular, there is still a relative scarcity of research data, particularly qualitative, relating to this age cohort, with which to inform policy.

Gendered, mid-life research is worthy of further exploration, as new qualitative insights into the complexities of this pivotal lifecourse stage can be added to existing literature, which may help bridge the gap between gendered and gender-neutral theoretical discourse.

In addition, new insights are likely to benefit social gerontologists, practitioners, interest groups, and women at all stages of the lifecourse.

1.1.2 Research purpose, aims and objectives

Existing literature points to the relative paucity of research on the lives of mid-life rural women (Kivett, 2001), and argues the importance of filling this knowledge gap in order to understand better the ageing process across the entire lifecourse. Furthermore, what research does exist on mid-life rural women may not be relevant within an Irish context. This study aims to explore women's ageing at the increasingly recognised pivotal lifecourse stage of mid-life, rather than solely within old age, as is the norm within much social gerontology research. Existing literature (Arber and Ginn, 2004, Arnold, 2005, Dittmann-Kohli and Jopp, 2007, Higgs et al., 2005, Lachman et al., 2015a) suggests connections between lived experiences at mid-life and those in older age. Significant mid-lifecourse transitions, such as divorce, widowhood, retirement, a recessionary economy, and redundancy from work may individually and collectively impact significantly the ageing process, yet little is known of the connections between such influences and mid-life women's perceptions of growing older. This study seeks to explore such connections.

Definitions of mid-life are fluid (Willis and Martin, 2005b), with no universal consensus. Some studies consider mid-life to begin at 40 years of age, some younger, and some as late as the mid-fifties (Laslett, 1991, Willis and Martin, 2005b). For the purposes of this study, mid-life is defined as being between the ages of 45 and 65 years of age. The age of 65 years largely marks entry into official old age; however, the margins of mid-life could be extended beyond these parameters. I consider this 20-year period to be a reasonable representation of mid-life, capable of offering a broad perspective of this lifecourse stage.

Connemara, the chosen location of research, is a large rural area in the West of Ireland that is home to a highly diverse range of mid-life women.

It can thus be anticipated to reveal an heterogeneity of views. This study intends to elicit the experiences both of women indigenous to the area and those who have chosen to live there. Although classified as entirely rural, Connemara itself varies in its degrees of rurality, and this study sets out to explore the views of those who live and age in a variety of geographical settings, including island, dispersed, village, town-land, and small town settings. This study also sets out to reflect participant views from a wide range of socio-economic-demographic backgrounds. It is anticipated that research findings might demonstrate patterns and divergences in lived experiences of gendered rural ageing. If policy-makers, interest groups, lobbyists, and academics can understand how this growing population sector perceives the ageing process, it might be possible to effect positive change.

Findings from this study endeavour to give voice to a diverse range of mid-life women, and to the meanings behind their lived experiences. Areas of empirical interest include: perceptions of the ageing process, of rural ageing, and of the lifecourse stages of mid-life and older age. This study aims to respond to the research question by obtaining rich data on what matters to rural mid-life women living in Connemara.

1.1.3 Research question

What are the perspectives on ageing of mid-life women in rural Ireland?

This research question emerged out of an academic interest in gendered mid-life ageing. On initial investigation it appeared that some gendered mid-life concepts were dated. For example, the concept of generativity (Howell and Beth, 2002) at mid-life, or the guiding of future generations through the application of middle-age wisdom, appears to have given way to self-actualisation, in which mid-life women are at least equally concerned with the

quality of their own lives as with those of their children. It also appeared that contemporary data was missing, such as literature dealing with women during the post-menopause pre-old age stage (Wiggs, 2010), or women ageing under recessionary economic conditions. Furthermore, there appeared to be a lack of writing from a rural Irish perspective, despite this cohort's growing numbers. Rural studies of mid-life women in Canada (Thurston and Meadows, 2003) or older women in New Zealand (Davey, 2007) inevitably prompt the question: what about women in Ireland? Such gaps in understanding prompted my desire to explore contemporary issues likely to affect mid-life women in rural Ireland, thereby adding new insights to the existing body of literature.

1.1.4 Researcher position

As a mid-life woman, living in a West of Ireland city, positioned on the cusp of rural Connemara, my own lived experiences of ageing have become of increasing interest to me. For example, on entering mid-life one's perspectives on growing older may instigate changes in behaviour that may have implications in later life (Hendricks, 2012). Living in the urban setting of Galway, I wondered if perspectives on mid-life and growing older amongst rural women were similar or different to my own, particularly amongst mid-life women from varying socio-economic-demographic-geographic backgrounds. Thus, understanding the findings of this exploratory thesis could be of enormous interest and benefit to those in positions to influence the quality of life for women across the lifecourse.

1.1.5 Research background

The 2011 Census of Ireland suggests that of Ireland's 4.5 million people, 522,636 are accounted for by mid-life females between the ages of 45 and 64 years: <http://www.cso.ie/en/census/census2011reports/census2011profile2-olderandyounger/>.

This figure represents 22% of the national female population, a percentage that is set to increase steadily towards a peak in 2041 of 26% of total females (CSO, 2011).

Older rural women comprise a sizeable sector of society. Preliminary CSO figures for 2015 show that almost 55,000 mid-life women between 45 and 64 years of age live in the West of Ireland, although there are no separate figures for Connemara, the research area of this study:

<http://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2015/>.

Within Connemara, the research area of this study, females comprise 19,479, and of these, 5,228, or 27%, are in the mid-life range adopted in this study: 45-65 years of age. Of the total population of females in Connemara, the largest sector comprises single women, at over 9,000, with married women following behind at almost 8,000:

http://census.cso.ie/sapmap2011/Results.aspx?Geog_Type=LEA&Geog_Code=055#T1_100.

Connemara has a population of 39,238 persons and is spread over 1,800 km², giving a population density of almost 17 per km². Its principal town of Clifden is not strictly considered to be rural: Ireland's 2011 Census (CSO, 2011) shows Clifden as Connacht's fastest growing town. Specifically, a population growth of over 37% was experienced over a five-year period between 2006 and 2011, and the town of Clifden itself has over 2,000 residents, well in excess of the 1,500 figure defining it as rural.

The region's main industries of tourism, fishing, farming, retail, and service are mostly small scale and seasonal in nature. Ireland's economic recession, which began towards the end of 2008, continues to take its toll, particularly on rural areas such as Connemara. Male unemployment, youth emigration, and low-paid, casual, 'female' work are prevalent in Connemara.

Research Area

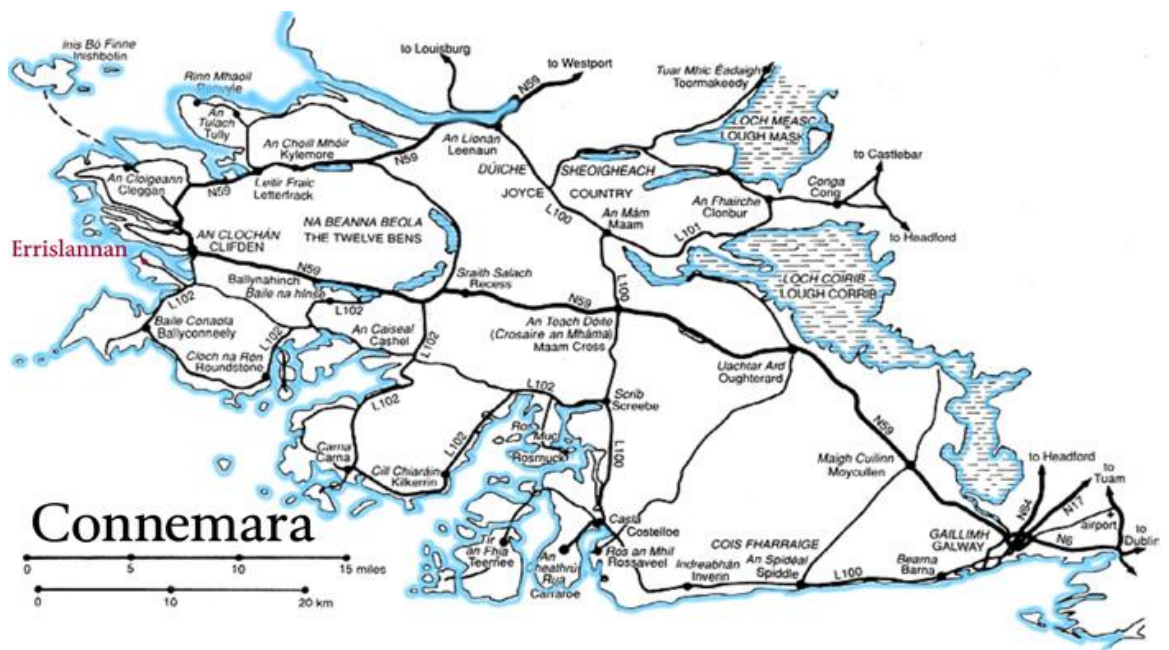
Figure 1.1 Map of Ireland

Source: Google Maps



Figure 1.2 Map of Connemara

Source: Google Maps



1.1.6 Research approach

This study adopts a social constructionist approach within a lifecourse framework. This approach recognises life stages to be neither fixed nor linear, and thus enhances the study of ageing at mid-life. Reasons for this approach are outlined in greater detail in the literature review [Section 2.2.2]. A lifecourse approach compels us to understand how all stages intersect and have the capacity to influence the overall ageing process.

The focus of this study is to analyse how mid-life women's experiences have influenced and are influencing their ageing at mid-life, and into older age. The approach adopted within this study shows many of the decisions made in life by participants are connected with the wider socio-economic environment. For example, the marriage bar, which required women to retire from paid employment on marriage, restricted labour market access. Along with economic recessions these factors have all played a part in shaping the lived experiences of Ireland's mid-life women. Emphasising the diversity of women's social positioning and life experiences, this study includes interviews with those in and outside of paid employment, those engaged in child rearing and parent-caring, those who have no dependents, the single and the married, those who live in town surrounded by neighbours and those who live in rural areas with few social contacts.

1.2 *Research methodology and method*

The most appropriate methodological approach to such an exploratory study as this, about which little is already known, is considered by a number of authors to be qualitative (Charmaz, 2015, Charmaz, 2002, Giele and Elder, 1998, Silverman, 2010), in order to secure rich, deep participant data. Qualitative research aligns itself with interpretivism, an interpretative theory of knowledge grounded in inductive logic (Charmaz, 2006).

A number of qualitative research approaches were considered, including ethnography, phenomenology, narrative analysis, and framework analysis. Ethnography would have necessitated observing participants' daily lives on an on-going basis. However, this study is not longitudinal in nature, and has no provision to examine participants over an extended period of time in their own location. Phenomenology would have required me to focus on one or a number of selected meaningful phenomena within the lives of participants. However, this study is exploratory in nature, and was designed to allow participants to dictate content and context, making it impossible to identify in advance of empirical fieldwork what phenomena would be raised. Narrative analysis would have required participants to relate meaningful 'stories' within their lives, which I considered to be too restrictive. Framework analysis would have moved the focus to applied policy research, which again would have required a more prescriptive type of data gathering and analysis.

For these reasons the approach to data gathering and analysis chosen is grounded theory, which analyses and interprets through a particular theoretical perspective, that of symbolic interactionism, and is usually aimed at producing substantive mid-range theories (Morse, 2001). Symbolic interactionism derives from a pragmatism that assumes that people construct selves, society, and reality through interaction. This perspective thus focuses on the dynamic relationships between meaning and actions, addressing the processes through which people create and mediate meanings (Charmaz, 2006). The decision to employ a version of constructivist, rather than classical, Straussian, or feminist grounded theory lies in its ability to adopt: *'... a middle ground between postmodernism and positivism, and offers accessible methods for taking qualitative research into the 21st century'* (Charmaz, 2006, p. 250). From an epistemological perspective, constructivism asserts that reality is constructed by individuals as they assign meaning to the world around them (Appleton and King, 2002). From a constructivist perspective, it is held that meaning does not lie dormant within objects waiting to be discovered, but is created as individuals interact with and interpret these objects.

Constructivism challenges the belief that there is an objective, measurable truth that can be captured through research enquiry (Crotty, 1998). A more detailed discussion of research methodology can be found within the methodology section [Chapter 3].

The research approach employed within this study was mindful of attempting to bridge gaps in existing knowledge. This necessitated reflexive consideration on my part to secure a diversity of participants from the outset that could offer breadth, as well as depth of knowledge of the ageing process.

Twenty-five semi-structured interviews employing open-ended areas of enquiry were used to gather data, which were then analysed using a version of constructivist grounded theory (CGT). Constructivist grounded theory demands that the researcher eschews any existing hypotheses regarding the research area. Thus, I was free from endorsing or negating existing theory, and felt able to allow the participants' accounts to shape emerging theory. Narrative was collected, transcribed, coded and categorised using gerunds, or verb forms that function as nouns, to 'activate' and 'vivify' data, securing a form of analysis that demands reflection on what is actually happening within the narrative. Issues that were not raised by participants were not discussed during interview. Consequently, areas that I as the researcher may have anticipated gaining data on, such as financial planning, or spiritual aspects of older age, may only receive minimal coverage.

1.3 *Research contributions*

This study seeks to add to the body of existing knowledge of perspectives on ageing amongst mid-life, rural women. It does so by examining current perspectives held on ageing by mid-life women on what matters to them, both at the mid-lifecourse stage and in older age. This study also contributes to existing knowledge by clarifying the significance of rural place and gender as influences on the ageing process.

The contribution to existing knowledge has been achieved by unveiling and examining six concepts, or categories of prime importance to participants of this study: ageing; quality of life; place; health; social relationships; work. These categories arose out of this study's empirical research, and are supported by existing literature. The overarching category of 'quality of life' forms the prism through which participants narrated and evaluated their mid-life experience. This study demonstrates the ways in which each of the sub-categories of health, social relationships, work, and place is both independent and inter-dependent. Each sub-category both influences and is influenced by the others, and impacts upon the overarching category of quality of life. This contribution to knowledge is unique in its attempt to explain how contemporary mid-life women in Connemara feel about being at this life-course stage, and of how they perceive their ageing process. Participants' perceptions of the ageing experience at mid-life within the rural context of Connemara were influenced by a number of socio-economic-demographic features that are explained within Findings (Chapter 5).

1.4 *Practice and policy*

Although a neglected focus of research, mid-life women comprise individuals with a wealth of lifecourse experiences, who are generally still active in the workplace and community, yet are conscious of the extended years that lie ahead. This group, who may be sandwiched between caring for their children and their parents, have much to reveal on their attitudes towards and perceptions of ageing and older age. Such knowledge could contribute significantly to social gerontology by augmenting the comprehensive body of work that already exists on old age, and leading to a renewed appreciation of the pivotal lifecourse stage of mid-life in the examination of gendered ageing. Historically, there has been criticism over a lack of an integrated body of developmental theory and research that is relevant to today's mid-life women (Lippert, 1997), and authors caution that existing research largely focuses on white, married, middle-class, heterosexual women, leading authors to argue the

case for work that embraces greater diversity. This study attempts to address this gap by gathering data from a wider demographic base. Understanding the way middle-aged adults think and feel about themselves and their lives benefits not just the individuals themselves, but also those who are in a position to effect policy change, or otherwise influence the gendered ageing process (Willis and Martin, 2005b, p. 348). It is to be hoped that findings arising from this study will be of interest and benefit to a wider audience of policy-makers, interest groups, lobbyists, and academics, in order to inform and effect change that can support Ireland's mid-life women.

1.5 Chapter overview

Chapter One: Introduction

This chapter introduces the thesis by exploring the research question, research problem, research purpose, aims and objectives. It details my position as researcher, examines the background to the study, the approach taken, and the nature of the methodology and method employed to gather and analyse data. This chapter also outlines contributions made to existing literature, and suggests the value this study may have for practice and policy.

Chapter Two: Literature Review

The need to elicit rich data that could answer the research question most effectively led to the adoption of a constructivist grounded theory approach. In order to inform myself of the extent of discourse on gendered ageing, an initial review of literature was carried out prior to fieldwork commencing. This literature review was then extended and amended accordingly in an iterative fashion to take cognisance of emerging data. It became clear that there were gaps in existing literature that addressed new discourse on rural, gendered mid-life ageing, for example, on the heterogeneous nature of women living within rural Ireland.

Gaps around different ethnicities, degrees of rurality, and socio-economic-demographic contexts suggested a need for further qualitative empirical research, particularly from a lifecourse perspective (Bryant and Pini, 2011, Biggs, 1999a), which allows for contextual experiences at all stages of ageing to be considered (Bernard et al., 2000).

This chapter examines mid-life as a key phase of the extending lifecourse. Specifically, it critiques theories on ageing from a lifecourse perspective, focusing on gendered mid-life and older age. A number of authors have supported the need to examine mid-life as a separate entity, finding literature on women's mid-life experiences to be fragmented and reductionist (Gullette, 1997, Arber, 2004, Howell, 2001).

The chapter discusses social identity and stereotyping, examines biological and subjective age, the concept of the ageing self and ageism, and gendered ageism within the workplace and society (Walker et al., 2007).

Mid-life in its rural context is examined, with a particular focus on its impact upon gendered ageing (Bryant and Pini, 2011), highlighting the heterogeneity of rural lives. Socio-economic factors have direct implications for quality of life, and studies such as those by Thurston and Meadows (2003, 2004) examine the connections between rurality and women's health and well-being.

The quality of life of women at mid-life is discussed in depth, covering all categories that emerged from this study's empirical data. Thus, literature on ageing, work, place, health, and social relationships are discussed separately.

Chapters Three and Four: Methodology and Method

Taking account of the scarcity of existing literature that could address the research question, it became clear that a version of constructivist grounded theory (CGT) would be vital in unveiling rich, hitherto unknown data.

I considered CGT to be the most appropriate methodology to employ for this exploratory study of mid-life gendered ageing within a rural context. This methodology, discussed in Chapter Three, enables participants to dictate and construct emerging discourse and theory, and exempts the researcher from exploring a prescribed hypothesis. Methods employed to gather and analyse empirical data obtained are discussed in Chapter Four.

Chapter Five: Findings

This study's research question: *What are the perspectives on ageing of mid-life women in rural Ireland?* reveals the two concepts of gendered ageing and quality of life to be inter-dependent. It became clear after much reflection that participants defined their ageing through the prism of quality of life, and described this concept through personal levels of health, place attachment, the quality of social relationships, and purpose in life through work or similar activity. The concept of quality of life was found to be fluid and individualised, endorsing the heterogeneous nature of mid-life rural women.

Findings on the ageing experience proved to be complex and diverse. All participants expressed mixed feelings on being at mid-life, such as simultaneously feeling wise and worn out. Most viewed mid-life as a crossroads for re-assessment of their lifecourse experiences, generally perceiving mid-life as a time of new opportunity. Participants reviewed their health attitudes and behaviour at mid-life and reflected upon strategies for older age.

The quality of social relationships was valued as highly as personal health, as participants recognised that these may augment their quality of life in older age. The nature of work undertaken and the identity it affords participants is discussed, as are work-life balance, and attitudes towards retirement. As a place in which to live, Connemara evoked strong feelings for many participants, and connections between place and self-identity are examined.

Chapter Six: Discussion

This chapter discusses the findings of my empirical research, and compares these with the extensive body of literature on ageing. Theoretical, conceptual, methodological, and practical contributions from this study and those from literature are discussed.

This study's theoretical contribution lies in its offerings of new insights into gendered mid-life ageing from a social constructionist/constructivist lifecourse perspective (Charmaz, 2006). Specifically, this chapter examines what constitutes quality of life from a gendered, rural Irish perspective, and its relationship with the ageing process. New insights are discussed on the concepts that were found to contribute meaning to ageing at mid-life.

This study's methodological contribution to literature is its use of constructivist grounded theory to gain rich data on what it means to age, thereby enhancing the knowledge base on gendered rural ageing. Its practical contribution can be found in its recommendations for policy-makers and interest groups on how insights from rural mid-life women may be utilised in policy development for mid-life and older women in rural Ireland. For example, in the area of work, policy-makers may benefit by understanding the types of work that mid-life, rural women want and are able to undertake, and the types of training initiatives required in order to realise this. Policy-makers may also benefit from understanding the gendered health needs of mid-life women that can help ensure a good quality of older age. Understanding the contributing factors of social inclusion and social exclusion may also help policy-makers appreciate the vital role social relationships play within a rural context.

Issues of concern to today's mid-life women reflect their lifecourse, and mirror their diversity. This diversity is discussed in depth, allowing socio-economic-demographic nuances to arise that inform new theory.

New insights have been gained in this regard on work and identity, physical and mental health issues, relationships with family, friends, and community, and Connemara as a place in which to grow older.

The difficulties of defining and measuring quality of life as a concept are discussed with regard to the literature and this study, and the chapter analyses what mid-life rural women think of being middle-aged and of becoming older. It compares study participants' perceptions of ageism with those extensively covered in the literature, and examines intra-mid-life comparisons in attitudes and perceptions to ageing and quality of life with those found in literature.

Chapter Seven: Conclusions

In this thesis I argue that mid-life is a distinct and pivotal stage of the lifecourse, centred as it is between young adulthood and old age. This study underscores in particular the gendered nature of mid-life lived experiences and of their impact upon the ageing process. The study argues that experiences, beliefs, perceptions, and behaviour held across the lifecourse and at mid-life in particular, have the capacity to influence the ageing process at both mid-life and in older age.

Participants of this study described how they felt they were ageing against their personal definition of quality of life. A number of component parts that comprised quality of life emerged from the findings, all of which were found to inter-relate. What is clear is that mid-life gendered ageing is an individual experience, and whilst consensus amongst participants emerged on some issues, such as the importance of personal autonomy in older age, there was a divergence of opinion on what constituted autonomy.

This study extends our knowledge base of a growing cohort of mid-life rural Irish women on the meaning of ageing.

A limitation of this study is the relatively small sample size of 25 participants. However, as will be shown, the sample included considerable diversity of marital status, age, rurality, and socio-economic status, and data gained through the methodology of constructivist grounded theory proved to be rich and informative.

This thesis now examines the body of existing literature on gendered, mid-life, rural ageing viewed from a lifecourse perspective.

CHAPTER TWO: LITERATURE REVIEW

2.1 *Introduction*

A research objective of this study is to give voice to a diverse range of mid-life rural women's perceptions of the ageing process from a lifecourse perspective. Based on this objective, this review examines existing literature, and offers a focus on mid-life and older age within the context of the rural environment of Connemara.

Given the comparative absence of empirical research on this topic, this study can be situated within a range of relevant research fields. An examination of literature situated within these fields is organised around six categories: quality of life, ageing, health, social relationships, place, and work. First, it examines mid-life as a key phase of the extending lifecourse. Second, it explores the gendered nature of mid-life, and cultural perspectives on mid-life ageing. Third, it reviews relevant literature on mid-life within a rural context. Fourth, it addresses all aspects of quality of life at mid-life. The literature review concludes with a short summary that identifies the research question(s) that guide the choice of research design.

2.2 *Mid-life as a key phase of the extending lifecourse*

It can be argued that ageing theory is not keeping pace with increased longevity. In this context it is important that contemporary thinking should redress some of the imbalances and deficits associated with previous models of ageing (Sinnott, 2002). An example of such a deficit is the lack of theory capable of commenting on the identity shifts between lifecourse stages, such as that from mid-life into old age (Craib, 1998, Bernard et al., 2000, Wiggs, 2010) that could aid social gerontological understanding and inform policy.

It is widely acknowledged across disciplines such as social gerontology, sociology, psychology, and human geography, that research on the middle years (Neugarten and Danan, 1974) of the lifecourse remains under-developed, with existing literature focusing predominantly on the very young and the very old (Lachman et al., 2015b, Hopkins and Pain, 2007). This neglect may have been attributed to an historical belief that the middle years of the forties and fifties were unlikely to reveal interesting data from what was perceived as an homogenised group. However, arguing from a social gerontological perspective, some authors (Biggs, 2004, Siegel, 1993) point to the lack of data in social gerontology arising from the intersection of gender and the 'invisible' years of mid-life (Bryant and Pini, 2011, Maxey, 2009). In redress, social gerontology, as an inter-disciplinary field of study, has made and is making a major contribution to understanding the ageing process at mid-life.

It is also now widely acknowledged that no lifecourse stage comprises an homogenised group, but instead, individuals with discreet views. By adopting a multi-disciplinary, lifecourse perspective on ageing, it becomes clear that all stages of the lifecourse contribute to and influence the overall ageing process, establishing a strong argument for extending the reach of social gerontology. The lifecourse stage closest to old age is that of mid-life, which has been cited extensively as an important cultural crossroads, capable of establishing the cornerstone for a fruitful life in later years (Biggs, 1999b, Moen, 2011). This necessitates contemporary social issues to be considered, including singlehood, multi-generational families, and greatly increased retirement periods (Moen, 2011).

Women's increased longevity challenges earlier discourse on the mid-life period, and suggests an imperative to improve our knowledge and understanding of their ageing process both at mid-life and in older years. Although relating to both genders, Lachman (2004) addresses the diversity of the mid-life stage, highlighting the multiple social roles and responsibilities held by this cohort.

Women in particular are now more diverse, and less 'predictable' at mid-life than has been documented historically. Studies have shown women in their forties and fifties peaking in their careers, returning to education, raising children as single mothers, having their first child, and acting as informal carers to ageing parents (Lippert, 1997). Although some cross-cultural studies have been conducted, there is, asserts Lippert (1997), a noticeable gap in the literature with respect to studies on women who are childless, single, disabled, lesbian, or of ethnic minorities, which, she concludes, leads to generalisations on mid-life women that are overly narrow in focus. To appreciate the complexity of women's experiences at mid-life requires, asserts Lippert (1997), new theoretical perspectives that demonstrate flexibility, and go beyond asking which theory is best, to which theory is best for whom. It is, states Lippert (1997) not only more research that is needed, but more thoughtful research. Rather than looking for patterns, the author argues for a more fruitful path of giving voice to and seeking influencing factors for the diversities experienced by mid-life women, as is the aim of this study. Bernard et al. (2000, p. 72) concur by calling for more empirical research that is more 'gender aware', and challenges the gender-neutral theoretical discourse on mid-life and ageing.

It is with these thoughts in mind that this literature review seeks to address the body of knowledge that currently exists on mid-life women ageing within a rural context.

2.2.1 Defining mid-life

Dittmann-Kohli (2007) states that mid-life is a time characterised by an emerging perception of oneself as having a temporary existence, and of being dependent upon one's body. To appreciate the importance of the mid-life phase in relation to other lifecourse stages necessitates an understanding of mid-life as a distinctive lifecourse phase. A 2011 British report, conducted by the Department for Work and Pensions, revealed 40.71 years as the mean age at which people were considered as entering middle age, and 59.21 years as

being the start of old age (Sweiry and Willitts, 2010/2011). Lay and scientific definitions of mid-life also diverge, and lead to definitions of mid-life that include the periods of 35 to 60 years (Willis and Martin, 2005b), but may extend to those in their late sixties. It appears that middle age is a kind of '*... never-never land, a place you never want to enter or never want to leave*' (Cohen, 2012, p. 9). Such divergence on definitions of midlife and old age is likely to continue with increased longevity. Referring to the origins of welfare states, old age has typically been defined according to statutory pensionable age, in many countries 60 or 65 years of age. However, as lives extend and governments seek to increase statutory retirement ages, these figures are also proving to be fluid, leading Hunt (2005) to suggest that age demarcations are less deterministic, providing only broad markers on life's expectations. Lippert (1997) questions the definition of mid-life, asking if it is the same for all women, irrespective of ethnicity, religion, sexual orientation, marital or employment status, or physiological makeup, and posits that many of the findings on mid-life simply reflect the natural transitions faced between 40 and 60 years of age, rather than producing overarching theory. However, by adopting a lifecourse rather than lifespan approach to the study of ageing it becomes clear that lived experiences and socio-economic circumstances from childhood onwards help shape perceptions of ageing at mid-life and beyond.

Moving beyond chronological definitions, one classic definition identifies mid-life as a time when one first becomes aware of one's impending death (Demey et al., 2011). Writing on late 20th century British developments in mid-life, the authors view mid-life as a time when individuals become more conscious of the number and quality of the years that lie ahead, and of where this situates them at mid-life. Evaluating the quality of one's mid-life may only be possible by reviewing past experiences, and applying these, tempered by mid-life experiences, to create a future reality. Although a retrospective on one's life can be carried out at any lifecourse stage, some authors, (Rountree, 1993, Burke, 1993, Falcus, 2013), allude to the liminal age of 50 in particular as being pivotal.

Whilst acknowledging the influence of cultural context, the authors argue the importance of gender-differentiation at mid-life, and identify 50 or thereabouts as the symbolic point at which awareness of one's own age becomes a significant part of women's experience (Falcus, 2013). Given the elasticity around mid-life definitions, some authors have sought to dissect this life stage further by examining its nuances. Thus, in an effort to search for patterns and gaps in perceptions and behaviour, authors examine early and late middle-adulthood, offering diverse perspectives on ageing. Dittmann-Kohli (2007) for example, defines early middle-age as 40-54 years, and late middle-age as 55-69 years. The author also suggests that some individuals choose to stay middle-aged much longer than 70 years, perceiving that a new period of potential is beginning that can offer new meaning to earlier lives defined by work and family (Dittmann-Kohli and Jopp, 2007, p. 330).

2.2.2 Ageing from a lifecourse perspective

The lifecourse perspective emanated from a study by Elder (Phillips et al., 2010, p. 140), who demonstrated that socio-historical events have lasting effects on individuals, their relationships and their well-being over the lifetime. A lifecourse approach to ageing recognises that life stages are not fixed and predictable, but are dynamic: *'... less as the mechanical turning of a wheel, and more as the unpredictable flow of a river'* (Hockey and James, 2003). Arising from the confluence of several major theoretical streams of research that emphasised both social structure and individual agency, the lifecourse perspective sought to consider both the social surroundings of the individual and a dynamic approach that traced the stories of people's lives over time in an ever-changing society (Hunt, 2005).

Inter-disciplinary approaches to the lifecourse perspective vary considerably. Developmental psychology models examine the lifespan, rather than lifecourse, and frequently focus on individual development in a 'typical lifecourse'. From such a perspective lifecourse variation is not recognised as a potential source of

behavioural change. By contrast, such variation is of primary interest to a lifecourse perspective, along with variation by cohort and historical context (Elder and Giele, 2009). Critics of sociological theories of the lifecourse cite a lack of regard for individual autonomy, and favour a more inclusive approach that credits the ageing individual with a greater sense of agency and capacity for action. However, as Hendricks (2012) argues, the purpose of lifecourse analysis is to examine changes over time, be those changes biological, developmental, historical, or geographic, and seek clues as to what shapes our lives. The sociologically-centred lifecourse perspective (Marshall and Mueller, 2003) views ageing not simply in linear life stages, but includes a 'plasticity' in development that allows for lifecourse activities and occurrences to alter the environment of ageing. Examples of such 'plasticity' include altering one's physical fitness regime and adopting preventative health measures. Sociological approaches emphasise the need to examine the individual in context, and across every lifecourse stage. This approach is underscored by George (2003), who calls for an examination of the 'whole' individual across the whole of life in a way that is 'person-centred' rather than 'variable-centred' in order to reveal the heterogeneous issues that concern all older people. Settersten and Mayer augment this argument by stating that the treatment of the lifecourse must allow for the heterogeneity, discontinuity, and contingency that exists in present-day societies (Settersten and Mayer, 1997, p. 234).

Examining the individual within context raises the issue of cultural divergence of age structuring across lifecourse stages. Project A.G.E., a global, cross-cultural anthropological research project conducted by Keith, Fry, Glascock, Ikels, Dickerson-Putman et al. (cited in Settersten and Mayer, 1997), examined the meaning of age, ageing, and perceptions of the lifecourse over seven different communities and four continents. The research base included Clifden, the main town of Connemara, and is thus relevant to this study. Project A.G.E. researchers found that chronological (actual age) was of greatest salience within industrialised communities, and of least relevance to those living in rural areas, including Clifden.

Although this study is over 20 years old, not restricted to the mid-life period, and relates to both genders, and although chronological age may be considered an ‘empty’ variable, in that it seldom of itself causes a behaviour, Project A.G.E’s findings may hold some resonance with today’s mid-life women in Connemara.

Of particular relevance to this study, Higgs et al. (2005) state that decisions taken on how lives are lived at mid-life have the capacity to influence the quality of life in old age. As life’s circumstances and lived experiences evolve, so too does the essence of what determines a good quality of life, and as Wiggs (2010) states, unless we understand the meanings that mid-life women attribute to their lives, we cannot hope to learn how to enhance quality of life in older age. Dittmann-Kohli (2007), considered the principal architect of the concept of the lifecourse as an institution, supports this principle by asserting that old age cannot be understood in isolation:

‘... the experience of life is cumulative, continuous, and never ending, so in order to make sense of any given period, we need to consider whole lives in the contexts in which they unfold’ (Hendricks, 2012, p. 231). Thus, a detailed examination of the lifecourse stages leading up to older age is necessary.

2.2.3 Ageing at mid-life from a lifecourse perspective

Championing mid-life as a key phase, Gullette (cited in Neugarten and Danan, 1974) argues that studying age from childhood onwards can be as powerful as studying gender or race, and empowers people to challenge culture decline. Bernard et al. (2000, p. 178) concur: growing older is not a straightforward journey to a fixed destination, mid and later life are not unidimensional, and the contextual experiences of the entire lifecourse must be considered if we are to really understand the ageing experience. Such an approach can afford a more comprehensive understanding of what it is to age, particularly within a rural context.

Having established that a number of authors agree the need to examine the mid-life period as a separate entity during which further development takes place, it is necessary to review mid-life models. Whilst historically some authors have concentrated on ageing as a period of biological decline, leading, it is argued, to negative stereotypical images of old age (Hogan, 2016), contemporary social gerontology argues that mid-life is a period of potential expansion, or as Biggs (1999b) states, an important cultural crossroads in which the cornerstones for a fruitful late life are set up in the middle years. Biggs alludes in particular to the mid-life period of 45-65 years, which is of particular relevance to this study, as an 'age of mastery'. Willis and Martin (2005b) state that important life skills are learned in middle age that may dictate future development in later life, and that these skills are at their optimum in mid-life.

However, some critics argue that placing an emphasis upon an individual's capability to create one's own lifecourse can remove any responsibility from society to take remedial action on behalf of the individual. Individuals' experiences are as likely to be shaped by socio-economic events that they cannot control, such as widowhood, divorce, and economic recession, yet they may feel responsible (Cohen, 2012, p. 209). Ní Léime (2016) concurs, drawing on Dannefer's (2003) cumulative advantage/disadvantage theory, which suggests that an individual's initial divergence in income, education, health, and/or employment tends to widen over the lifecourse, causing a heightened impact at mid-life. Timonen (2016) also argues that many socio-structural circumstances are already in place by the time women reach mid-life, rendering it difficult, if not impossible to re-shape one's life according to 'successful' models, which may lead to increased social exclusion. Furthermore, Timonen criticises policy makers who continue to shift responsibility for ageing onto individuals and their families at the expense of addressing meaningful change for older marginalised individuals.

Examples of lifecourse influences on ageing are cited by Willis and Schaie (Willis and Martin, 2005a), and examine the phenomenon of cognitive ageing.

Willis and Schaie suggest that influences on cognitive ageing can be traced back to physiological and behavioural changes that begin in mid-life, or earlier. In addition, some health literature (Henretta and McCrory, 2016) has found direct links between states of childhood health and achievements in adult education, as well as in mid-life levels of health and functioning, and suggest that childhood and adolescence play an important role in mid-life functional decline. Such findings can point the way towards early interventions designed to improve physical functioning in older years. Other literature supports this: both longitudinal and cross-sectional studies have shown for example that childhood characteristics, behaviours and experiences have long-term consequences for health at mid-life (Lachman et al., 2015b, p. 26). A lifecourse approach to healthy ageing is documented through the UK HALCyon (Healthy Ageing across the Life Course) research programme (2014), based on the work of Kuh et al., (2014), and provides bio-social data on 30,000 participants from childhood to adulthood. Findings to date argue the influence of childhood socio-economic position and body weight on later adult health. The UK's MRC National Survey of Health and Development (HALCyon, 2014) has also followed 5,000 participants across their lifecourse, and stresses the connections between childhood health and socio-economic circumstances, and physical and cognitive capability in adulthood. Early experiences of nutrition and lifestyles for example, have been found to influence the health and ageing process in adult life. Such views support findings from this study in which some participants, such as Carole, report bringing her childhood indulgence in sugar into her mid-life, making it difficult for her to control her weight. The UK HALCyon (Healthy Ageing across the Life Course) Research programme (2014) finds that in mid-life obesity for example is generally regarded as a risk factor for physical and cognitive problems, including heart disease and dementia, arguing that physical activity across the lifecourse improves both the quality and length of life at mid-life and in older age.

The quality of social relationships and social engagement have also been found to influence the ageing process and individuals' sense of well-being, and

evidence shows that in later life social relationships are a powerful influence on health and longevity, as well as in maintaining cognitive capability, and helping to prevent dementia (HALCyon, 2014). Lachman et al.'s (2015b) examination of the MIDUS (Midlife in the United States) longitudinal study shows that individuals who had supportive relationships, exercised regularly, and had positive attitudes about control in mid-life were better able to maintain their functional health and cognitive skills over a 10-year period.

2.2.4 Models of ageing

Defined by Rowe and Kahn (1987), a good deal of literature, largely within the North American context, invokes the term 'successful ageing' in relation to quality of life. Whilst the goal of Rowe and Kahn's work was to improve the lives of older adults by questioning what it meant to age successfully, and what individuals and American society could do to age successfully, Rubinstein and de Medeiros (2015, p. 35) argue that Rowe and Kahn were less than successful in addressing the role of society in creating the necessary conditions through policy changes to attain this desired goal. Defining Rowe and Kahn's work as a 'self-help' book, lacking human behaviour theory, Rubinstein and de Medeiros (2015, p. 37) argue that it makes no connection between the individual and socio-economic-demographic influences on ageing that are commonplace in most gerontological work.

The popularised term, 'successful ageing' is generally considered to be a state of absence of disease or disability, of high cognitive and physical functioning, and of being actively engaged with life (Nolen-Hoeksema, 2010b, ch. 14, Barrett et al., 2011). However, the concept draws many critics, due to its judgemental nature. There is little consensus on what defines 'successful ageing', although authors such as Bowling and Dieppe (2005, p. 1548) connect it with good social relationships [see section 2.6.4]. A cautionary note is issued by other authors, such as Ostenson, Falcus, and Chivers, who state that the very term 'successful ageing' is ageist, and denies the realities of ageing (Victor and Scharf, 2005).

Stowe and Cooney (2014) argue however that Rowe and Kahn's model of ageing can be improved by viewing the concept from a lifecourse perspective that includes contextual influences on development. These include: place, historical time, social structural forces, social-relational influences, and the heterogeneity of lives. Further criticism comes from the absence of religion, or the construct of spirituality as a contributor to ageing 'successfully' (Phillips et al., 2010, p. 211).

Lay views of what constitutes 'successful ageing' reach beyond the domains of mental, psychological, physical, and social health. Other components include: functioning and resources; life satisfaction; sense of purpose (Pinquart, 2002); financial security; accomplishments; physical appearance, sense of humour, and spirituality (Sadler and Biggs, 2006). Lay definitions of successful, positive, active, productive, or healthy ageing mostly allude to independence, in keeping with Maslow's hierarchy of needs, and the four domains of control, autonomy, self-realisation, and pleasure (Rowles and Bernard, 2013, p. 256). Whatever criteria make up 'successful ageing', it is argued that these should be applied to all stages of the lifecourse, and not just to older age (Ackerman and Banks, 2007, p. 20): *'A forward looking policy for older age would be a programme to promote successful ageing from middle age onwards, rather than simply aiming to support elderly people with chronic conditions'* (Bowling and Dieppe, 2005). One UK report on the oldest old (Grundy et al., 2007) stresses the importance of understanding the influencing factors, such as social interaction, to ageing well or successfully in order to provide for these at critical points throughout the lifecourse.

Active ageing, rooted in activity theory and continuity theory, and incorporating elements of previous conceptualisations, such as 'successful', 'healthy', 'positive', and 'productive' ageing, stresses the importance of an active lifestyle (Carroll and Bartlett, 2015), and of maintaining mid-life roles in older age (Hooyman and Kiyak, 2011, ch. 8). The antithesis of disengagement theory, the first theory developed in social gerontology (Phillips et al., 2010, p. 22), in which older people move aside to make way for the young, (Hooyman and Kiyak,

2011, ch. 8), the emphasis is upon contribution to society through work or volunteering, and the maintenance of social connections and a healthy lifestyle, allowing, or perhaps pressuring the individual to take control of her/his own ageing process. However, examining ageing from a lifecourse perspective allows us to connect the varying socio-economic relationships that impact upon ageing, such as income, health, and place, which do not always make it possible to enjoy complete autonomy in fashioning how one ages. Aligning with the ethos of the World Health Organisation (WHO) model, critics cite active ageing as an essentially productivist force that requires individuals to take responsibility for the quality of their own ageing (Twigg and Martin, 2015, p. 286). A gap thus is left unexplained and unexplored regarding the quality of ageing for so-called 'non-productive' individuals. Some authors suggest that a 'healthier' model of ageing is an inclusive one in which even the frail have a valued input (Boudiny, 2013). The issue of 'non-productive' ageing is discussed by Sadler and Biggs (2006) in their critique of spirituality within current models of successful ageing.

Spirituality, argues Tornstam (1997), is an aspect of the theory of gerotranscendence, a natural developmental phase of the ageing process amongst those in later life. Tornstam's (1997) study of Swedish men and women in later life reveals a shift from the material to a more cosmic view of life, and is normally accompanied by an increase in life satisfaction. Whilst some theorists, and laypersons, equate 'successful ageing' with continuity, or taking 'mid-lifestylism' into older age, gerotranscendence emphasises change and development. Tornstam (1997) states that amongst some older people, this means more than simply coping with an 'ageless self' in an ageing body, but transcending the duality of the two. This, the author states, may manifest in a renewed interest in nature or gardening. Rather than viewing gardening as leisure or therapy for older people, Tornstam finds that it is the connection, the 'at-one-ment' with nature that holds such meaning for older people. In a similar vein, the author finds that older people become more selective regarding their social relationships, shedding those with superficial meaning in favour of those

with depth. This choice is less about social disengagement and more about a search for authenticity.

Problems with defining and measuring the multi-dimensional, abstract concept of 'successful ageing' may partly explain why spirituality as a dimension to health and well-being in later life has largely been ignored in contemporary debate and policy, except under the rubric of religion, favouring instead the continuation of work roles among those at mid-life (Sadler and Biggs, 2006). This, the authors argue, provides a good basis for considering the spiritual domain within current health and social care policies and practices with older adults (Sadler and Biggs, 2006, p. 275). Supporting a spiritual dimension to ageing, Liang and Luo (2012) introduce the model of 'harmonious aging' inspired by Eastern philosophy. This discourse calls for a balance that supports differences rather than uniformity in older people, and eases the tension between activity and disengagement theories and appreciates both the opportunities and challenges in older age.

Timonen (2016) examines the models of 'successful', 'active', and 'productive' ageing, and also calls for a new theory on ageing, arguing that existing theoretical frameworks are incapable of connecting ageing policy with older people's experiences of ageing. The author regards these concepts as meaningless and individualistic, as assuming a high degree of individual control, and as 'consumerist' in nature. Timonen (2016, p. 39) discusses how active ageing is socially constructed in the policy sphere, and cites examples from policy-making organisations such as the United Nations (UN), the World Health Organisation (WHO), and the European Union (EU). The notion of active ageing was first floated in the EU in the early 1990s, and WHO officially established active ageing as one of its key policy foci during the UN's 'International Year of Older Persons' in 1999, through its publication 'Ageing – Exploding the Myths', a publication that acknowledges the tension between individual and societal expectations regarding how to age actively.

The WHO definition of active ageing: *'... allows people to realize their potential for physical, social, and mental wellbeing throughout the lifecourse and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance'* (Timonen, 2016, p. 42), is considered fundamentally flawed.

Timonen argues that there is a disjuncture between successful ageing and active ageing, due to the absence of any deeper understanding of health, or social and economic factors that influence lives (Timonen, 2016, p. 54). In her critique of the successful ageing and active ageing paradigms, Timonen emphasises the paucity of research around those who are not 'successful agers', that is, the sick, poor, socially excluded and or lonely, and whilst citing work by Scharf and Keating on this very issue, Timonen (2016, p. 85) highlights the dangers around a broad movement that attempts to make everyone 'eligible' as successful agers. Such 'model ageing', a term coined by Timonen, will become, the author believes, a new driver of social exclusion. She further criticises how policy and research conducted on older persons is hemmed in by preconceived notions that do not serve the real needs of older people, focusing instead on false 'models' of an ideal ageing driven by powerful and well-resourced groups (Timonen, 2016, p. 89).

2.3 *The gendered nature of mid-life*

2.3.1 Gendered theories at mid-life

The mid-life period is increasingly being viewed in literature as pivotal for women in particular, despite a dearth of relevant writing. A number of authors describe the period as the most poorly understood of the lifespan, and as: *'... fragmented, reductionistic, lacking agreement, and containing myths with little scientific basis ...'* (Biggs, 1999b, p. 87, Howell, 2001). Wiggs (2010) critiques the scarcity of literature on the lived experiences of late mid-life, post-menopause, but pre-old age women, stating that little is known about how women view

their 'inner being' as they leave behind their reproductive years. Wiggs (2010 p. 226) emphasises the importance of listening to the actual lived experiences of women, and to the meaning they attribute to their lives, in order to learn how to enhance quality of life in older age. Howell and Beth (2002) and Wiggs (2010) regard much existing literature on mid-life women as being too narrow and limited, and suggest that recorded experiences are no longer relevant, or no longer hold the same weighting. Howell and Beth (2002) argue that experiences specific to mid-life women are unique, and that some attempts in literature to describe such experiences are flawed by their limitations. Such limitations include: not focussing on a sufficiently extensive middle age range, or focusing on specific issues such as menopause or empty nest at the expense of in-depth analysis of the wide range of developmental stages within the mid-life period (Howell and Beth, 2002, p. 190). This criticism is echoed by Arnold (2005, p. 632), who sees a deficit on psychological, rather than physiological transitions at mid-life, and Wiggs (2010), who argues for the necessity to listen to mid-life women describing the meaning of their life and world, whilst struggling with the paradoxes in life experiences. Wiggs (2010, p. 220) argues the need for more research on the concept of self-transcendence and ageing, that is, the capacity to make meaning of experience through broadened perspectives and behaviour, and inner development. Lippert (1997) adds that lifespan milestones, such as menopause have been stereotyped as central and dominant, when in fact socio-psychological factors may have played equally significant roles. This view is supported by findings from the MIDUS study, which found that menopause and the 'empty-nest syndrome' were regarded as 'non-events', and that turning 30 years of age was found to be more disruptive than entering mid-life. New mid-life, gendered concerns are emerging to replace those from earlier historical periods, leading authors such as McQuaide (1998), to 'update' concepts that no longer hold the same weight. Thus, McQuaide addresses the issue of mid-life, not as a 'crisis', but as an 'opportunity', and replaces the 'empty nest syndrome' with 'full life ethos'. In the 21st century for example, there now exists a generation of mid-life women who have worked for an income for most of their lives, and who are not

necessarily financially dependent upon their partners (Arnold, 2005, p. 645). Such women may now re-discover themselves after a lifetime of personal and work-related compromises (Wray, 2007).

Whilst early work on mid-life was often of a clinical nature, studying women's 'problems, not triumphs' (Lachman et al., 2015a, p. 24), Lachman et al. (2015b) still state that mid-life can be a period of stress and crisis for women. The authors argue that multiple role demands, financial pressures, job loss, or divorce may cluster in mid-life, inducing a feeling of a lack of control, resulting in stress, crisis or depression. However, the authors caution that variations in experiences and influences at mid-life are highly contextual, arguing that it is necessary to study the individual within multiple contexts and across the entire lifecourse in order to enrich theoretical and empirical work on the middle years. Lachman et al. find the mid-life period to be pivotal in terms of balancing growth and decline, in linking earlier and later stages of the lifecourse, and in bridging older and younger generations. The authors speak of mid-life as a unique place, being at the intersection of decline and growth pathways. Life satisfaction, for example, may be on an upward trajectory, whilst cognitive and physical functions are on a downward path (Lachman et al., 2015a).

Biggs (1999b) also considered mid-life to be a unique place, worthy of its own study. The author coined the term 'mid-lifestyleism' as being a period of distinct values and attitudes, which: '*... the successful mid-lifestylist maintains for as long as body, money, and psychology allow*'. This may be considered to be a rather limiting view of mid-life, but like many authors, Biggs views mid-life as a paradox, full of contradictions. The author argues that the mid-life period is marked by a consciousness of what can be achieved within the finitude of time left, along with an increasing uncertainty around whether time is being spent optimally during the remainder of the lifecourse. Mid-life women are a heterogeneous sector in all societies, suggesting a need for intersectional research that may be capable of unravelling the individual nuances around the

lived experiences of women from all socio-economic-demographies, including those who are not troubled by the finitude of time.

The individualised perspectives and realities held by mid-life women are influenced by multiple factors, and cannot and should not be generalised. To illustrate this point, two contrasting, gendered perspectives on ageing at mid-life are proposed by Muhlbauer (2007): the expansive view and the contractive view. Adopting a psychological perspective, Muhlbauer states that women with an expansive view enjoy a sense of growth and opportunity, security and confidence; those with a contractive view experience vulnerability and loss of confidence, mainly as a result of perceived diminished physical and sexual attractiveness and inadequate intimate relationships (Muhlbauer, 2007). Mid-life is thus portrayed as both a positive and negative lifecourse stage, one that may bring crisis, but may equally be a time of positive awakening.

Degges-White and Myers call for new positive perspectives on gendered ageing at mid-life: *'Studies of midlife women's experiences are needed to dispel these negative stereotypes, and to inform both professionals and women themselves of the potential for positive growth in the midlife decades'* (Degges-White and Myers, 2006, p. 68).

Such stereotypes in perceptions of ageing are challenged in the socio-psychological studies of Burns and Leonard (2005). Like Biggs (1999b), Burns and Leonard consider mid-life as a 'watershed' lifecourse stage at which women in particular review their lives to date and are most ready to implement change. In their study of 20 mid-life Australian women, Burns and Leonard (2005) found that stories of gain outweighed those of loss, but that gains divided into those brought about by a woman's own actions, and those brought about by role change and the passage of time. In all instances it appeared that mid-life women found their present lives to be of a higher quality than their earlier lives, which the authors suggest could account for later life satisfaction.

Although participants may be guilty of 'vivifying' narrative and of selecting suitable memories to recall, findings such as these nonetheless question theories of loss and negativity in older age. A further examination of stereotyping is illustrated in Howell and Beth's (2002) US grounded theory study of eleven mid-life women, aged 40-60 years, which examines participants' lived experiences, feelings, behaviour, and perspectives. Although employing only a small sample size, Howell and Beth find that a popularised concept such as generativity, the passing on of wisdom, was absent from their study. The mid-life women of Howell and Beth's study focused instead on balancing their priorities, ceased to give back to society and began investing in themselves and their relationships instead, leading the authors to state that generativity has given way to self-actualisation.

Findings such as these suggest that the mid-life development of women may be changing from the days of Erikson's 1978 seminal work *Adulthood*. For example, studies by both Howell and Beth (2002) and by Howell (2001) find that contemporary mid-life women enjoy being middle-aged, are less influenced by others' opinions, are more self-assured, and feel free to enjoy themselves. Participants sought mid-life role models with whom they could positively identify, and challenged negative stereotypes of middle-aged women, claiming that the 'baby-boomer' generation is not prepared to accept old clichés (Howell and Beth, 2002, p. 204). Although largely an American term, Biggs et al. (2007) also examine UK 'baby boomers' (deemed to be those born in the late 1940s and early 1950s, some of whom may be classified as being at mid-life at the time they conducted their study), as benchmarking their lifecourse stage against their successors, rather than their predecessors in a bid to solidify their identity with those in the younger cohort. This suggests an imperative for studying the behaviours, perceptions, and identities of this highly self-aware cohort that may shed light on their expectations and demands for older age beyond mid-life (Biggs et al., 2007).

The concept of time, its finitude and its limitations is discussed in a number of studies on gendered mid-life. The availability and speed of time is examined in a study by Arnold (2005), which finds participants anxious to accomplish outstanding goals at mid-life. A study of class, gender and time poverty amongst British workers finds consistent gender differences. The study shows that working women experience multiple and more severe time constraints, which may impact on their leisure and social participation (Chatzitheochari and Arber, 2012). Examining such experiences from a lifecourse perspective helps shed light on whether women are disadvantaged by a history of time poverty that may set a pattern for life. An Australian study by Strazdins et al. (2015), although not restricted to mid-life women, examines the concept of time and its relationship to health, and finds that constraints on time, common to many mid-life women, may act as a barrier to good health, especially around the areas of physical activity and preparing healthy food. The authors also find that time pressure, the act of rushing, and fatigue can adversely affect mental health, and induce stress.

2.3.2 Intra-mid-life perspectives on ageing

A number of authors have addressed the concept of intra-mid-life personality change, although it must be noted that sample sizes are sometimes small, or are within a North American context, in which the ageing process tends to follow a more individualistic approach (Stewart et al., 2001, p. 34). Apter (1995) cites studies of women between 39-55 years of age displaying considerable intra-mid-life differentiation. Women in their forties displayed similar, wilful, questioning characteristics to those of an adolescent, and spoke of feelings of impotence, uselessness, or insignificance; those in their fifties were more self-assured, more likely to both know and speak their minds, and freed from the weight of external images and expectations, considered their fifties to be a turning point in their lives. Conversely, Stewart et al.'s (2001) psychological study finds that mid-life women in their forties experience more 'identity certainty', more generativity, more confidence, and more concern about ageing

than they did in their thirties. Meaningful generalised conclusions from this study are limited given its research sample of North American, highly educated women, and compounded by the issue that the thirties is seldom regarded as being within the mid-life period.

Such diverse findings may be relevant solely to this study, but Arnold (2005) does believe that contemporary women in their fifties are a unique population whose life experiences span old and new ways of thinking. The author suggests that, psychologically, mid-life women begin to think differently about their own lives from their late forties onwards, and consider new themes in life, such as achieving balance, changing direction, and re-defining the self and significant relationships. Arnold's mid-life women speak of letting go of material things in favour of spirituality and exploring the inner being, of discovering that the world really is their oyster; and of paying increased attention to siblings and friends: *'... the forties were so full of obligations [making] the fifties appear idyllic'* (Arnold, 2005, p. 645).

It may be the case that some women do become more self-assured with each passing decade, and further research may prove that the sixties are even more 'idyllic' than the fifties. However, the mid-life period is shaped at least in part by earlier lifecourse experiences, and thus it can be argued that cumulative disadvantage (Dannefer, 2003) from earlier life may be carried forward into mid-life, rendering this lifecourse stage no better than previous ones. Burns and Leonard's study (2005) finds marked intra-mid-life differences in levels of stress, which were especially pronounced when comparing people aged 60-65 years with those aged 40-45 years. None of the younger group referred to stress relief strategies, and appeared to be fully engaged with the multiple crises of family life, such as social relationships, health, and work. This was in contrast to the older mid-life women, who appeared to have moved beyond such stressors (Burns and Leonard, 2005). The study also finds marked differences between these two groups of mid-life women regarding the importance of self-actualisation, with the younger group speaking of a desire for

personal space and fulfilment, concerns that were missing from the narratives of the older group. Such findings appear to contradict those of Howell and Beth (2002), whose study of mid-life women between 40 and 60 years finds evidence of self-actualisation across this entire mid-life period.

More nuanced research of those in their fifties has been conducted by Niemela and Lento (1993), whose study of 30 women in Finland compares those aged between 49-51 years with those between 52-55 years of age. Findings show that on a number of issues, the slightly older women experience their lives and relations more positively, something which the authors explain in terms of the 50th birthday beginning a process of 'self-focused individuation'. Explanations as to why such differences should exist between groups of mid-life women so closely related in age vary, but the primary catalyst suggests the significance of turning 50, and the entry into a new appreciation of gains, not losses. However, such findings must be assessed in light of the relatively small sample size, the geographical context, and the age of the study.

Mitchell and Helson's (1990) quantitative, psychological study of 700 college alumnae, aged 26-80 years, states that women's prime of life lies in the early fifties: '*... an androgynous time of good health combined with autonomy and relational security*'. The authors argue that 'prime women' (those in their early fifties) were better positioned than women in younger middle-age, enjoyed better health than women in later middle-age, and had more income than either of these groups (1990, p. 451). Mid-life women in their early fifties were also found to be less concerned with future loneliness, ethical, philosophical, and spiritual issues. This 'prime group' stands out for its combination of engagement with people, careers, and community service, happiness, yet with a lack of soul searching, which appears to arrive at a later stage of mid-life (Mitchell and Helson, 1990, p. 459). Again, such findings must be considered within the context of the study's age, its wide sample range, its methodological approach, and its North American backdrop.

In contrast to those authors who cite more positivity in later mid-life compared to earlier mid-life (Burns and Leonard, 2005, Arnold, 2005), and who herald the fifties as a mid-life 'golden age', Pearlman (1993) argues that there exists a developmental transition known as 'late mid-life astonishment', which is found amongst women aged 50-60 years. During this decade, women appear to become suddenly aware of the acceleration and stigmatisation of ageing, as well as feeling both amazed and desperate at the convergence of diminished physical/sexual attractiveness and the multiple losses and adjustments associated with this life stage. This transition can leave the individual vulnerable to low self-esteem and even: '*... trauma and shame connected to a changed physical self*' (Pearlman, 1993). This, Pearlman argues can lead to feelings of identity confusion, loss of confidence, and depression. The astonishment that Pearlman attributes to late mid-life women refers to the emotional shock contrasting how women perceive themselves with the reality of how they are perceived by others. Mid-life brings stigmatisation as women in their fifties find themselves increasingly invisible to both men and younger women (Pearlman, 1993, p. 2). Butler (2004, p. 182) argues that societal notions of gender and identity help create feelings of stigmatisation. Questioning what is 'normal' about the binary of male and female, Butler states that gender is not what one 'is' or 'has', is a social construct subject to change, and is embedded in contemporary social, political and legal discourse.

Whilst not considering the concept of gendered ageing as a stigma, Goffman (1963, ps. 1-40) highlights those who are 'discredited' in some manner by physical, mental, or socio-economic conditions that deny them respect and regard. Goffman (1963, ps. 1-40) reflects on the discrepancies between the individual's virtual and actual identity that makes her or him feel unaccepted by others. The identities and processes that underpin stigmatisation are discussed throughout the works of Butler (1999, 2004), who coined the term 'ageism' in 1969, and who argues that the stigma of age pervades more than images, words, actions, or attitudes, and is deeply embedded in society's bigotry against ageing men and women.

While Mitchell and Helson (1990) suggest that the early fifties is a time of 'prime' supremacy, Pearlman (1993) suggests that the period is fraught with negativity, culminating in an unwanted turning point into old age. At 60 and beyond, late mid-life women find that passing as younger is no longer possible, that losses in health and sexuality are now a reality, and that younger people lose interest in social intercourse. Such broad statements on older women must again be considered within Pearlman's North American context. The study is also over 20 years old, and fewer contemporary women in their sixties, particularly in developed countries, are likely to consider themselves as old aged, and socially excluded from younger generations. Pearlman does make a valid point however regarding women who are financially self-dependent (Pearlman, 1993, p. 2), in that a lack of financial resources may negatively influence self-identity and perceptions on ageing (Biggs, 2005). Despite the many perceived negativities Pearlman associates with late mid-life, she does conclude that ageing women eventually re-configure their identities in light of losses and changes, emerging with a renewed sense of self-acceptance. The 'age terrorism', conceptualised by Pearlman, may have its roots in theories such as social identity, terror management, and the double standard of ageing (Chonody and Teater, 2016), which manifest in a dread of looking old, and being associated with impending death. Chonody and Teater (2016, p. 124) argue that the fear of being outcast and socially avoided is heavily gendered. Women become both invisible and hyper-visible as they age in that they are both ignored and judged solely on their public face. The authors conclude that nothing will change until society loosens the boundaries between the young and the old, and embraces ageing as a normal process, as opposed to one to physically avoid. Social identity theory, which focuses on the individual's longing for group membership and self-identity within society, and terror management theory, which holds that individuals have a natural instinct for self-preservation, which they manifest by avoiding older adults who remind them of end of life, augment Sontag's 'double jeopardy' of ageing by helping to explain the gendered fear of ageing (Chonody and Teater, 2016, Sontag, 1972).

Terror management theory, based on the writings of Becker, seeks to control anxieties around end of life, and argues that humans manage deeply-rooted fears around death through symbolic constructions of meaning and corresponding standards of value (Martens et al., 2005). Reflecting on the relationship between terror management theory and ageism, Martens et al. suggest that older people, female and male, present an existential threat for those at earlier stages of the lifecourse as older people are a reminder that death is inescapable; the body is fallible; and bases used to secure self-esteem and manage death anxiety are transitory (Martens et al., 2005). Specifically, the threat of death; of 'animality', or bodily deterioration; and of insignificance, or diminishing self-esteem, combine to feed ageism. Such terror can only be contested by: accepting our own mortality; and investing in lasting bases of self-worth that transcend ageing (Martens et al., 2005).

The late mid-life period of the sixties is examined, from a feminist perspective, in Siegel's (1993) study of 56 women, aged between 60 and 70 years. Siegel suggests that this is the decade during which women engage in activities before it is too late: time, becoming scarcer, pushes women in later mid-life towards expediting new experiences, such as educational opportunities, travel, volunteering, and re-assessing personal relationships: *'Call it wisdom, or call it life experience; our late life learning adds to an inner sense of knowledge about ourselves and our place in the universe'* (Dorner et al., 2005, p. 285).

2.4 Cultural perspectives on mid-life ageing

2.4.1 Social identity

Authors on gendered ageing appear to propose mixed theories to explain cultural perspectives. The anthropological study of Project A.G.E. (Keith et al., 1994) examines the ageing experience of men and women across seven communities in four continents in order to understand the meanings attached to age in different socio-cultural settings, and finds both patterning and

diversity of social identity. Some authors on gendered ageing adopt highly individualistic approaches in which mid-life women are largely responsible for their own ageing and identity, whereas other authors consider gendered ageing identity through such societal influences as class, income, education, and place. Differing cultural perspectives on ageing are highlighted within the phenomenon of felt and biological age. The juxtaposition between biological or chronological age and subjective, cognitive, or felt age serves to underscore the importance of social and corporeal identities at mid-life, and of their impact upon quality of life, as articulated by the widely used trope of not 'feeling' old (Biggs, 2005). Age may just be a number (Hogan, 2016), but studies by Biggs et al. find that there appears to be an average of 20 years cited between participants' actual and felt ages (cited in Degges-White and Myers, 2006). The importance of this time lag is demonstrated in the connections between perceived age and a sense of well-being. Degges-White and Myers' (2006) study examined 224 women aged 35-65 year of age, and found a positive relationship between subjective age and wellness, where subjective age was reported as younger than chronological age. This suggests health and quality of life implications linked to perceived age, which may either advantage or disadvantage mid-life women, depending upon her own assessment of 'self'. A number of authors (Andrews, 1999, Liang and Luo, 2012), take issue with the illusion of an 'ageless self' as a social construct, something that lives beyond the ageing body, and deem 'agelessness' to be essentially ageist. Andrews argues for example that the entire cosmetics industry is founded on the principle that there is an ever-widening bifurcation between the body and the soul as one ages, which must be controlled in order to meet societal approval.

Maintaining a social identity in later years becomes increasingly difficult for women (Biggs, 2005, Siegel, 1993), who, argue the authors, become increasingly invisible with age, prompting older women to search for a deeper meaning in life that will serve them for the remainder of their days. For some this comes with increased spirituality, for others by learning new skills.

For all, personal growth, however it is achieved, may well be accrued against a backdrop of losses, shifts in relationships, reduced socio-economic conditions, and diminishing health.

Social identity may be manipulated in order to present the 'self' in a desired light: 'impression management' (Goffman, 1959, p. 183). The individual may emit a controlled and uncontrolled impression of herself in order to achieve a desired gain, for example, social acceptance. Those 'others' who receive this impression may help to further endorse it by their acceptance, leading possibly to a joint collusion based upon no reality. In this regard the 'self' is a performer playing a role, a role Goffman (1959) argues enables us to better know one another and ourselves. Biggs (1997) and others, such as Muhlbauer (2007, p. 107) write of a mid-life masquerade (a term originated by psychoanalyst Joan Riviere (1929), of the 'self' worn to comply with personal choice of identity, but which may no longer serve the mid-lifer as she attempts to unravel past identities and create a legitimate narrative for the second half of life. Biggs asserts that masquerades, or masques, are a form of falsehood, hiding the true self from society, for fear of rejection. Such fear of rejection may cause those in their forties, fifties and sixties to perceive, interpret and contextualise their ageing differently: *'... over time, people necessarily change their positions within age relations, whereas they may not shift locations within such other inequalities as gender, class, race, or sexuality'* (Biggs, 1999b, ch. 5).

Challenging this argument somewhat, Ballard et al. (2005) ask what lies beyond the mask, and conclude that although much of the recent sociological literature suggests that we live within an age-resisting culture, where individuals aspire to create a highly valued, youthful body image, findings indicate a more acquiescent approach to ageing. The authors find that the mid-life women of their study, aged between 51 and 57 years, were only motivated to resist public ageing, for instance by hair dyeing, up to the point that their physiological internal, private, invisible ageing, such as reduced stamina and aching joints, reminded them that their bodies continued to age, irrespective of public

appearance. This divergence between public and private ageing may be in part explained by Chasteen et al.'s (2011) study of reactions to age concealment techniques, in which the authors suggest that, other than by mild concealment in the form of superficial cosmetic applications, age concealment has not yet become universally accepted, due to potentially unfavourable reactions and social consequences.

The backdrop of losses, including identity, to which Siegel (1993) and others allude do not meet with universal consensus within the literature on mid-life women. Some authors (Hockey and James, 2003, Falcus, 2013) believe that the individual herself can transcend socio-economic influences on ageing. Hockey and James (2003) state that identity is now increasingly viewed not as fixed or ascribed, but as emerging out of and through people's social relationships, a perspective that focuses attention on the relationship between the self and society. Regarding identity, Muhlbauer (2007) and others posit that mid-life women, influenced by the freedom of a feminist movement, tend to adopt a more 'masculine' identity, embracing such qualities as increased instrumentality and assertiveness (Hockey and James, 2003 p. 6). Today's women in their fifties may have more in common with younger, rather than older adults, and be likely to identify more strongly with younger adults of today than mid-life adults of previous generations (Muhlbauer, 2007, p. 101).

Establishing how women perceived their identity at mid-life prompted Howell and Beth (2002) to ask participants what it felt like to be middle-aged. Findings show that mid-life women rejected or ignored the label of 'middle-aged', and whilst being aware of mid-life changes, rejected ageist social stereotypes. The authors attempt to clarify in their study the difference between being and feeling middle-aged, with the most common clarification appearing to relate to whether the participants were speaking of other mid-life women or themselves. When referring to other women, Howell and Beth's participants often used negative descriptors, whilst applying positive descriptors to describe themselves (Howell and Beth, 2002, p. 193).

Mid-life women have also been found to manage self-identity by distancing themselves physically and psychologically from older people. However, studies have shown that as ageing individuals' health worsens, it becomes more difficult for people to disassociate themselves from old age, and may be the pivotal point at which individuals finally admit to being in old age (Oberg and Tornstam, 2001).

Existing literature suggests that ageing identities adopted at mid-life, as a result of external and internal perceptions, may well shape experiences at a later lifecourse stage, and if visual and verbal images of ageing and old age are negative, as may be the case in much of Western society, it is unsurprising that many individuals view ageing and old age with dread, or at least curious anticipation, instead of joy, (Rowles and Schoenberg, 2002).

2.4.2 Corporeal identity

Marshall (2015) states that the individual tailoring of the ageing body, in response to 'healthy ageing' policies for exercise, diet, and risk factors, has become a key aspect of fashioning the self in later life. In what Marshall calls 'post-ageist ageism', the ageing individual is obliged to take responsibility for her own health and identity outcomes, irrespective of socio-economic influences. Cooley (1902, p. 152) refers to the social self, or 'looking-glass self' to describe the relationship between what the person identifies and what the 'other' perceives, using the analogy of viewing the face, figure, and dress in the glass. This 'self-idea' is based upon three principal elements: the imagination of our appearance to the other person; the imagination of his or her judgement of that appearance; and some sort of self-feeling, such as pride or mortification. The 'self' then is understood through its relationship with others.

Mid-life women are represented in much of existing literature as more at risk on all fronts than their male counterparts, in part due to their declining reproductive system and the onset of menopause. Authors however disagree

over the role of menopause in women's identity. Some research has found that better off and better educated women seem to enjoy a more positive perspective on the menopause and mid-life (Westerhof and Tulle, 2007).

Gannon (1999) however claims that a woman's menopausal status has become a crucial component of her identity, where her career, roles, accomplishments, and lifestyles are all constructed within a hormonal paradigm, in which she is biologically disadvantaged. Regarding the menopause as more of a 'non-event', Gullette (2015) concludes that women are more at risk from the discourse that makes them out to be the 'menopausal' gender than from the menopause itself. The author argues that Western culture pits mid-life women against their younger selves, leaving women to feel 'doubly cursed' by their gender and age. Menopause is in fact considered by many authors (Gullette, 2015, Arnold, 2005, McQuaide, 1998), to be a 'non-event', not because it is in any way trivial, but because today's mid-life women are better able to contextualise this life-phase for what it is: a natural biological phenomenon.

If body changes associated with ageing are affiliated to self-identity, it is unsurprising that: '*... older people either tinker with bodily appearance or deny bodily ageing*' (Ackerman and Banks, 2007, p. 17). Interventions such as hair dyeing, exercise, and body reconstruction may be interpreted as measures to maintain 'mind-body integrity' as well as fulfilling the demands of post-modern society to look after the self through the care of the body (Westerhof and Tulle, 2007, p. 251). Whilst some studies show that only small numbers of individuals are prepared to resort to cosmetic surgery to maintain a youthful appearance, men and women of all ages have been found to identify slenderness and positive bodily appearance with youthfulness, suggesting that resistance to ageing means beating bodily ageing (Westerhof and Tulle, 2007). Attempting to alter bodily appearance is, O'Brien (Westerhof and Tulle, 2007) cautions, likely to lead to deviant behaviour, such as eating disorders. In one particular study of mid-life American women it was found that weight status was the largest predictor of body image, and evidence of associated eating disorders at mid-life is increasingly common (Chrisler, 2007).

Other research shows however that although many older people may be dissatisfied with their expanding bodies, they perceive weight gain as a natural part of ageing, and resist dietary measures (Hurd-Clarke, 2000).

A study by Banister (1999b) of eleven mid-life women, aged 40-53 years old, found that women struggled with a sense of incongruence or ambiguity as they attempted to come to terms with a changing body that was becoming less valued in terms of societal and personal standards of youth and fertility. As quoted by one of Banister's participants: *'... I think I'm mentally, emotionally, and spiritually getting riper and riper, but there is the feeling that I'm less worthwhile in terms of attractiveness'* (Banister, 1999b, p. 526). However, while Banister found that mid-life women felt their young selves to be trapped inside ageing bodies, they also had begun to honour their own bodies, providing an investment into quality of life in old age (1999b, p. 527). The study's participants were found to become more proactive with age, reclaiming their power from external sources like doctors, re-defining their own identity, and adopting more self-enhancing life choices. This suggests that mid-life women may be less concerned with actual physical ageing than with the cultural context within which ageing issues are interpreted (Banister, 1999b, p. 532).

Clarke and Bennett (2015) concur with Andrews (1999) that the control of natural physical ageing is essentially ageist. Denying the body the right to age, argue the authors, provides a vehicle for society and the 'ageing' to distance themselves from the 'aged' who have already capitulated to the perils of growing older. This more subtle form of ageism in which those who adapt 'successfully' to ageing appearance, leaves those who do not, open to question or recrimination. Some studies (Dumas et al., 2005) draw links between class and older women's bodily experiences, and suggest that the more affluent are better positioned to avail of their advantaged social and cultural capital in order to try to arrest signs of bodily ageing. Working class women, it is argued see more to be gained by focusing on health, well-being, contentment, and relationships, as is reflected in the findings of this study.

2.4.3 Ageism and stereotyping

Embedded in ageism is limiting and sometimes erroneous data. That is, societal perceptions may contradict empirical reality. For example, studies depicting fear of older age (Bernard et al., 2000), and of dependency, poverty, frailty and isolation are not supported by Baltes and Mayer (1999), who show in their seminal '*Berlin Aging Study*' that in reality older people are often happy, content, connected, and healthy.

A number of authors (Butler, 1969, Sherman, 2001, Saucier, 2004, Sontag, 1972) acknowledge that while both men and women can experience ageism, women are considered to be more vulnerable, due to what Sontag (1972) notably refers to as the 'double jeopardy' of ageism and sexism. Sontag argues that not only do the aesthetics of ageing mitigate against women, but that the standards of those aesthetics are more narrowly defined for women. Women are also perceived to age earlier than men: between 60 and 64 years for men, compared to 55 and 59 years for women. This may account for Sontag's assertion (Saucier, 2004, p. 421) that women routinely lie about their age in order to compete on a more even platform. Whilst Sontag's findings may be considered dated and too absolutist, her views may well resonate with older women who feel they have no physical, cerebral, or philanthropic qualities to celebrate, and who may feel marginalised from what society deems to be 'successful' or 'positive ageing' (Timonen, 2016).

Whilst addressing both genders, Levy (2001) alerts against 'implicit' ageism, that is, feelings and behaviours towards older people that exist and operate without conscious awareness or control, but which nonetheless form the basis of most interactions with older individuals. Based on findings from Palmore's 2001 US Ageism Survey, Levy highlights the dangers of ageism for all older individuals: continued subliminal exposure to negative age stereotypes can pose serious cognitive and health risks, including a heightened cardiovascular response to stress, and reduced self-efficacy (Levy, 2001, p. 579).

Only meaningful inter-generational contact is likely, argues the author, to reduce ageism or prevent its growth.

Defying cultural context may help to explain research that shows some mid-life women avoiding older women. Oberg and Tornstam (cited in Levy, 2001, p. 579) allude to this new, subtle form of stereotyping that discriminates between self and others, arguing that denying one's own actual age, irrespective of how one looks or feels, may in itself be considered a form of ageism. Pietila (2001) observes that mid-life women may distance themselves from older women by language, and by referring to older people as 'others'. Reluctant to be associated with a cohort negatively stereotyped as frail, dependent, and lonely, mid-life women are able to project a positive personal identity for themselves (Pietila and Ojala, 2011). Gullette (Banister, 1999b, p. 534) alludes to the dangers of 'gerontophobia', in which those at mid-life try to push out ageing 'decline' issues to a future point of the lifecourse, thereby extending the mid-life period. However, decline need not be the norm in older age, and Gullette cautions that resistance to ageing must itself be resisted: *'The effects of this binary are to constitute ageing as a biological truth; to build failure into acceptance; to construct rejuvenation as the only egress, and consumption of goods, services, medications as the only means'* (Gullette, 2015).

A number of complexities exist around ageism: mid-life women may readily express an awareness of ageism against others, but deny such a concept against themselves. Research shows that far fewer people report being the subject of ageism than witness it levelled against others, an illustration of what Giles and Reid (Gullette, 1997, p. 206, Giles and Reid, 2005) refer to as 'personal/group discrimination discrepancy'. It also appears that 'intra-generational' ageism is as prolific as inter-generational ageism, with much of ageism stemming not from youth, but from one's age peers. Furman's (1997) ethnographic study of older women within a hair salon found ageism to be commonplace amongst older women who looked younger than their actual age, and who colluded with age-related stereotypes by adopting the attitude that old age and its negative

consequences were for 'other people'. This led the author to assert that to deny one's age, or revel in the glory of being perceived as younger than one's age is ageism (Furman, 1997). Whilst older women who 'age well', that is, whose physical appearance is deemed highly attractive, are admired, it is for their age-defying techniques that they are lauded, and society rewards them by stating that they do not look their age: the ultimate accolade. Regarding an iconic sign of ageing, grey hair, authors cite this as a marker of the passage of time during which biological and biographical ageing intersect, and provides a base for potential age discrimination. The authors discuss the practice of hair dyeing as relating to the broader dilemma that disaggregates older women, allowing them to age more 'successfully', and reduce a social invisibility. Ward (2011, Ward, 2015) argues that hair alterations intersect with class, gender, sexuality, race, and age, and form an important resource for embodied agency.

In her personal account of ageing as a Jewish lesbian, Healy (cited in Ward, 2015) tellingly states that only when she became honest with herself on the issue of ageing, could she begin to confront an old age to look forward to. Leading a busy mid-life in her forties and fifties in which she assumed that she could side-step ageing issues, Healy was only confronted by an ageism that she could not deny when she was forced to acknowledge external perceptions of her as an old woman. Although she continued to feel young inside, Healy decided to tackle ageism head-on by establishing groups of similar women, minimum age 60 years, who insisted on being identified as old and not middle-aged. Concurring with Copper (1988), Healy argues: *'The ageism which old women experience is firmly embedded in sexism, an extension of the male power to define, control values, erase, disempower and divide'* (Furman, 1997, p. 169). However, twenty years on, 60 years of age would not normally be considered as old aged in a number of contemporary cultures.

Not all authors concur in full with theories on ageism, such as those associated with Sontag or Healy.

Sherman (Healey, 1993, Sherman, 2001) refutes the idea of double standards of ageing, stating that middle-aged women are not rated as less sexual than their male counterparts. Chrisler (Sherman, 2001, Chrisler and Ghiz, 1993) concurs, stating that mid-life self-esteem is drawn primarily from individual accomplishments, not body image, and argues that most research on body image to date has been on ornamentality rather than functionality. This argument is supported by Wiggs (2010), who paints a picture of late mid-life women who no longer feel the need to appear outwardly young and who reject outward success in favour of '*self-transcendence and happiness*' (Wiggs, 2010).

There is clearly divergence in the theories of ageism. Some authors address ageism as a single concept; others find that it cannot be disentangled from issues of gender. Some authors (Ackerman and Banks, 2007, p. 12) suggest that gendered ageism does not carry the same weight today as it did only a few decades ago, or that women are judged more now on their accomplishments than on their looks (Wiggs, 2010). The truth, as ever, is complex, being dependent upon multiple social, cultural, and economic influences.

In order to explore the relevance of theory on the various cultural perspectives experienced by mid-life women, it is important that all contexts are examined. It is with this in mind that this study now addresses mid-life within its rural context.

2.5 *Mid-life in its rural context*

2.5.1 Defining rurality

As noted in Section 2.2, defining mid-life is challenging and subject to variations across disciplines, and over time periods. This is equally the case in relation to definitions of rurality, which are subject to cultural variations. Scharf et al. (2016a) highlight the historical lack of critical and analytical focus within gerontological rural research, which the authors attribute in part to 'rural' being

viewed as a research setting rather than '*... an ever-changing context that can potentially shape experiences and outcomes for older people*'. The complexities around defining 'rural' or 'rurality' are also addressed within the Grey and Pleasant Land project (GaPL), (Hennessy et al., 2014), in which numerous considerations, including space, lifestyle and proximity to urban areas are discussed. Due to the contested issues around 'rurality', Hennessy et al.'s GaPL project (Hennessy et al., 2014) studied geographic areas that embraced, amongst other factors, social, cultural, political and economic differences, identifying three 'types' of rural areas for research: 'remote and deprived'; 'less remote and deprived'; and 'relatively affluent and accessible'. Cultural variations of what constitutes 'rural' result in definitions being problematic, and it appears that the term is used more as a descriptor than a definition. It is argued in fact that there is no such thing as an objective definition of rurality, only hybrid rurals (Woods, 2011, p. 34, Halfacree, 2006, p. 45). Two approaches that are useful in the examination of rural are: rural as a distinctive type of locality, and rural as a social representation (Martin, 2000).

Type of locality approaches define rural by socio-spatial characteristics, such as population size, density, and distance from urban centres (Atkin, 2003, Halfacree, 1993). This approach deems rural to be a physical entity that can be studied objectively, but is limited in that definitions vary from country to country. For example, in the UK a population of under 10,000 people denotes a status of semi-rural (Hart et al., 2005) , whereas in Ireland rural denotes locations with fewer than 1,500 people and a population density below 150 per sq. km (Barham and Begum, 2006). Detractors of the 'locality' approach deem it to be a-theoretical and of limited use.

The social representation model of rurality, as is employed in this study, considers the meanings attached to rural. Situated within a wider model that conceptualises the intersection between rural as social representations, or the imagined rural, and rural as material, or locality, Halfacree (2006, p. 48) draws attention to rural space in the form of everyday practices.

By this, Halfacree argues that rural space and rural time cannot be separated, and that the material space of the rural locality only exists through the practices of structural processes, and the ideational space of rural social representations only exist through the practices of discursive interaction. Rurality as a social construct, or an imagined entity realised through particular discourses or ways of understanding rurality, amounts to 'situated knowledge' produced by the experiences of individuals and reflective of, amongst other things, their age, gender, ethnicity, social class, and education. Lay discourses of rurality articulate how people in rural areas understand their locality to be rural, and who is and is not considered to be rural; as well as explaining changes to the fabric of rural place. Lay discourses also frame lived experiences and perceived needs of rural individuals (Woods, 2011, pgs. 38-39).

Mahon's (2007) study of rural/urban fringes in Ireland, in which she defines place as the product of social space, emphasises physical and social characteristics of rural, such as green fields, open spaces, and visual signs of farm animals, along with more intangible aspects such as tranquillity and sense of community. Mahon's (2007) study finds that perceptions of rural may be established in relation to those of the urban, but are influenced by notions of the 'rural idyll'. The social representation model that researches people in context is considered to be a more holistic approach, and avoids the fallacy that rural inhabitants can be studied as an homogenous group. This model reflects a set of values, attitudes, beliefs, and behaviours, and examines the experiences of rural inhabitants in relation to their social and physical environments. Social representation models (Mahon, 2007, Martin, 2000, Coward and Krout, 1998) underscore the heterogeneity of rural people, emphasising that differences do exist between rural individuals who live on farms and those who do not, as well as amongst rural individuals of differing race, income, degrees of rurality, age, and gender. Kivett (2001, 1988) also adopts a social representation approach to define rurality, citing the qualities of rural inhabitants as embracing: courage, optimism, self-reliance, mutual support, efficiency, imagination, skill, common sense, and determinism, some of which she cautions, have helped to render

rural women isolated and under-served, as their self-reliance may be taken for granted by those who influence the distribution of resources.

In Thurston and Meadow's study of mid-life women in rural Canada (Thurston and Meadows, 2004), rural life is defined as being symbolised by an interaction of compositional (demographic and characteristics of people) and contextual (environmental features) factors, including: clean air, peace and quiet, wildlife, nature, space, and connections with neighbours and communities. Phillipson and Scharf (2005) critique the concept of rural within gerontology, suggesting a lack of empirical clarity between definitions of rural and urban, and leading the authors to argue for new theoretical discourse on contemporary rurality. The authors question the current degree of similarities and differences between the two environmental settings, mirroring Rowles' (1988) renowned statement in which he asked *'What's rural about rural ageing?*

2.5.2 Rurality and ageing

How and why living in a rural setting affects the status and experiences of older individuals is addressed in the seminal work of Arensberg and Kimball (2001), an anthropological study of rurality within north County Clare, Ireland in the 1930s. Amongst its comprehensive findings on family and community, is that of reverence for older people, attributed to: the late age at marriage, rural property transfer issues, the mother-son relationship, and youth migration (Streib, 1972). Reverence for older people is also borne out in part by findings of this study. Two participants of this study, Kathy and Carole, reported great affection and respect towards their mothers, who lived with them and for whom they acted as primary carers. Another participant, Rachael held her old-aged female employer in high regard, whilst other participants looked out for the well-being of older neighbours. Arensberg and Kimball also address the issue of reflection by mid-life and older people on the difficult life conditions endured by previous generations (Arensberg and Kimball, 2001, pgs. 164-166), and on the perceived easy life conditions enjoyed by those younger than

themselves. Some participants of this study, such as Margaret, concurred, by reflecting on the hard domestic physical work endured by her late mother-in-law on their farm in Connemara. Few participants however of this study reported any negativity towards the lifestyle of younger generations, instead regretting the continuation of youth emigration, as articulated by those participants whose children were working abroad due to diminished employment prospects in rural Ireland. One participant however, Hilary, tempered her empathy for youth unemployment with her observation that the younger generation appeared to be disinterested in their neighbours, which she felt detracted from rural intimacy. An area of commonality between Arensberg and Kimball's (Streib, 1972) study and this one are the cited instances of strong inter-generational social mixing, which are regarded in a positive light. Rural Ireland continues to share some of the socio-economic features from studies such as those of Arensberg and Kimball, and Irish sociologist, McNabb. McNabb's (cited in Streib, 1972) rural Limerick work speaks of a continued ageing population, youth emigration, and a high level of 'never-marrieds'. In other aspects however, rural Ireland is much changed since the days of such studies. Ireland's population is no longer declining overall, although some regions, including County Galway are, including that of Clifden town, at the centre of Connemara:

[<http://www.cso.ie/en/releasesandpublications/ep/p-cpr/censusofpopulation2016-preliminaryresults/geochan/>; downloaded on 17/1/17].

However, the age of marriage continues to increase across rural and urban areas:

[<http://www.cso.ie/en/releasesandpublications/er/mcp/marriagesandcivilpartnerships2015/>; downloaded on 17/1/17].

Another study, by Krout (1988) explores socio-cultural influences on ageing, and questions rural stereotypes that perpetuate the myth of rural life being an

inferior version of urban life, but contemporary rural studies have gone beyond reductive urban-rural comparisons. Rurality itself is a hybrid that is defined by rural networks and relations that require new ways of understanding (Woods, 2011, pgs. 41-42). Rather than limiting our understanding of rural by simply comparing it within a social gerontological perspective of contemporary urban studies (Phillipson and Scharf, 2005, Scharf et al., 2016a, Keating, 2008, Hennessy et al., 2014) argue for more intra-rural explorations in order to broaden the debate on influences of social inclusion and exclusion in later life. This, the authors argue produces a more productive comparison of crucial issues within rural communities, such as self-identity, poverty, deprivation, gender and ethnicity, and helps to challenge views and myths around rural ageing. Woods (2011, pgs. 40-41) echoes these views by emphasising the relational account of the rural, and of how the social construction of rural is embedded in related networks of social, economic and political relations. This relational approach focuses on the significance of networks, connections, flows and mobilities that constitute space and place, and the socio-economic-cultural and political forms and processes associated with them. The social constructions of rural are exemplified in the rich diversity of cultural forms of the research Project A.G.E., a global, cross-cultural anthropological study by Keith, Fry, Glascock, Ikels, Dickerson-Putman et al. (1994).

One such relational approach centres around a rural myth, highlighted by Edmondson and Scharf (2015), stating that older people in rural settings will be willingly cared for by family, rather than by State, which in a rapidly changing world can no longer be assumed. Rural contexts are as diverse as the individuals who live in them, leading Keating (2008, p. 129) to answer her own rhetorical question: *'are rural communities good places in which to grow old?'* with: *'... it depends ...'* on the individual's lifecourse stage, on the specific rural environment, and on the relationships individuals develop with place as they age (Keating, 2008). Rural places are as diverse as their inhabitants: rural places are both idyllic and difficult, just as older rural adults are both resilient and fragile.

A cross-border report on rural Ireland (Burholt et al., 2014) examines the concept of place in ageing, and finds that, as in many rural areas, older people perceive easy access to private or public transport as essential in order to enjoy a good quality of life. Research (Wang et al., 2015) within a rural area of England reports that local transport systems are facing significant challenges. Increased car ownership and usage, as well as broader socio-economic trends such as ageing populations and cuts in public spending combine to threaten the public bus. As a result, 'demand responsive transport' (DRT) systems have emerged that combine the benefits of bus-based and taxi-based services to deliver cheap but comprehensive transport in low demand environments. However, such provision was found to be limited in its effectiveness; DRT's greatest users were not the general population, but the disabled, those travelling to work, and those who lived in more dispersed areas. Women featured more highly as users than men did until retirement age, after which no significant gender difference was found. However, women at mid-life often have their own private transport, do not rely upon public transport, and perceive the amenity to relate primarily to those in older age. Thus, there may be a danger that policy-makers view public transport from an 'ageist' perspective as being only relevant to those in old age, which may leave its provision in a vulnerable position.

Whilst public transport is open to both genders, private transport in later life may be heavily gendered, dependent upon earlier socio-economic lifecourse patterns. Research from New Zealand by Davey (2007) shows that post mid-life women are less likely to be car owners, yet nonetheless equate the private car with their personal identity, autonomy, independence, and a positive quality of life. In addition, Davey's study finds 'potential or discretionary travel' to be just as important as essential travel in determining a good quality of life. Whilst private transport is generally preferred by most people in rural areas in order to provide for discretionary travel, Shergold et al.'s (2012) study of rural car dependence in England and Wales views private transport as a double-edged sword that can offer private benefit, but at the expense of a diminishingly valued public transport system that older individuals may need to rely on when

their ability to drive or their ability to pay for private transport may be compromised. The transport needs of older people it seems tend to be afforded a lower priority than the business needs of those in 'production'. Hennessy (2014) argues that this short-sightedness regarding connectivity endangers the well-being of older people. The author argues for a broader perspective on connectivity in older age, and a re-imagination of mobility. By building up a community's 'motility capital', or pool of virtual and imaginative resources, pressure is taken off literal mobility. Motility capital takes the form of everything from shared transport services to on-line shopping and banking services. Older people, Hennessy argues may then be in a better position to use technology for essential tasks that may otherwise require physical travel, leaving more time and energy to engage in leisure mobility. This may allow authorities to spend limited resources enhancing essential walking areas, such as pavements, rather than on 'lifeline' bus services. The author argues that a 'multi-modality' approach to connectivity is ultimately linked to a higher quality of life than a traditional reliance on private transport (Hennessy et al., 2014, p. 150). While the benefits of virtual connectivity are obvious for those who are housebound for medical or social reasons, a balance must be struck between the benefits of technology and the importance of real social interaction in order to prevent social isolation.

Understanding rural as a context to ageing necessitates approaching all rural-based people as a heterogeneous group with diverse social, cultural and economic needs. This may be best served by a qualitative approach to research that takes into account people's actual lived rural experiences, otherwise, sweeping generalisations may be made that deny the complexities of the rural lifecourse. Bryant and Pini (2011) caution that most literature on ageing and rurality is a-theoretical, and argue that an absence of empirical data on rural ageing could be due to the stereotyping of rural people as not having anything of additional value to say, or a failure to listen to what rural people do have to say.

Understanding rural ageing, posit the authors, requires a lifecourse perspective in which the narratives of rural inhabitants can be heard, and their evolving identities reflected. Lifecourse transitions can act as triggers, adversely altering older people's circumstances. For example, whilst ageing need not necessarily lead to increased poverty, when combined with a lifecourse event such as retirement, divorce or the death of a spouse, and where the individual's biography features 'fault lines' of vulnerability, then a slide into poverty may be more likely. Such fault lines can include a history of low and interrupted income, limited savings and lack of pension provision.

2.5.3 Gendered, rural ageing

If rural people are under-represented in research, this applies even more so to rural women, particularly within an Irish context. Such authors as Shortall (2016), and Thurston and Meadows (2003) posit that much early literature has examined rural identity in tandem with the occupation of farming, but studies other than those of farm women are scarce. Panelli (2006) echoes this observation, stating that gender analysis of rural society beyond farming has been scarce and mainly ethnographic in perspective, although Panelli acknowledges that analysis has now moved beyond description of gender roles to gender relations, and identity construction.

A number of authors (Coward and Krout, 1998, Kivett, 2001) attribute the under-representation of rural women from a lifecourse perspective to theoretical research gaps in their diversity; competing priorities for limited rural resources; and a lack of empowerment, all of which has led to their lack of visibility as a cohort worthy of study. This has led authors including Coward and Krout (1998, p. 161) to call for more contemporary research into the newer cohorts of rural women in order to identify the changing needs of rural women as compared to urban. Gendered, rural-urban differences can include car ownership, considered to be a rural necessity, particularly for women, who traditionally have lower car ownership than men, yet whose quality of life and

related ageing experiences may be partially dependent upon. In a UK study of marital status and ageing that includes both rural and urban women, Arber (2004) finds that never-married older women, even well-educated career women, tend to have lower income and car ownership levels than older never-married men.

Butler (1999, pgs. 9-11) examines gender identity from a feminist perspective, stating that gender, as distinct from sex, is a culturally constructed phenomenon that suggests a radical discontinuity between sexed bodies and culturally constructed genders. Butler questions whether gender can be constructed differently, creating a space for constructs that do not adhere to the binary of male/female. Gender can thus be understood as a complex construct that represents a multitude of sub-groups, including mid-life rural women, and is deserving of further research, particularly as ageing is typically identified as a strongly gendered phenomenon (Bryant and Pini, 2011). The authors argue that although both men and women can face similar problems and issues within a rural context, for example in the area of public transport, the impact upon the ageing experiences for each is quite different, as each gender attributes different weights and values to the lived rural experience, which in turn individualises perceptions and experience of ageing within a rural context.

As rurality is a social construction, Little (2006, p. 376) argues that the ageing of rural women is shaped by a set of assumptions, attitudes, values and associations that afford her an identity quite different to that of the urban woman. But just how different are ageing experiences within a rural gendered context? From a health perspective Thurston and Meadows' (2003) Canadian studies find that rural women imbue rural places with health enhancing properties that are unique to their rural setting, and are likely by extension to enhance their quality of life and ageing experience. Despite a lack of access to comprehensive health services, rural women did not see rurality as a threat to their health. Within an Irish rural context McNerney and Gillmor's (2005) study

finds that rural women articulate close community ties, slow pace of life, and high moral values as being an enhancement to the ageing experience, along with more tangible features such as enhanced geographic space, and easier than urban access to local political representatives. Many, but not all of McNerney and Gillmor's study participants found the rural way of life to be superior to the urban. Others perceived their ageing experiences as being compromised by issues of employment, and service accessibility.

McNerney and Gillmor's research (2005) into the subjective experiences and perceptions of 300 rural women of all ages living in two Irish counties highlights the heterogeneity and complexities of their lives. The authors' study examines transport, employment, education, care, health, and social relationships, and finds the needs of rural women include: privacy, safety, freedom from crime, freedom from pollution and traffic, and good community spirit. McNerney and Gillmor (2005) assert that although rural women share commonality with their urban counterparts, the spatial features of distance, low population densities, and the nature of small-scale settlements all contribute to differences. Physical distance, argue the authors, can have a bearing on social distance and participation in society and on access to information. A rural deficit to quality of life cited by McNerney and Gillmor (2005, p. 51) is that of accessing appropriate employment. Reasons cited include the nature of the rural labour market, and a general conformity to gendered, rural stereotyping. Such stereotyping is manifest by exaggerated media or subjective lay discourses portraying the rural domestic image of women as secondary earners or full-time housewives within traditional patriarchal relationships. In addition to low car ownership and more limited access to the labour market, other gendered rural disadvantages cited by McNerney and Gillmor (2005) include: poorer economic status, greater family and caring commitments, relative 'invisibility' in much rural development research, and under-representation in decision-making.

Andrews and Phillips (2005) state that as a sub-group, older rural women face a number of socio-economic disadvantages compared to older rural men.

Living longer than men within most societies, women may be more pre-disposed to live out an economically poorer, unhealthier, more socially isolated life than their male counterparts. This is in part due to general lower income and pension levels accrued over the lifecourse (Andrews and Phillips, 2005); [see section 2.6.5 for more on quality of life and work]. Furthermore, older, marginalised women, such as those in racial minority groups, those with disabilities, and the less educated, may endure additional rural disadvantage.

In examining how ageing women's needs, wants and identities are influenced by their rural contexts, Coward and Krout (1998) highlight the general stereotyping of rural non-production and disengagement. If it is the case that rural people, and in particular rural women are made to feel non-productive or less productive than their urban counterparts, it would be understandable if women's sense of their rural place directly shaped their self-identity. If this situation is compounded, the authors argue, by low or no income, this could result in a 'double-negative' identity for women, who may then feel that they have little or no contribution to make to their rural community, and which may negatively influence their ageing process and their quality of life in older age.

Rural gerontologists (McCulloch and Kivett, 1998, Kivett, 2001) assert that a lack of empowerment, and competing priorities for limited rural resources have combined to make all rural women, including newer cohorts, such as in-migrants, to be 'invisible'. The authors criticise methodological inadequacies in the research of older rural women, and call for more longitudinal, and multivariate studies that examine sub-groups of rural women. Existing studies, argue the authors, focus too heavily on the predictors and correlates of lifecourse outcomes at the expense of the process itself, and more importantly of not investigating older rural women as a separate, major unit of analysis, making it difficult to isolate gender as an independent variable, and thereby obscuring the needs of older, rural women. The result has been that issues of gender are frequently compounded with other structural variables, such as

education, race, and income, making it difficult to separate gender as an influencing factor.

Further illustrating the diversity amongst rural women, McCulloch and Kivett (1998, Kivett, 2001) find for example that clear attitudinal differences exist between people living in communities marked by different degrees of rurality, for example between those who reside in a small town or village compared to a geographically isolated area. Researched from a US rural perspective, the authors criticise a lack of theoretical orientation, which limits the understanding of how such women interpret their lives and their ageing process. Such a lack of knowledge impedes, the authors assert, the ability to design interventions that may improve the lives of older rural women. To understand future generations of older, rural women, more research will be needed on an increasingly heterogeneous mix of races, of varied socio-economic backgrounds, and of widening family formats (Kivett, 2001). This is also likely to be the case within a European context.

2.5.4 Gendered, rural mid-life

A number of authors, including Rowles (1993) theorise that one's sense of self, one's identity is concomitant with one's environment. There is however no one female rural identity; mid-life women have hybrid identities, and lead 'mosaic lifestyles'. Having established that rural ageing is a gendered issue, that female identities are complex, and that intra-mid-life divergences exist in attitudes to ageing, it becomes more imperative than ever to analyse perceptions and attitudes to ageing and identity amongst mid-life rural women from a lifecourse perspective, and to seek to establish how these relate to their ageing process. Coward and Krout (1998) call for more intra-cohort research, rather than inter-cohort, and suggest a greater need to study the differentiations and influencing factors between mid-life women, rather than comparing mid-life and aged women, or rural and urban women, or mid-life women and men. Shortall (2016) concurs by flagging the dangers of confining research to such binaries in

establishing rural identities. Boundaries between urban and rural have become blurred, with individuals sometimes working in one environment and living in another (Shortall, 2016, Mahon, 2007). Yet, place matters in terms of self-identity and in shaping life opportunities. It is essential that research on rural ageing reflects the realities of lived experiences of those who inhabit rural environments in order to inform policy in an accurate manner that is devoid of any rural stereotyping. Halfacree (2006, p. 51) discusses rural place identity in terms of a 'three-fold model of rural space'. Rural localities are inscribed through distinctive spatial practices linked to either production or consumption activities; formal representations of the rural referring to the way rural is framed within the production process; and everyday lives of the rural that incorporate individual and social or cultural elements.

Rural researchers, Thurston and Meadows (2003), focus largely on health, and their gendered rural studies indicate that health requirements are largely adequate at mid-life, other than for specialist services or for emergency treatments, but a move to urban health services in older age in the event of ill health is not ruled out. The authors call for further investigation into the implications of mid-life women's views on health, holism, self, relationships, and movement, and argue for an examination of the intersections between compositional (socio-economic-demographic) and contextual (environmental) variables in various settings. Thurston and Meadows (2003) challenge negative assumptions on the detrimental relationships between rurality and health, finding instead clear, positive connections between rural context and well-being: *'... mid-life rural women imbue rural places with health enhancing properties, and their everyday experiences support both compositional and contextual explanations for the relationship between rurality and health'* (2003). Rural health enhancing properties found by Thurston and Meadows' study include those of: clean air; tranquillity; wildlife; nature and open space; and intimacy with fellow rural residents (2004, p. 102).

Using a combination of grounded theory and ethnography, a limitation to Thurston and Meadows' (2004) Canadian research is the relatively small sample size of twenty-four 40-65 year-olds. However, their studies do contain valuable in-depth qualitative data. Thurston and Meadows' (2003) study participants have a strong sense of their ageing selves, and a mid-life awareness of the importance of physical and mental mobility in fostering a healthy old age. Faced with the inevitability of continuous change in health throughout the lifecourse, physical, mental, spiritual, and social, women learned to accept and adapt behaviour accordingly (Thurston and Meadows, 2003). The authors find social relationships to be particularly pivotal amongst mid-life rural women in sharing information and experience around health matters. Perceptions of agency and control were mixed: whilst attributing 'luck' to the state of one's health, participants nonetheless acknowledged their own accountability, collaborated with one another, and used both orthodox and complementary medicines to maintain good health levels. Mirroring arguments from Phillipson and Scharf (2005), Thurston and Meadows argue strongly for more in-depth research into rural environments that do not view rural simply as a backdrop to research, but also as a social construct that embraces a range of social relationships and processes that are capable of making sense of rural identities. Woods (2011, p. 200) argues that rural, as well as being 'material', is also a social construct, manifested through a plurality of discourses on the nature of what and where is rural, as well as on how it should be managed.

Although mid-life rural women are relatively under-researched in their own right, the role of place in ageing and its impact upon quality of life is well documented. It is with this in mind that the next section examines how mid-life women, living within a rural context, describe the quality of their lives.

2.6 *Quality of Life: a prism through which to evaluate women at mid-life*

2.6.1 Defining and assessing quality of life and well-being

The concept of quality of life plays a central role in the evolution of social gerontology, but one of the difficulties regarding this concept is the absence of a consensual body of theoretical knowledge of human development in older age (Walker, 2005). No single factor determines quality of life in older age, but social gerontologists are compelled to define and construct ways to assess an individual's quality of life and make comparisons with others in similar or different settings. In addition, the relative lack of research on contemporary mid-life rural women means that gaps exist concerning influences on this group's quality of life at mid-life. This is compounded by a lack of conceptual clarity around the definition and measurement of quality of life, as well as divergences between how academics and lay people define and measure the concept (Barrett et al., 2011). Whilst no universal consensus exists on definition, the World Health Organisation (WHO) defines quality of life as:

'An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment' (Power and Kuyken, 1998, p. 1570):

[<http://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/>]; [accessed 09/01/2017].

In this study I choose to use the terms well-being and quality of life interchangeably, for reasons similar to those cited by Dodge et al., (Dodge et al., 2012) that is, for ease of access and comprehension.

Some authors however consider the concept of quality of life as a distinct dimension of well-being (Dodge et al., 2012, p. 224). Both concepts concern the satisfaction of material, biological, psycho-social, and cultural needs of individuals, but with nuanced differences. Whilst quality of life has been defined by WHO, definitions of well-being prove to be more elusive, contradictory, and still suffer from being descriptive rather than definitive. The definition of well-being has been refined in Ireland through an analysis of CSO statistics on income and living conditions to:

‘... a positive physical, social and mental state. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important goals, to participate in society and to live lives they value and have reason to value. Well-being is enhanced by conditions that include financial and personal security, meaningful and rewarding work, supportive personal relationships, strong and inclusive communities, good health, a healthy and attractive environment, and values of democracy and social justice’ (Barrett et al., 2011, p. 267).

Well-being is frequently measured by life satisfaction and happiness indices (Watson et al., 2016), such as those reported by the UK’s International Longevity Centre (International Longevity Centre, 2014), which measures quality of life through the domains of personal control, autonomy, pleasure, and self-realisation. An NSO longitudinal UK report (National Statistics, 2016) on the well-being of 300,000 adults finds the relationship between age and personal well-being to be ‘U-shaped’. That is, well-being was highest among younger and older people, and lowest in men and women at mid-life. Measuring well-being by levels of life satisfaction, sense of purpose, and happiness and anxiety indices, the report finds ratings of life satisfaction and happiness to be at their lowest, and anxiety levels to be at their highest among 45-59 year olds. The report suggests that socio-economic factors may drive such findings. Whilst the youngest and oldest may have more personal free time, those in the middle years may be under greater pressures from family and work

commitments, such as caring for parents and children, whilst engaging in full time employment.

The concepts of well-being and quality of life are examined comprehensively within the work of *The Berlin Aging Study* (Baltes and Mayer, 1999). The authors caution however that despite their widespread use across diverse disciplines, the concepts remain ill-defined, and their measurements contested. Although well-being is widely regarded as a multi-dimensional phenomenon, controversy exists around self-reporting versus measurement by objective criteria, and intra-disciplinary debate centres around well-being defined as the absence of negative feeling or the presence of positive feeling. Smith et al. (Baltes and Mayer, 1999) apply the integrative Campbell, Converse, and Rodgers model (Baltes and Mayer, 1999) that encompasses both subjective experiences and the objective measurement of life conditions, crucial if we are to understand the paradoxes of ageing, whilst also taking into account socio-demographic variables such as age, gender and marital status. Campbell, Converse, and Rodgers (Baltes and Mayer, 1999, pgs. 452-454) use this model to assess well-being among male and female participants in old age (70-100 years), and of particular relevance to this study, suggest a connection between the two lifecourse stages of mid-life and old age. Campbell, Converse, and Rodgers suggest that progressive losses experienced in older age may have their onset in late middle-age, during which a process of adjustment to personal standards and aspirations begins by the age of 70 years (cited in Baltes and Mayer, 1999, pgs. 452-454).

A criticism of studies on quality of life is that the concept can become conflated with its influences, leading to confusion, and bringing forth suggestions that measurement of the concept is concomitant with the researcher's interests (Hughes, 1990). This suggests that authors may be more comfortable in measuring quality of life than in defining it. However, measuring quality of life also appears to be problematic, with divergence found between reporting that is related to objective criteria and lay-person self-reporting.

A Growing Older Programme project finds that reports of perceptions of quality of life are heavily influenced by the nature of the question being asked (Hughes, 1990). Gilhooly et al. (2005, p. 14) further caution that self-reported quality of life levels are usually high, especially within face-to-face interview situations, and that participants typically compare themselves favourably to others. This, suggest Gilhooly et al., (2005, p. 14) accounts for a degree of self-editing, in which participants report higher levels of quality of life than are privately felt.

Bowling and Zahava (2007) make a case for more integrated knowledge of the component parts of quality of life, stating that its definitions and causal pathways are relatively unexplored; this is an issue that this study sets out to explore. A number of studies, including those by Gilhooly (2005), and by Bowling and Zahava (2007, p. 829), distinguish between academic and lay definitions of quality of life, and analyse the reported, lay influences of this concept, which include: social relationships, health and well-being, place, and finance. These are largely in line with Bowling and Zahava's own definitions of: personal autonomy, good mental health, and mobility and connectivity with others. A number of studies have also shown how maintaining a challenging purpose in life, through work, family, volunteerism, or caregiving for example, also influences quality of life, or eudaimonic well-being (Gilhooly et al., 2005, Pinquart, 2002).

Quality of life appears to be multi-dimensional, and due to the coping mechanisms adopted by people as they age, Gilhooly et al. (2005) argue that both its definition and the measurement need to recognise the dynamic interplay between perceptions, personal characteristics, circumstances, and surrounding social structures. This supports the need to study quality of life and well-being from a lifecourse perspective in order to understand the nuances that influence these concepts.

Within an Irish context, adopting subjective well-being as a measure of quality of life appears to be embedded at governmental levels, with well-being indices

cited in the Renewed Programme for Government in Ireland (Brereton et al., 2011, p. 208). The Irish Longitudinal Study on Ageing (TILDA) (Barrett et al., 2011) highlights how well-being in old age has become a focus for policy-makers as a key indicator of the physical and psychological health, social integration and economic security of the older community. TILDA acknowledges the many factors that influence the quality of life of older people, such as: age, education, self-rated health status, wealth, living arrangements, and residential location.

The study, which examines both genders over the age of 50 years, concludes that well-being in later life, including the mid-life period, is associated with higher socio-economic status, financial security, better education, and good social integration.

2.6.2 Quality of life at mid-life

Gendered studies of quality of life at mid-life appear to be confined largely to urban samples. The participants of McQuaide's (1998) study of urban-based mid-life women, aged 40-59 years, mostly reported being happy at mid-life, and determined the strongest predictors of well-being to include: good health, a comfortable family income, being employed outside the home or being a homemaker, and having friends or confidants. The most important psychological requirements to a good quality of mid-life were perceived as: being valued, productive, loved, accepted, understood, attractive, independent, having positive role models, and having inner resources to replace mid-life losses. Positive connections were found between feelings of well-being at mid-life and anticipated confidence in older age. McQuaide's (1998, p. 28) study participants identified a number of positive elements about being at mid-life: freedom from worrying about what others think, from responsibility for children, and an independence to create a new self-identity based on their own interests. Negative elements included a decrease in energy, and physical changes to the body, including weight gain, grey hair, and wrinkles. A limitation to McQuaide's study is its sample of relatively privileged middle-class

participants who did not necessarily regard mid-life to be a time of 'torment'. The author acknowledges that mid-life women who are compromised by socio-economic circumstances and are not 'players', through disability, poor health, unemployment, or limited spending power, are less likely to be so satisfied at mid-life, and may yearn for earlier days when there was still a chance of possibilities. Some mid-life women do consider this lifecourse stage to be one of 'torment'. Howell (2001, p. 63) argues that shifting demands on the mid-life woman, in which she demands success of herself at both work and home can lead to perceived loss of control, at which point mid-life stress may change to crisis. McQuaide (1998, p. 29) however, finds in her study that the stress of caring for parents, or dealing with an 'empty nest' were not directly linked to mid-life well-being.

Studies, such as those above, illustrate how the term 'mid-life crisis/stress', whether perceived or real, is a highly individualised concept, and not a general malaise of the middle-aged. Apter (1995) attributes gendered mid-life stress to mid-life women's multiple roles, including those of parents, siblings, children, and employees. The author argues that women at mid-life are now less likely to be freed of family demands than were their own mothers, who did not live as long, whose children left home earlier, found jobs, and did not return home penniless with a child in tow. Undertaking multiple roles with limited resources at mid-life may in fact have helped to precipitate 'mid-life crisis', an anecdotal term, coined by Canadian psychoanalyst, Jaques (1965); 'mid-life crisis' appears to be less a paradigm than a set of beliefs or assumptions. Mid-life women studied by Apter (1995) appeared to emerge from any 'mid-life crisis' with new visions in place, which appeared to arise from a sense of unfinished business, unmet goals, unfulfilled potential, and a determination to resolve old conflicts and satisfy suppressed desires within an increasingly limited timeframe. Although Apter speaks of an overload of female responsibility at mid-life, other authors disagree: Kennedy et al. (2001) argue that mid-life women have, often for the first time, fewer responsibilities at mid-life, affording them the opportunity to pursue new goals. The authors argue that goal hierarchies may

change: long-term goals directed at improving quality of life in a distant future decrease in importance, and more emotionally meaningful goals become centrally salient. Recognising that time is diminishing, women are motivated to adopt a number of strategies that ensure maximum happiness and minimum unhappiness and time wasting. Such strategies include: selecting personal contacts more astutely, cultivating existing rewarding relationships, dropping unrewarding ones, and declining to cultivate new relationships.

2.6.3 Quality of life and health

While a variety of factors mitigate towards a sense of well-being and good quality of life, evidence suggests that physical health in particular is often the prism through which older women perceive and interpret the ageing process (Pietila and Ojala, 2011, Baltes and Mayer, 1999). A German study of old age by Baltes and Mayer (1999), argues that although social class, income, place, or social relationships may influence quality of life, corporeal ageing is the most decisive factor.

Nolen-Hoeksema (2010b) asserts that due to women's mastery of self-acceptance, they enjoy better physical and mental health, allowing their bodies to fight disease better and maintain a better sense of well-being further into old age. The author asserts that women's ability to multi-task is critical to their well-being as they age: their multiple roles, such as volunteer, employee, and home-maker affords them a greater sense of life satisfaction and purpose, keeping them intellectually vibrant, socially connected, and physically active.

While most authors endorse the health benefits of nutritious food and regular exercise, Parry and Shaw (1999) caution that although mid-life women in general recognise the benefits to health and 'positive self-attitude' from physical activity, this will not manifest unless such women are afforded a conducive environment that they find comfortable and appealing. It is also recognised that a barrier to physical activity among older women can be the

perception of poor self-health and lack of energy (2010a, Chrisler and Palatino, 2016). This view is endorsed by Milne et al. (2014) and (Parry and Shaw, 1999), who show that experiences and feelings of guilt about non-exercise result from culminating factors, such as time poverty and financial resources, suggesting a need for tailored interventions. The authors argue that poor health choices, including smoking, alcohol, and sedentary lifestyles must be considered within the social, as well as individual context. A Canadian study by Delormier et al. (Chrisler and Palatino, 2016, Delormier et al., 2009), although not restricted to mid-life women, emphasises that eating habits are fundamentally influenced by social factors, including gender, age, and class. Such influencing factors should thus be addressed in addition to individual choice in order to effect positive change. Physical activity too is influenced by similar social and economic factors. Determinants of physical activity as a leisure pursuit are likely to be shaped by disposable income, place, social relationships, health, and age (Milne et al., 2014, Chrisler and Palatino, 2016). This may go some way towards explaining why many older people, despite their awareness of the health benefits of physical activity, do not actually achieve sufficient levels of activity to result in health gains. This 'reality' gap may be culturally situated in real and perceived barriers of social positioning or material resources (Phoenix and Griffin, 2015).

Multiple socio-economic factors, including health, influence the quality of life and ageing process of mid-life women. It is with this in mind that I now examine the roles of social relationships, work, and place.

2.6.4 Quality of life and social relationships

Amongst mid-life women, social relationships are central to understanding quality of life, be those relationships with parents, children, partners, friends, neighbours, or work colleagues. It is worth underscoring however that it is the positive quality of these relationships, rather than having relationships per se, that is crucial to enjoying a good quality of life (Phillips et al., 2010, p. 197).

One study measuring social isolation in terms of connections with family, friends, clubs, organisations, and religious groups, finds lower levels of well-being among the least socially connected (International Longevity Centre, 2014). Although study participants were over 65 years of age, the influencing factors of well-being could begin in mid-life, or earlier, with changing circumstances, such as the death of a partner, retirement, or children leaving the parental home. This strongly suggests an imperative for examining quality of life across the entire lifecourse in order to understand its influencing factors.

The social relationships of mid-life women and their parents, in particular their mothers, is found to be significant in influencing quality of life. Relationships at mid-life with parents may be as a carer. Coined by Miller (1981), the term 'sandwich generation' or 'command generation' of parents between 45 and 65 years of age, usually women, often put their own lives on hold to meet the daily needs of two demanding generations, parents and children, in addition to possibly holding down paid employment. A number of studies on working carers find that care work is gendered, low paid and low status, further disadvantaging women, who describe themselves as 'being' carers, but 'doing' work outside the home (Bernard et al., 2000). McNerney and Gillmor's (2005) study of women in the border region of rural Ireland finds that carers were expected to provide care willingly and without payment, despite poor social support being provided. Within an Irish context, which appears to place little monetary value on unpaid care work, a study of care roles and socio-economic status (Conlon et al., 2015) examines the inter-sectionality of female gender and class across a wide range of age groups. This study finds that women in lower socio-economic groups predominately 'care for' relatives, providing 'hands-on' care, whilst those in higher socio-economic groups 'care about' relatives, financing external care. UK research by Arber (2004) highlights the negative impact on income and career advancement of time taken off from full-time employment to care for relatives or friends. Sugar (2007) concurs by stating that many women opt for part-time employment to allow themselves time to carry out care duties and rear children, both of which penalises them in later life in terms of pension rights

and financial security (Duvvury et al., 2012, Ní Léime, 2016). Partially redressing the monetary imbalance, Hansen et al. (2009) state that the psychological benefits of caregiving have been found to be pronounced among women. However, such psychological benefits accrued during the time of caregiving may not be sufficient to compensate in later years for deficient income on which to live.

Relationships with partners have been found to strongly influence quality of life amongst women, leading Arber et al. (2003) to examine social relationships as a characteristic of analytical interest, rather than merely as a socio-demographic variable. How individuals relate to others however may be dependent upon how individuals relate to their own 'self'. From the intersection of critical gerontology and feminism Biggs (Biggs, 2004, Biggs, 2005) deals with the 'embodied self' or inner, real self, and the self of outward appearance. Arguing that identity management for both genders, but particularly for women as they age is deployed through the 'masquerade' or 'masque' in order to gain social acceptance, Biggs speaks of a dissonance between the social and inner identities of the individual in which the individual constructs her or his vision of age identity from the perspective of others. Such management of identity has the capacity to impact upon all relationships, including those with partners.

Studies by Levinson (1996) find a transition within the home at mid-life, in which women re-evaluate the status of their marriage or family relationships, and negotiate new terms. The traditional marriage may have been the framework within which mid-life homemakers built their lives in early adulthood, but a major cost of pursuing the homemaking life was, Levinson asserts, the significant failure in the development of the self. A number of authors (Apter, 1995, Dorner et al., 2005) further examine the 'self', observing a mid-life 'gender-crossover', during which men adopt more feminine qualities, women become more competitive and assertive, and tasks become more 'gender neutral'. Such role reversals and reflections on the new mid-life 'self' may influence the quality of social relationship experienced at this lifecourse

stage, but are also likely to be dependent upon factors such as class, income, and education. The more self-assured mid-life woman may be ready to embark on a new, challenging chapter in her life, but Shapiro (2001) suggests that the mid-life male may be more likely to want comfort and re-assurance from his partner, leading possibly to 'collision'. The role of friendship at this mid-life juncture can, Shapiro (2001) argues, keep marriages secure, and can support well-being by offering new insights.

Quality of life for women without partners appears to be under-researched, despite single women forming one of the fastest growing lifecourse cohorts, (Shapiro, 2001). Hafford-Letchfield et al. (2016) highlight the increasing diversity of women in later life that is challenging current homogenisation and preconceptions of ageing, including 'singlism'. The authors' study of UK women over 50 years of age explores the concept of growing older 'solo', that is, non-partnered and ageing without children. Findings from Hafford-Letchfield et al.'s study address 'solo-loneliness', 'meaningful futures', and the 'feminisation of poverty'. The authors demonstrate specific cumulative disadvantages emerging from women as a result of their solo lifestyles, including a higher risk of financial strain in older age (Hafford-Letchfield et al., 2016, p. 8). Another British study, by Arber (2004), finds that never-married women, unlike never-married men, fare better due to their high involvement in social organisations. Never-married women also fare better in later life than those women who lose partners, as the never-marrieds are more likely to be economically better off, more resourceful, and have a greater diversity of social networks than their married counterparts (Hooyman and Kiyak, 2011, ch. 9, Arber, 2004). However, other authors argue differently. Social relationships for all those living alone appear to be at risk in older age, according to studies by Victor and Scharf (2005), who suggest that the risk of social isolation is greater for older people with no children or relatives, those who are single, or those who have never married.

Other research however argues that living alone need not be a risk factor if the individual is accustomed to living this way, emphasising the point that the quality of the relationship with a partner is more important than simply having a

partner (Hooyman and Kiyak, 2011, p. 356). Some research on never-married women identifies advantages to being single, such as freedom of movement, behaviour and decision-making. As they grow older, single women in particular have been found to rely more heavily on friendship, particularly if they live alone or in geographical isolation (Victor and Scharf, 2005). Shapiro (2001) cautions however that living alone does not necessitate being lonely. Although dated, Loewenstein et al.'s (1981) exploratory, small-scale study of single women at mid-life appears to concur with more contemporary findings. Advantages associated with being single include: independence, freedom, pride, self-respect, established career goals, personal growth, friendship, and privacy. Disadvantages cited include: no partner or children, financial problems, making decisions alone, negative attitudes of society, loneliness, and fear of future health debility.

Historical literature refers to single women as spinsters, that is women who have failed to marry, but Lewis and Moon's (1997) study reveals women who were in committed relationships, or if not, were aware of how a man might add to, but not define the quality of their lives. Byrne's (2003) Irish study of self and social identities indicates that whilst many mid-life single women may embrace their 'singleness', they are also defined by it culturally, often negatively. Although participants spoke of 'invisibility' within families, and of having to defend their marital status, most of Byrne's 30 participants expressed a wish to remain single, and re-position 'single' as a valid social identity. Quality of life appears to be seriously threatened by 'singledom', argues Byrne, citing studies that show divorcees and widows to be socio-economically and culturally disadvantaged, as they realise for the first time how under-resourced they are. Bernard et al. (2000) caution that such groups as widows cannot be treated as having homogenous needs, highlighting the imperative to challenge stereotypes of socio-cultural isolation. Having possibly surrendered her own career ambitions in support of those of her spouse, or having taken career breaks to raise children, the mid-life woman finds perhaps for the first time how financially insecure she actually is in her new 'alone' world.

Widows may feel and be perceived of as stigmatised, but it is argued that many myths concerning widows may actually be myths around old age itself. Within the context of the lifecourse, many older women experience widowhood against a backdrop of other age-related changes such as chronic illness, disability, and diminished physical and cognitive capacities. Widowhood may also coincide with retirement or redundancy from the labour market, or the care of increasingly long-lived parents.

The composite nature and timing of such lifecourse transitions all impact upon the widow's individualised ageing process and her quality of life. Marital status can further influence the quality of life for 'solo women' when income is considered. The gap between the family income of married women and single women has been found to be wider than the gap between married men and single men, partly due to women earning less than men, but also due to shared resources amongst couples (Arber, 2004). It follows then that the economic and emotional upheaval of a life-changing event, such as divorce or death is likely to force women of all ages to re-assess their lives. In partial redress, research by Apter (1995) finds that women invest more emotionally into marital relationships, but that divorcing women are more likely to discover their independence, whilst divorcing men may realise their dependence. Apter posits that women feel more liberated, and often expand on their self-knowledge at such times of separation, returning to college or re-training.

Regarding quality of life, relationships with children appear to be complex and contradictory. One Norwegian study (Hansen et al., 2009) examining childlessness and psychological well-being finds no distinct variances in well-being between those with and those without children; however, the study includes both genders and extends beyond the mid-life stage. The authors state that historical research, although largely US-based, finds parenthood to be less advantageous to feelings of well-being than perceived, with childless individuals adept at sourcing other means of fulfilment. This study by Hansen et al. (2009), highlights how parents remain affected by their children's lives, even after they

have left the parental home, and post-parental loss may exist amongst a minority of women who have difficulty developing alternative roles for themselves. Some research however suggests that the 'empty nest' (Raup and Myers, 1989), left behind after adult children leave home is welcomed by most couples, and that childlessness in older age is not necessarily problematic. Banister (1999a) finds that some mid-life women look forward to their children leaving home, becoming less defined by their child-rearing roles, and value their increased individuation and autonomy. Other mid-life women however feel the child-free home as a keen loss, on top of all the other perceived mid-life losses, such a losing one's younger self (Raup and Myers, 1989). Victor and Scharf (2005) and Hansen et al. (2009) caution that childlessness in older age may compound problems of social isolation, due to resulting smaller social networks, and although only one influencing factor, childlessness may lead to a reduced quality of life in older age (Victor and Scharf, 2005, Scharf et al., 2016a). However, data from the German Ageing Survey conducted over 15 years and including both genders show that childless adults do not experience reduced networks or social support, and often substitute friends and collateral kin for children and lineal kin (Hansen et al., 2009, Klaus and Schnettler, 2016 [in press]).

Mid-life mothers can also be grandmothers, often described as a 'role-less role' without rights and obligations, but today's grandmothers in their fifties tend to be more empowered, more informed, are healthier and look younger than at any previous time in history (Arber and Timonen, 2015). In keeping with all mid-life women, grandmothers fulfil more roles than at any other stage of their lives, and in contemporary Western societies are being increasingly utilised for social support in child-rearing and in contributing to domestic finances. Mid-life grandmothers may themselves be in full-time paid employment, thereby adding to their responsibilities, and likely impacting upon the opportunity and willingness to act as grandchild carers (Arber and Timonen, 2015). However, grandmothers' input may transcend practical childcare by transmitting

knowledge and values to younger generations, providing a sense of family heritage and stability.

Regarding siblings, some studies consider these highly impactful in older age, particularly amongst those who have never married, those widowed, and those without children. Such filial relationships are characterised by a shared history, enhanced feelings of closeness and affection, particularly amongst sisters (Hooyman and Kiyak, 2011, p. 357), and can provide a vital source of psychological support. However, siblings and friendships may form a competitive role for mid-life women, and relationships with immediate family may prove less meaningful for women as they age than relationships formed with close friends. A shared history may also be accrued with long-term friends, perhaps more so than with distal siblings who live some distance away, or are of a different generation.

Rose (2007) states that women over 50 years of age display a new vigour in their friendships, deeming good friendships to be a psychological asset essential to life satisfaction, health and happiness. Women's longer lifespan in developed societies can dictate that friendships be recalibrated or new ones sought that match a change in self-esteem. Mid-life women may expect that friends provide the companionship and emotional support that accompany the losses and transitions of growing older, and research backs up these expectations, finding that friendships among older women contribute to psychological growth as well as to physical and mental health, and a sense of well-being. One pivotal difference between support provided by friends and support by family members may be temporal: friends and neighbours are well placed to provide day-to-day emotional support, while families may be best equipped to provide long-term personal care (Hooyman and Kiyak, 2011, p. 369). However, such findings must be considered contextually in the light of evolving types of family unit in which friends may be more accessible than family members.

Friends have also been found to play a critical intimacy role after major life transitions such as the loss of a spouse or partner, with the nature of such

relationships being judged on the quality rather than quantity of interactions. The mid-life women in Apter's (1995) study, which focuses on female friendships between the ages of 40 and 53, finds that women speak of 'real' listening by female friends, more so than that of family. The author states that self-confident mid-life women value how and with who time is spent, and derive much of their identity and sense of well-being from friendships that bring the most joy. Shapiro (2001) argues that friends challenge and stretch us, more so than family, and can provide a non-judgemental listening service that is not always available from a spouse who may see their role as a 'fixer' rather than empathiser. Shapiro cautions however that social class may impact the nature of social relationships, stating that working class women, or those feeling less financially secure, are more likely to nurture their family relationships than those of friends. Despite valuing friendship, Shapiro finds that a number of mid-life women enjoy their own company and feel that being on their own periodically gives them more energy to invest in friendship when it arises. On this point, the author asserts that befriending oneself is also considered friendship, and should be cultivated.

A number of studies confined to post-mid-life, indicate the importance of social relationships with neighbours in promoting a good quality of life (Bowling, 2011, Bowling and Zahava, 2007). Fewer studies appear to examine connections with well-being amongst those at mid-life and neighbours. One American study by Greenfield and Reyes (2014) suggests that continuous, low contact with neighbours is associated with eudaimonic well-being in later life, including the mid-life period, and should be regarded as a potential resource for ageing individuals and society. Sources of support from outside the family may become increasingly important as divorce rates persist and high levels of residential mobility continue to take people away from their relatives (Bowling, 2011, Bowling and Zahava, 2007, Liebler and Sandefur, 2002). It is worth noting also that compositional differences have been found in the exchange of social support with friends, neighbours, and co-workers at mid-life. Liebler and Sandefur's (2002) American small-scale study of those at mid-life finds that the

unmarried of both genders provide the greatest levels of emotional support to non-family members, but that overall, women are more likely to give and receive emotional support than are men. This may in turn have positive implications for gendered well-being in later life.

2.6.5 Quality of life and work

The area of work is strongly gendered across the lifecourse with divergences found in employment history, career interruptions, nature of occupation, levels of earnings, and retirement circumstances, all of which contribute to older women's higher rates of poverty (Hooyman and Kiyak, 2011, ch. 12). Economic independence and financial well-being have established links with quality of life in older age, but their genesis is likely to have begun in different circumstances at an earlier stage of the lifecourse. Whilst all classes of women are affected by socio-economic influences, poor women are more strongly negatively affected, leading to the hypothesis that wealth may not be essential to mid-life growth, but: *'... some distance from absolute poverty was essential in the acquisition of personal power'* (Hooyman and Kiyak, 2011, ch. 12).

Whilst the extra commitment of work can add to the pressures of time for mid-life women, it does not always lead to resentment. Indeed, some mid-lifers find themselves seduced by the planned structures of work as opposed to the sometimes disorganised chaos of domesticity, and tie themselves to longer work hours and increased commitments rather than face the emotional uncertainties of family life (Ginn and Arber, 1996). Ginn and Arber's study however is however 20 years old, and may not be so relevant to contemporary family life in which over-worked women may find respite in their home. However, McFadden and Atchley (2001) support Ginn and Arber's study by stating that many women feel more valued, competent and appreciated for their work within the workplace than for their unpaid work of child rearing and domestic matters within the home. Numerous studies have also shown that women who undertake paid work outside of the home may benefit from better

physical and mental health due to increased self-esteem, which may improve their overall quality of life.

Some authors posit that quality of life for women can be negatively impacted by working both outside and inside of the home. Caplan (1985) emphasises the 'role strain' that this can bring, with women taking on the lion's share of responsibility for the well-being of the entire family, and attempting to perform the separate roles of work and home perfectly. Although considerably dated, this study may still be considered to hold some relevance today. A more recent American study by Aziz and Cunningham (2008) explores 'workaholism' in relation to work stress and work-life imbalance and finds a positive link. However, the authors also find that these conditions are no longer gender dependent, which the authors suggest is due to a new blend of gender roles in which males and females may equally be involved in domestic and work duties. Another study of work-life balance, in four Nordic countries (Antai et al., 2015), finds links between poor work-life balance and increased levels of absenteeism from the workplace, particularly amongst women, who may additionally be subject to the hypothesis of the 'double burden' of work and home responsibilities. It could be suggested however that such diverse findings are class and place dependent, with possible variances between urban and rural contexts and between working class and middle class women. Studies by Aziz and Cunningham (2008) find that participants believe a perfect life-work balance is a fantasy. Participants who chose to stay at home with children rather than work outside the home were equally stressed and pressured, as they felt compelled to be at everyone's beck and call. Apter (1995) highlights the considerable research that has been carried out on work-life balance amongst young women, but rarely those in mid-life, and asserts that if women at mid-life do not develop a realistic and acceptable framework they are in danger of becoming caricatures or stereotypes. Given the findings from Aziz and Cunningham (2008), this danger to women may already be realised. Working outside of the home and beyond retirement can challenge mid-life women's work-life balance, and impact on their quality of life.

However, mid-life stressors have evolved throughout history: what stressed generations of mid-life women in the 1950s may have been the norm of not working outside the home, whereas the obverse may be the case today (Apter, 1995, Sugar, 2007). Research by Levinson (1996) on the seasons of a woman's life, speaks of the 'myth' of the 'successful career woman' portrayed as the woman who has it all; a breed of woman capable of breaking through the 'glass ceiling' at work and enjoying all the gains traditionally reserved for men. Sugar (2007) concurs that in the mid-life transition career women often recognise that: *'... her efforts to combine love/marriage, motherhood, and full-time career had not given her as much satisfaction as she had hoped and that she would have to find a new basis for living in middle adulthood'* (Sugar, 2007, p. 177).

Paid employment is likely to be undertaken primarily for financial reasons, but may also be pursued for non-financial reasons, including personal development and fulfilment, which are perceived as enhancing quality of life (Sterns and Huyck, 2001). Ní Léime's (2016) study of public sector women in Ireland finds that for some, work forms an important part of self-identity, leading to strong intrinsic work orientations. Some studies argue that work and activity support longer and healthier lives by boosting self-esteem, particularly in the years beyond retirement (Vickerstaff, 2015). Vickerstaff (2015) attributes this identity boost to the continuity theory of ageing, and its 'busy ethic'. However, for older women with intellectual disabilities, work can offer a vital perception of autonomy to their lives, an opportunity to challenge negative stereotyping, and support a good quality of life (Strnadova and Evans, 2015).

Being able, and appearing to be physically able to continue working is of concern to many mid-life women, in order to deflect 'middle-ageism', a term coined by Gullette (1997). Gullette posits that whilst women at mid-life may not be considered old, they may still be deemed too old to work. This worrying development, cautions Gullette, degrades the entire mid-life period by deeming it to be a time of unproductivity. Gullette (2015) sees little improvement since the turn of the 21st century, stating that a narrative of decline still exists that

views the middle-aged body as somehow substandard or deformed, and argues that the capitalist, positivist, ageist world of work we inhabit determines that we are aged by our culture. Although relating to both genders, a study of older Finnish people in the workplace (Isopahkala-Bouret, 2015), finds ageist assumptions are commonplace. Assumptions include: reduced performance due to lower ability and motivation; reduced energy to keep up with younger workers; reduced ability to learn and resistance to change; reduced adaptability and flexibility; and reduced technical 'know-how'. Such ageist representations can affect institutional policies and practices, and lead to age discrimination, which impacts upon recruitment, promotion, and retention of older workers. In addition, pervasive age stereotypes can threaten the self-perception, identity and agency of older workers. This study highlights how more positive ageing identities are needed at both individual and societal levels in order to resist stereotyping within the workplace (Isopahkala-Bouret, 2015, p. 3).

Work can be more difficult to find for both genders at mid-life, but women in particular may only have access to 'atypical', sporadic, part-time, low-waged work without benefits. Widowed, divorced or separated women may encounter additional disadvantage from the possible loss of support from a second income (Arber and Ginn, 2004). Whiston et al.'s (2015) small-scale study of 13 mid-life professional women in America helps to illustrate how even those on higher incomes view positive and negative effects of being a woman in the workplace. A number of studies suggest that women worry that signs of personal ageing could threaten their economic security by making it more difficult for them to get or keep a job, whilst Whiston et al. (2015) find that women in their fifties may be less concerned than men of this age about the financial and psycho-social consequences of unemployment, but are nonetheless unlikely to actively seek out new employment, perceiving negative age barriers. This attitude of 'middle-ageism' in which positive expectations for the self, and for one's quality of life decline with age is worrying, and Caplan (1985) warns of an impending economic double jeopardy if mid-life women presume their work services to be easily dispensable because of their age: *'Middle-ageism, including the master*

narrative of decline, prepares individuals to expect their own economic decline, and to scapegoat 'ageing' when their work services are dispensed with or denied access' (Gullette, 1997).

Literature addressing gendered ageism within the workplace (Gullette, 1997, Walker et al., 2007, Whiston et al., 2015, Tang, 2000) amongst mid-life women highlights how disadvantaged women can be at this stage of the lifecourse, even for those with an established role within an organisation. Typical male employment is fluid, defined, and uninterrupted; typical female employment is broken on account of childcare and domestic work. Furthermore, older women in the workplace may perceive promotion prospects to be more elusive than for male counterparts, and some findings support implicit double standards and judgements made on account of women's real and perceived ages, leading Walker et al. (2007) to call for more research into age discrimination amongst different cohorts of older women. Findings from an Irish report into discrimination show that women were more likely to report discrimination in the workplace than were men (Russell et al., 2008).

A number of studies show that many women continue to work at least part-time after reaching statutory retirement age for a range of reasons including: financial, cognitive, physical, generative, pleasure, social, emotional, and psychological (Caplan, 1985, Loe and Johnston, 2016, Ní Léime, 2016). Working beyond retirement may also be perceived as combatting age discrimination in employment and through up-skilling and education, increasing the attractiveness of older workers (Boudiny, 2013). Some critics however argue that the promotion of economic activity in later life, whilst providing social connectivity and mental stimulation, can be to the detriment of personal development (Boudiny, 2013, citing Phillipson and Ogg). Within an Irish context, working beyond retirement age may be partly explained by the low levels of pension provision held by women: a recent study reveals that over half of the women in Ireland had no pension provision, other than the State pension, and only 5% of women held a private pension (Carney et al., 2015). However, some

women in Ireland wish to work beyond retirement age for non-financial reasons, such as safeguarding mental and physical health (Duvvury et al., 2012, Ní Léime, 2016). Bernard et al. (2000) add that mid-life women's views on retirement are shaped by their partnership status: if they anticipate widowhood, isolation, or poverty, they will continue to work for as long as possible. Sugar's (2007) call for more data on decision-making influences on retirement and well-being before and after retirement, are addressed by Ní Léime (2016), whose study of 57 women employed within the Irish civil service finds that older women are restricted in choosing their retirement time according to initial socio-economic resources, health considerations for themselves and their partners, and/or work-life trajectories. Current levels of income and pension contribution influence decisions on retirement, as do family caring responsibilities, an issue particularly relevant to mid-life women who may have a history of part-time, low-paid work. Citing Dannefer (2003), Ní Léime (2016) highlights cumulative advantage/disadvantage theory, which suggests that an individual's initial divergence in income, education, health, and/or employment tends to widen over the lifecourse, causing a heightened impact around mid-life retirement time. Moore's (2009) UK study shows that older women perceive age as a real impediment to entry or re-entry into the labour market, as well as a barrier to training and career progression. A caveat to these findings is the intersectionality of gendered age with class, making it more difficult to isolate age as the discriminating factor. However, Moore concludes that anti-discrimination legislation alone, without challenges to occupational and sectional discrimination, is unlikely to benefit older women, who may have suffered accumulated disadvantage across the lifecourse.

2.6.6 Quality of life and place

The concept of 'place' within a lifecourse framework (Hendricks, 2012) is complex, but within this study may be considered as an amalgam of identity and position, forming an important construct in which to understand shifting relationships (Keating, 2008, p. 17). What is understood by the concept of

'place' is explored by health researchers Wiles et al.'s (2011) qualitative study of two New Zealand communities of older people, which finds that most participants had low and mixed recognition as to the meaning of 'place', highlighting issues around the term itself. Like 'place', 'home' also has multiple identities, making either definition, or one clearly defined theoretical model difficult to advance. The home is not just a three-dimensional structure or shelter, but is also a matrix of social relations with wider symbolic and ideological meanings (Valentine, 2001, p. 63). Within this study 'home' is considered as an example of 'place' (Pain et al., 2001). Whilst recognising that the term 'place' may be perceived as having a more extensive domain than that of 'home' I choose to use the terms interchangeably.

What is clear is that both genders experience the meaning of home in a variety of domains, dependent upon the nature of the relationship between the individual and the environment over the lifecourse. The concept of home appears to be geographically elastic: home may begin at the very micro level of one's house and garden, but the sense of attachment to place may extend well beyond this domain, encompassing community or an entire geographical country. The garden in fact can fulfil different roles across the lifecourse. At mid-life gardening can facilitate an outlet for creativity, particularly for women, which research suggests is a gendered activity (Milligan and Bingley, 2015).

The most readily recognised form of place is 'home': '*... the place of most significant attachment and meanings*' (Rowles and Bernard, 2013). Rowles argues (Rowles and Bernard, 2013) that place is more than an environmental context, but is holistic, dynamic and meaningful. Place, the author states, moves in tandem with the individual, forever changing, and forming the basis of an on-going relationship on which the individual depends. Rowles (1993) concurs that 'home' is where we belong, be that the homestead or wider community, and that this sense of home contributes to the formation and preservation of identity. However, understanding the processes through which the self becomes integrally associated with home remains limited (Rowles, 1993).

Whether at micro, meso, or macro level, place forms part of the individual's self-identity, but although age is considered to be a key basis for the production of identity, there are still knowledge gaps on the connections between shifting social conditions, for example divorce, and changing social identities that will influence one's sense of place (Peace et al., 2005). Rowles and Chaudhury (2005) suggest that the concept of home and identity has extended implications. Health status and well-being are associated with having a sense of home, and the authors have found links between a separation from a sense of identity and pathological conditions that lead to morbidity and mortality, suggesting that having a limited sense of place identity could have negative repercussions on health and quality of life.

Joseph and Cloutier-Fisher (2005) state that as one ages life becomes much more focused on place, to the point where space collapses into the confines of home. The rural experiences of older people, within the context of place must be heard, particularly the socially disadvantaged, who need to be cared for in order not to ultimately become, what Rowles (1978) termed 'prisoners of space'. Environmental gerontology widely addresses the concept of place, and its influence on the ageing process '*... where we live, geographically as well as socially, affects daily practices as well as how life is experienced. Like historical time, where we live affects how lives unfold*' (Rowles, 1993). Rowles (1993) in particular discusses the dual concepts of place in ageing and ageing in place, and along with a number of authors (Scharf et al., 2016a, Degnen, 2016) concedes that where we age affects how we age, and by inference, the quality of life experienced in ageing.

Kearns and Andrews (2005) suggest that place in ageing may in the future be examined using the lens of 'therapeutic landscapes': a range of places possessing qualities that may either enhance or detract from one's sense of well-being and quality of life. Blaikie (1997) cites UK examples of positive therapeutic landscapes that are positive places to age in. These include close-knit coastal settlements, to which many choose to retire and re-shape within

their own images of the ideal place. Analysing the place in ageing process from a lifecourse perspective highlights how decisions taken at mid-life, and at earlier lifecourse stages, may impact upon quality of life in old age. Initial findings from The Irish Longitudinal Study on Ageing (Barrett et al., 2011), suggest that the more rural the place of residence, the less control individuals of both genders over the age of 50 years feel over the negative experiences of ageing, and the more aware they are of the disadvantages of ageing. A good quality of life is deemed to be one where control over the strategies necessary to make attachments is maintained, and where the individual is still secure in her/his own identity.

The degree to which place or location has the capacity to influence quality of life is addressed through the concept of place attachment, which impacts individuals' affective, cognitive and behavioural ties to their physical surroundings. Manifesting as an emotional sense of deep connection with place that fosters a sense of identity and belonging, place attachment offers a significant source of meaning throughout the lifecourse (Degnen, 2016). Although the concept of place attachment is not exclusive to rural environments, and is reported in the urban-rural fringe of some communities (Mahon et al., 2012); the 'glue' that binds individuals to a place is fluid and may manifest differently across rural contexts. As place attachment is fluid over the lifecourse, and may be experienced differently at mid-life than in old age (Degnen, 2016, Mahon et al., 2012), it is important to examine the connections formed between people and places. Hennessy (2014, p. 97) identifies four components of place attachment: physical; social or cultural; psychological or personal; and temporal. Distinct pathways to connectivity between place and older people include: social attachment, aesthetic attachment, and amenity-environment-oriented physical attachment. Of particular importance to older women, especially those with poor health and mobility, is amenity/environment-oriented physical attachment to place (Hennessy et al., 2014, p. 111) in which the environment, be that positive or negative, becomes more important to self-image. Understanding these

pathways is crucial to addressing the social, physical, and psychological needs of older people, and can help identify and address potential threats to place attachment in the shape of: migration, access to and quality of rural services, loss of social and support networks, and rural development and change.

A study of older people in rural Britain notes the multi-dimensional nature of place attachment and its heterogeneity: from complete disengagement to full commitment, or from complete alienation to complete solidarity (Hennessy et al., 2014). Strong connections between people and places are identified as key elements of quality of life and well-being in later life, but findings of both genders beyond mid-life reveal that feelings of attachment and belonging are not necessarily linked to levels of activity within the community. One explanation is that place attachment can be evoked through multiple pathways, (Hennessy et al., 2014, ch. 4). Personal attachment is found to relate to personal well-being, and temporal attachment to auto or socio-biographical memories around place. Physical attachment to place is invoked by an appreciation of its natural aesthetic, and social attachment by integration through social networks such as family, friends, neighbours, or community, which mirror individuals' sense of self-identity (Burholt et al., 2014). Social attachment is found to be higher in women than men, which Burholt et al. suggest may be due to a wider range of social networks. A feature of rural Ireland (Brereton et al., 2011) is its single, dispersed, 'one-off' houses, built in locations away from community life, which in itself may negatively impact upon social networks, and thus quality of life. However, Burholt et al.'s study (2014), finds that proximity to neighbours does not determine intimacy any more than length of residence determines place attachment.

Wiles et al. (2011) elaborate on the different types of attachment to place: the physical familiarity of place; the social affinity, or social 'insideness', which may evolve as a result of shared habitation at both household and neighbourhood levels; as well as a temporal attachment that links to our personal self, and our sense of identity. Regarding the complex linkages between ageing in place and

place in ageing, it is argued that (Rowles and Chaudhury, 2005) the desire for older people to remain in place can be entirely pragmatic; that not all older people form attachments to place; that generational effects are changing the attachment landscape; and that technology is impacting on people's ability to age in place. A growing homogenisation across environments (Rowles, 1993) may negate the losses often attached to geographical moves across place, and Rowles asserts (1993) that there is an increased global 'sameness' in environments, which may not suit some, but does suit others, who are then able to take their original environment and its associated attachments with them to a new location that may possess other age enhancing properties.

Attachment may not simply pertain to place, but can also relate to its institutions and its people. In his earlier writings, Rowles (1993) found that a sense of community was concomitant with the individual's autobiography. An emotional affinity appeared to establish itself with locations that had personal history for the individual. In addition, such attachments to community were linked inextricably to the individual's sense of self-identity. Connecting personal geography with personal identity, the HARC Research Network (Walsh et al., 2010, Walsh et al., 2012) reports find nuances in attachment to place amongst older people of both genders over 65 years of age, in that place attachment is interpreted differently by those who are indigenous and those who are in-migrants.

Studies by Peace, Holland and Kellaheer (Peace et al., 2011) and Rowles and Chaudhury (2005) show that when the older person is able to adopt strategies that allow attachment to the material of everyday life, then a good quality of life can be achieved across the lifecourse, irrespective of any physical frailties. Peace et al.'s (2011) ethnographic study of older people, two thirds of whom were women, found that individuals strategically seek to maintain a comfort level of attachment to place by striking a balance between self and society, between reflexivity and reflectivity, and between the inside and outside. When attachments become insufficient for acceptable living standards, adjustments

are made to behaviour or to the environment, that is, 'option recognition', in order to re-establish an equilibrium, and maintain a good quality of life.

Like a number of authors, Peace et al. (2011) underscore that individuals arrive at old age along different paths, and with different experiences of health, activity and social involvement, highlighting how mid-life experiences of place in ageing may impact on the quality of life experienced in older age.

2.7 Summary

2.7.1 Research questions arising from the review of literature

The review of existing literature highlights the relative lack of research on the lives of mid-life rural women from a lifecourse perspective, and underscores the importance in filling this gap. Findings from existing literature, particularly with regard to older versus more contemporary studies, are sometimes contradictory, suggesting a need for further in-depth exploration of mid-life rural women across the lifecourse, from childhood, through adulthood, to mid-life, in order to avoid cultural stereotyping and to develop theory that addresses contemporary ageing issues. Existing literature leaves questions unanswered on what issues are of most relevance to the diverse range of mid-life rural women in Ireland. Gaps in the literature pose further unanswered questions on what women, at a crucial lifecourse stage, think about their journey into older age, and of what possible measures are being considered at the mid-life stage in preparation for this transition. There is sometimes a dissonance between how rural mid-life women perceive themselves and how they believe they are perceived by society. The implications of such divergence upon the expectations, and ultimately the quality of life experienced by mid-life women are worthy of examination. Researchers are increasingly recognising mid-life as a pivotal lifecourse stage in forming trajectories to old age, yet the focus of social gerontological literature is weighted towards older age. This thesis thus argues the case for studying rural women at the mid-life stage, in order to see

what can be learned about this pivotal lifecourse stage that may inform both literature and policy.

2.7.2 The relevance of exploring the lived experiences of mid-life women in Connemara

Existing literature suggests connections between experiences at mid-life and the quality of lives in older age; this study seeks to explore this issue for women in rural Ireland. Connemara is a large rural area in Ireland that is home to a highly diverse range of people, and may be expected to reveal heterogeneous perceptions on ageing. This study intends to seek the views both of those indigenous to the area, and those who have chosen to live there. Although classified as entirely rural, Connemara itself varies in its degree of rurality and settlement types. Consequently, this study also seeks to reflect the views of mid-life women who live in a range of rural settings, including an island, communities, dispersed settlements, villages, and small towns.

2.7.3 The need for new empirical data to respond to research questions

Dutch and German research by Dittmann-Kohli (Dittmann-Kohli and Jopp, 2007) suggests that domains of relevance to well-being amongst those at mid-life include: family, personal, physical, occupation, leisure, and material. These domains and their inter-dependence suggest a need for similar empirical research that can address an Irish context. Researchers linked to Ireland's TILDA study (Barrett et al., 2011) on ageing suggest a key need to explore further the possible relationships between quality of life and ageing perceptions with all aspects of health, social inclusion, and psychological well-being in order to help older people as they age.

2.8 *Introduction to methodology and methods chapters*

This thesis is exploratory in nature, and draws upon a socio-economic-demographically diverse sample of rural mid-life women using a holistic, lifecourse analytic perspective. It seeks to capture participants' reflections on their lived experiences across the entire lifecourse, but with specific emphasis on the mid-life stage. The study aims to prompt mid-life women to consider the influence of living in a rural area on their lives, and of their ageing process at both mid-life and in older age.

Such an approach is in contrast to research that traditionally has focused on single issues such as medical conditions of older women, or on family relationships, or on specific sectors of women, such as farmers, ethnic or sexual minorities, those in residential care, or those from narrow socio-economic backgrounds. This study is also unique in that it is within a particular Irish, rural context, and deals exclusively with women at middle age. Fulfilling the requirements of such an exploratory study necessitates a methodology that lends itself to producing rich insights, capable of producing new theory. The next chapter thus explains in detail the chosen methodology.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter addresses the rationale for the methodological approach chosen to respond to the thesis question of: *What are the perspectives on ageing of mid-life women in rural Ireland?* This chapter covers: my position as researcher, methodological considerations, the qualitative approach adopted, data collection, data analysis, grounded theory as a methodological consideration, and constructivist grounded theory as a methodological choice.

3.1.1 Researcher position

All researchers bring their methodological backgrounds, biographies, perspectives, and standpoints to their research. This is made explicit by qualitative researchers (Charmaz, 2015). As a non-Irish mid-life, middle-class woman living in a small Irish city, but with an interest in ageing in rural Ireland, my choice of research question reflected both a scientific as well as a personal interest with the topic of my thesis. By reflecting on what issues of age, ageing, and old age were relevant to me aided my decisions on methodology and data collection. However, I had to consider that participants might possibly have difficulty opening up to a researcher relatively unfamiliar with their rural, Irish cultural context. This required me to consider any personal assumptions I may have regarding mid-life rural women, and to ensure that during recruitment, data gathering and analysis, I applied a degree of reflexivity and sensitivity. I believe that my considerable interviewing experience as a journalist helped me put participants at their ease, whilst eliciting rich data. I was guided by a wish to encourage participants to discuss their lived experiences from any stage of their lifecourse, and in all areas of their lives, with a view to understanding how these may relate to one another. I did not wish to determine the themes to be covered in advance, but rather wished to allow participants to raise their own

topics for exploration as far as possible. Broadly speaking however, I encouraged participants to focus their narrative on: ageing at mid-life and old age, general health, work, place of residence, and relationships.

3.1.2 Methodological considerations

This study examines the complexities of lived experiences of ageing amongst mid-life women. However, Gubrium and Holstein (2002), caution that ageing in itself may not evoke any meaning amongst older people; meaning only arises from the personal reflexivity of themselves in older age. Thus, some difficulties may be anticipated around individuals assessing their own ageing experiences, which may require thoughtful and incisive prompting from me, the researcher-interviewer.

This thesis draws on literature that argues that age and ageing are not mere variables, but need to be contextualised (see section 2.5 of literature review). Only through the appreciation of older participants' contextual perspectives can a deeper understanding of empirical data gathered be obtained. In this context, Kivett (2001) argues that there has been a paucity of theoretically based research on older women. None of the major psychological or sociological perspectives, she asserts, were designed to address processes and outcomes among women, suggesting a methodological gap. However, this gap is addressed in part through more recent feminist work that does analyse gender and age from intersectional and lifecourse perspectives (Arber and Ginn, 2004). Moore (2009) argues that age discrimination is bound up with gender, race and class, and that the use of intersectionality provides a tool to explore the interaction of social divisions over the lifecourse. Research from this study of mid-life rural women adds to the body of knowledge and understanding that already exists on the lives of older women. The choice of methodology and the research tools employed are crucial in dictating research outcomes, and in addressing the central research question.

This approach opens up the potential to generate theoretically surprising diversity from a carefully selected, purposive small population sample (Wengraf, 2001, p. 97).

3.1.3 Methodological approach: a qualitative study

Research purpose may be confident generalisation, provided by quantitative research, or rich, insight-generating insights, provided largely by qualitative research. Qualitative research however is not without its critics, especially over a perceived lack of analytic development and theoretical import. However, this study aligns with those researchers who argue that a more meaningful type of information can be gathered when research is not restricted to formulaic practices, and can be explored in-depth through qualitative methodology (Wengraf, 2001, Charmaz, 2006).

Qualitative research aligns itself with interpretivism, an interpretative theory of knowledge grounded in inductive logic, which Charmaz (2006) asserts, calls for the imaginative understanding of the studied phenomenon, as well as a consideration of multiple realities, and truth as being provisional. Thus, a qualitative approach to ageing research analyses the other's perspective through words, actions, concepts, and meanings. This approach has been a core feature of social gerontology research for many years, with numerous authors making the case for the qualitative study of ageing in order to listen to cohorts, rather than dissect them.

Non-random purposive sampling is often used in qualitative studies. For this study, it was appropriate to employ theoretical sampling that would seek data to develop the properties of an emergent analytic category (Charmaz, 2006). Theoretical sampling, a form of purposive sampling, allows the researcher to select participants according to predefined criteria, whilst being cognisant of non-respondents. Thus, participants may be selected on their ability to fill gaps in data that inform the research question.

A necessarily flexible approach to recruitment requires that new sites and samples for fieldwork research are consciously selected by the researcher because of their particular characteristics and relevance, and in direct response to the data gathered. Reflecting this particular requirement, the approach adopted in this study was to allow sufficient time during data collection to allow conceptual gaps in knowledge to emerge. Participants would then be selected based on their ability to respond to these gaps. In practice, this meant selecting and recruiting participants over three separate time periods: pilot study, phase I, and phase 2.

Validity is a core concern of qualitative research approaches. In this study, validity is provided for by the detailing of contextual information, such as data collection and analysis, and the rationale used for participant selection. Investigator triangulation to ensure descriptive validity is not used in this study, which warranted a single researcher; however, interpretive validity is evidenced by the distinct interpretations of my two supervisors. Theoretical validity is checked by extensive fieldwork, and by the continuous generating and testing of inductive hypotheses.

After due consideration of qualitative methodologies, it became apparent that the exploratory nature of this study would be best served by the employment of a constructivist grounded theory approach to data collection and analysis [see sections 3.3.1 and 3.3.2]. As a research method, grounded theory is considered by some to be inherently predictive, and is particularly useful in exploratory areas not yet studied, or where existing research has left major gaps, and where it may be desirable to identify a new perspective (Charmaz, 2006).

3.2 *Data collection*

As much as 90% of all qualitative social science research employs interviewing for data collection (Denscombe, 2003), and this was also the method deemed to

be most suited to this study's research question: *What are the perspectives on ageing of mid-life women in rural Ireland?*

Wengraf's (2001) work on the biographical-narrative interview method (BNIM) of data collection cautions that surface appearances may defy 'depth realities', and argues that the interview, to be useful, requires extensive pre-preparation, high levels of discipline and creativity during the interview, and more time devoted to analysis and interpretation after the interview. Researcher behaviour, the author states, will be quite different if one wishes to 'prove' a pre-existing theory, or develop a new theory. In the case of this study, in which I chose to employ constructivist grounded theory, there existed no imperative to construct theory, but I was open throughout to its emergence from the data. Neither was it necessary to employ completely structured interview formats, which could have prevented spontaneous participant narrative.

Data collection by interview in grounded theory allows participants to expand openly on the subject matter, and produce thick data that can be explained within a social, cultural context; the researcher becomes an interpreter of voices. Effective grounded theory interviewing obtains from each respondent information that can in some way be compared to others' responses, yet avoids a blueprint that would prevent exploration of individual needs. The choice of interview method reflects the perspective of the researcher, the nature of the topic being investigated, and the overall purpose of the research. In a study such as this, which investigates the lived experiences of women, the participant's sense of self is the focus, and the 'active' interview is useful (Wengraf, 2001, Charmaz, 2002), whereby the interviewer and interviewee co-create the process and content and share dialogue.

Grounded theory researchers use in-depth interviewing to explore, not interrogate. The logic of grounded theory demands that the interviewer successively asks more questions about participants' experiences to probe for theoretical insights, and Charmaz (2002) highlights how epistemology has long

held that researchers' questions shape the answers they get. Denscombe (2003) concurs, stating that interview questions should reflect a symbolic interactionist emphasis to learn about participant views, and events and actions experienced.

The approach used in this study allows for nuanced changes to interview questions to be made on an on-going basis throughout the data collection stage in order to secure the most meaningful narrative from participants. Each individual interview presents an opportunity to prompt reflection on which questions are most efficient in producing thick data, and which are not. Questions can be contextualised using appropriate language, in order to meet participant needs and expectations. It was important to allow sufficient time for participants to reflect on narrative, whilst being cognisant of interview time constraints. Lengthy periods of reflection are necessary for analysing and interpreting transcripts in order to identify possible theoretical gaps in data that necessitate further data collection.

Interview creativity proves especially necessary in instances where a participant becomes upset or confused. When the interviewer discusses deeply personal and subjective topics with a participant, the interviewer is inviting the participant to recall, reveal and construct aspects of their personal life, and to make the discussion coherent and meaningful (Denscombe, 2003). However, it is important to note that interviewee responses are only partial revelations, shaped and made meaningful by the interview dialogue. Interviewees do not converse in a vacuum, but respond to the frameworks of understanding used by the interviewer (Denscombe, 2003). It is the combination of personal characteristics and expectations of the interviewer, the attitudes towards ageing she generates, and the conceptual grounding of the questions that influence the topics that participants choose to express and expand upon, as well as the topics they choose to omit from discussing entirely (Kaufman, 1994, p. 127). Interviewees reveal only that which they wish to reveal, sometimes in keeping with their own self-image. Interviewees may wish to appear more controlled, healthy, autonomous, or self-reliant than they actually are, and this

influences the narrative constructions and images they choose to present to the interviewer and the world (Kaufman, 1994). In-depth interviewing can then be somewhat of a paradox. Data are not simply collected, but emerge in the process of dialogue, negotiation, and understanding, created through a collaboration of researcher and participant (Kaufman, 1994).

In this study, topics and themes raised worked in tandem with the participant to reduce the degree of participant 'outsideness'. Topics favoured by the researcher, rather than the participant, privilege the researcher's interests: the 'scientific paradigm'. Thus, successful qualitative interviewing should follow the participant's leads and issues, as these are at the heart of the participant personal-meaning system (Kaufman, 1994, Rubinstein, 2002). Constructivist grounded theory interviews, used in this study, are reflexive and co-creative, as the interviewer introduces only general areas for discussion, allowing the participant to dictate the theme. In turn, participant narrative continuously informs the direction of future interview questions and format. The importance of narrative is that it allows the self to unfold and offers participant and researcher a clearer understanding of the feelings and meanings behind participants' lived experiences. The stories we tell of our lives bring order to our experiences and help us view our lives both subjectively and objectively at the same time, while assisting us in forming our identities (Kaufman, 1994, Rubinstein, 2002).

It is important that qualitative researchers disclose their own theoretical assumptions to allow readers to interpret the analysis and consider possible alternative interpretations. Jamieson (2002) cautions that the results of 'original' research be questioned in the light of the subjectivity embedded within analysis and conceptualisation. Within this study, no preconceived hypotheses were considered: this exploratory research did not seek to either prove or disprove a theory, but lent itself to the consideration of theory arising from the raw data.

However, regardless of the intention to remain objective and neutral in interviewing, stereotypes and other presuppositions become part of the interviewer's representation of the ageing process, and part of the 'knowledge' produced about participants. The researcher's attitudes, interaction styles, and research contribute to social and cultural constructions of ageing (Kaufman, 1994). For these reasons it was vital that I ensured that 'sensitivities' regarding any personal bias were considered at all times. For example, neither narrative on menopause, nor on spirituality were highlighted to the degree anticipated.

Bias can be reflected in the research question, in the design and methods used to answer the research question, or in the interpretation of findings through the ideological orientation of the researcher or funding body. Bias can be minimised by posing questions using conversational techniques, such as giving summaries of participant statements to check for understanding, (Jamieson, 2002, ch. 2, Kaufman, 1994), and ensuring that the researcher's frame of reference, if one exists, should never be imposed upon study participants. Constructivist grounded theory is particularly useful as a research tool, as it compels the researcher to actively listen to the participant, to take her lead from the participant, and to stay grounded in participant data during interpretation. Thus, if the participant wishes to prematurely close down discussion on a theme such as rural identity, and expand on another, such as social relationships, the researcher must follow the participant's lead.

3.3 *Data analysis*

Qualitative researchers in gerontology tend to employ one of three common approaches to data analysis: thematic content analysis, as used in Thurston and Meadows (2003) study of mid-life women's perspectives on rurality and health; framework analysis, normally employed for applied policy research with a priori issues, such as healthcare; and the chosen approach for this study, the constant-comparative method of grounded theory.

3.3.1 Grounded theory

Grounded theory attempts to explain social-psychological and social-structural processes within the context of social interaction (Charmaz, 2006, p. 28, Stern and Covan, 2001). Such social interaction is usually situated within one-to-one interviews, which become participant reconstructions of experiences and their meaning. Whilst MacDonald and Schreiber (2001) argue that recording every word spoken by participants during an interview is not necessary to produce sound grounded theory, others (Stern and Covan, 2001, p. 28, Charmaz, 2006) argue that there are no irrelevant or useless participant words, only data that have been formed by the participant through his or her own lens. Thus, in this study, every word spoken was considered along with what was not spoken, by paying attention to context and non-verbal communication.

Traditionally, criticism of grounded theory as a research tool has centred on descriptors such as 'unsystematic', 'impressionistic', or 'exploratory'. Such criticisms are answered by grounded theory's systemic approach to analysis, including sampling, coding, and memo-writing, all of which necessitate engaging in comparative analysis. Grounded theory interprets through data, rather than impression; it is not exclusively applied to qualitative research; and whilst it lends itself well to exploring new subject matter, it is a complete methodology, not just a starting point for further research (MacDonald and Schreiber, 2001, p. 46, Charmaz, 2006). As an analytical methodology, grounded theory seeks to construct inductive theory on issues of importance in people's lives, and does so through theoretical sampling (Charmaz, 2006). Its inductive approach to research, usually qualitative, was initially developed by Glaser and Strauss (1967), and its core dictates that the researcher begins with no preconceived ideas to prove or disprove. As a methodology, it is considered to be an excellent research tool for exploratory research, due to its explanatory powers that can illuminate common issues that match theory with pragmatism. Glaser and Strauss (Charmaz, 2015) aimed to align qualitative research with quantitative research by moving qualitative enquiry beyond descriptive studies and into the

realm of interpretive, explanatory theoretical frameworks that could offer abstract, conceptual understandings of the studied phenomena (Glaser and Strauss, 1967).

Although conceived and developed jointly by Glaser and Strauss in the 1960s, the two theorists ultimately parted academic company over a number of issues and went on to defend their own versions of grounded theory. One such distinguishing schism is that of verification. Glaser's (1967) position holds that a grounded theory is not verified, but rather modified to accommodate new data by integrating these into existing theory. Glaser argues that grounded theory need do no more than yield hypotheses: a positivist, or hermeneutic perspective. Strauss, along with Corbin (Charmaz, 2006, p. 8, Strauss and Corbin, 1990), differ on this point, stating that the researcher must induce, deduce and verify throughout the phenomenon being studied in order to yield theory. Originally, Strauss stated that grounded theory should be conducted in a research setting, using both observational and interview data, and argued that such data should be experiential, but more recent trends rely on unstructured interviews (Strauss and Corbin, 1990, Morse, 2001).

Grounded theory is an open, reflexive approach to research where data collection, analysis, the development of theoretical concepts, and the literature review occur in an iterative, cyclical process, and this study followed this approach. While these features apply to some other qualitative research orientations, its three distinguishing features are: researchers follow systematic, analytical procedures; researchers enter the research process carrying as few assumptions in advance as possible in order to discover emergent knowledge; and researchers do not just describe data, but conceptualise data in order to generate and develop theory (MacDonald, 2001, Morse, 2001, Daymon and Holloway, 2002, ch 8).

Grounded theorists begin research with an a-theoretical stance, where the likely results are completely unknown, and remain open to the possibility that

an 'a priori' theory might be found in the data. However, researchers bring their own theoretical perspectives (sensitising concepts) to the table, which are likely to influence the process (Morse, 2001, MacDonald and Schreiber, 2001). What is needed to ensure an open approach to the research phenomenon is for the researcher to make explicit her own assumptions and beliefs, and then use grounded theory techniques to work beyond these through the analysis (Daymon and Holloway, 2002, p. 117, Schreiber, 2001). By constantly comparing sensitising concepts with data, the researcher can move beyond preconceptions toward the construction of a fully developed theory that is rooted in and explains the data.

Although starting without an hypothesis or theory, grounded theory allows work to develop inductively and deductively: '*... issues of importance to participants emerge from the stories that they tell about an area of interest that they have in common with the researcher*' (Mills et al., 2006, p. 3). During the course of analysis, provisional hypotheses arise, which are checked out against further incoming data. Theoretical sensitivity is developed and built up over time in two major ways: by acquiring more information through the literature; and by increasing knowledge through experiences (Schreiber, 2001, p. 60). Grounded theory's processual research approach has the potential to offer original insights into how things happen, and is useful when little is known about a particular topic or phenomenon, such as is the case in this study. By adopting this approach the researcher acts as an interpreter, rather than just reporter or describer of a situation or concept. In this way, the researcher can continually search for relationships between concepts in order to generate patterns and links from which substantive or formal theory may emerge (Mills et al., 2006). This processual approach was adopted in this study: participant data revealed during collection prompted me, the researcher to consult relevant literature on an on-going basis, as well as to constantly compare data within and between transcripts in the search for theoretical patterns and gaps. It is my job as researcher to make sense of not just the obvious, but of all the data produced by the participant.

Grounded theory keeps both participant and researcher active by acknowledging that the 'how' of participant narrative meaning is as important as the 'what'.

3.3.2 Constructivist grounded theory

Although trained by Glaser and Strauss, the originators of grounded theory, Charmaz (2006) moved away from their classical approach to develop constructivism, a social scientific perspective that addresses how realities are made. Charmaz, who is most closely associated with this approach, proposes that theories are not discovered, as its founders would have insisted upon, but rather that derived theory is an interpretation, or construction, not an exact picture of the studied world, which depends on the researcher's view and epistemology (Daymon and Holloway, 2002, p. 119). In contrast to classical grounded theorists, Charmaz does not focus on developing a core concept or a main theme that links together the categories, leading to a single unifying theory; rather, she searches to explain how the various categories relate to one another, from which a theory may or may not emerge.

Some debate is to be found in the literature on the use of the terms 'constructionism' and 'constructivism' (Charmaz, 2006, Ward et al., 2015). These terms are used interchangeably by a number of authors, but differences do exist in their meaning. However, 'social' constructionism argues that reality is constructed and reconstructed both individually from the sum of experience, and in relationship with others. For example in grounded theory research, theories and accounts are constructions based on data and observation. This approach is considered by some authors to be inconsistent with 'constructivist' positivist notions of truth and knowledge as objective (Ward et al., 2015).

Constructivist grounded theory is a research paradigm that denies the existence of an objective reality, asserting instead that realities are social constructions of the mind, and that there exist as many constructions as there are individuals

(Ward et al., 2015, Charmaz, 2006). Epistemologically, constructivism emphasises the subjective inter-relationship between the researcher and the participant, and the co-construction of meaning (Mills et al., 2006). Although theory does not always arise from data that has been analysed using a constructivist grounded theory approach, validity, rather than the ability to replicate, is essential. Charmaz (2006) argues that only constructivist grounded theory allows the researcher to become a co-author of the participant's story: *'Data do not provide a window on reality. The discovered reality arises from the interactive process and its temporal, cultural, and structural contexts'* (Mills et al., 2006, p. 6). Thus, I as researcher must follow a methodological process capable of validation by reflecting on data within its various contexts and meanings.

The inductive nature of grounded theory was developed to permit creativity and freedom, and whilst Glaser specifically warns the researcher against exploring the literature before commencing data collection, in order to avoid hasty analysis, Charmaz (2006) disagrees. The author argues instead that researchers inevitably bring with them their own depositories of knowledge and understanding, and that a familiarity with extant literature can be beneficial to data collection and analysis, providing the researcher maintains an open mind to all interpretations of narrative data throughout the process.

Constructivist grounded theory data are obtained largely by interview. Interview transcripts produced are complex, and should be examined from a number of perspectives in order to extract the richness of depth that may be present, and allow the researcher to form possible hypotheses. Inferences taken from the content of interviews, and on which hypotheses are formed, may be heavily loaded. However, constructivist grounded theory cautions the researcher to rely on the raw data at all times.

Regarding the analysis of transcript data, Charmaz (2006) argues that grounded theory coding and memo-writing strategies force the researcher to pay

attention to how data are collected, to her position and assumptions as researcher, and to the relationship between theory and research. Following such grounded theory strategies encourages the researcher, argues Charmaz, to engage in reflexivity over research decisions, actions and analyses, aiding the formation of conceptual analysis and theory construction. Coding generates ideas to explore and expand (Charmaz, 2015): codes serve as shorthand devices to label and organise data, and may be treated as conceptual categories when they are developed analytically. The researcher defines the codes carefully, explains their properties, causes, contexts, and consequences (2015, p. 1611), helping her to understand participants' stories, accounts, even silences from their viewpoint. Charmaz suggests employing both open-line and focused coding, analysing individual words, lines, segments, or incidents, in order to achieve theory that 'fits' and is 'relevant'. Thus, codes and categories 'crystallise' participants' experiences and interpret what is happening. As analysis proceeds, the researcher uses existing codes wherever possible, only adding in new ones to cover previously un-coded data. Constructivist grounded theory acknowledges the reflexive interdependence and interconnectedness of researcher, data, method, and interpretation, and coding becomes, asserts Charmaz : *'... a reflexive involvement with data as well as an explicit strategy for theory construction'* (Charmaz, 2015, p. 1615). This necessitates that the researcher considers tone, body language, and facial expressions, as well as words.

In order to break open research data Charmaz endorses the use of 'gerunds' in coding for their capacity to enliven the data, foster theoretical sensitivity, and point the researcher in the direction of enacted processes rather than static topics. Gerunds, or active verbs functioning as nouns render the code active by determining the process of what is happening, rather than simply describing or theming data. Every piece of coded data is compared with every other piece of data, concepts, and categories in order to develop theory, and to achieve this, Charmaz argues for speedy and spontaneous 'action' rather than 'topic' coding

to help prevent the researcher from conceptualising too soon and adopting theories before the necessary analytical work is completed.

Charmaz cautions against forming 'thin data' by accepting participants' revelations at face value; arguing instead that the researcher must '*push hard in coding*' to avoid missing analytical insights (Charmaz, 2006, p. 49). By coding in this fashion, Charmaz argues that patterns and gaps in data emerge that can be pursued through further theoretical sampling. Ultimately, a large number of codes and categories are systematically subsumed and merged to arrive at a smaller number that are more central to the analysis, and can be investigated in greater depth.

Charmaz (2006) cautions that research by grounded theory is not compelled to produce theory, and that the researcher's interpretation of interview narrative indicates only the possible range of empirical meanings, actions, and processes. The following chapter explains in detail how I employed constructivist grounded theory to gather and analyse participant data.

CHAPTER FOUR: METHOD

4.1 *Introduction*

This chapter provides an outline of: the ethical considerations of this study, sampling, the pilot study, the main study, data collection and field work, transcription of data, the use of memos, data analysis, participant pen profiles, and writing up findings.

As argued in Chapter 3, after due consideration of qualitative methodologies, it became clear that from the exploratory nature of this study, rural mid-life women's experiences of ageing, would be best served by the employment of a constructivist grounded theory approach to data collection and analysis.

4.2 *Ethical considerations*

4.2.1 Beneficence

In keeping with the nature of qualitative research, ethical considerations underpinned the entire research process of this study, particularly during data planning, data collection, and data analysis. A study such as this in which participants were asked to reflect on personal aspects of their lived experiences across the lifecourse needed to be conducted with professionalism and integrity. Thus, I was conscious of a sense of social responsibility, and of the need to respect participants' rights and feelings, whilst still eliciting rich data. By using constructivist grounded theory as a methodology, I introduced only general areas of discussion to participants, allowing them to raise more focused topics. By affording participants space to reflect on areas such as personal relationships relinquishes a good deal of control to the participant. Discussions and narrative can thus take unexpected or unplanned pathways, and risk leaving the participant vulnerable and the researcher confused.

Thus, a measured approach to interviewing was essential to safeguard both the participant and researcher.

4.2.2 Confidentiality and anonymity

As I did not know in advance of data collection what topics participants would choose to raise, I had to anticipate that it was possible that problems of confidentiality could arise. Connemara, although geographically large, can be tightly connected, making participant anonymity essential. Participants therefore received written and verbal assurances that their names, job descriptions, places of residence, and any other information that could reveal their identity would be changed in all written material. Thus, in the write-up stage of this thesis I used pen names, generalised job titles and places of residence.

4.2.3 Informed consent

At the start of 2012 I sought approval from NUI Galway's Research Ethics Committee. Whilst this was being considered I constructed a semi-structured interview schedule for my pilot study. Ethics approval was granted in May 2012, subject to providing participant information sheets on the types of data sought, as well as consent forms. I was also required to make participants aware of relevant social support services. I began fieldwork in June 2012.

The participant information sheet [see Appendix 1] outlined the purpose of the study, set out what was expected of participants during interview, and what procedures were put in place to ensure security of data, confidentiality, and anonymity. Information sheets were supplied to each participant in advance of interviews to allow them time to digest, and ask questions of the researcher. Consent forms were produced and explained at the start of each interview, which participants read and signed, co-signed by me. Participants retained information sheets and a copy of the consent form. The second copy of the

consent form is stored securely within NUI Galway, along with hard copies of participant transcripts. Electronic transcripts of data are held on my personal computer, which is password secured. Participants consented to be interviewed on a one-one basis for around 90 minutes, agreed that the interviews would be audio-recorded, and that only I, the researcher would listen to the recordings. They also acknowledged that transcripts of interviews might be read by my two supervisors, but with names and places changed. Participants also consented to be interviewed on more than one occasion, should this prove necessary.

4.2.4 Researcher-participant interaction

Interview questions were open-ended and followed a semi-structured format. Constructivist grounded theory requires raising only general areas with participants, allowing them to raise specific issues. Thus, I did not consider it likely that interviews would prove to be emotionally upsetting for participants. However, I was aware that there is always a potential for upset when reflecting on life choices and experiences.

During seven interviews participants did in fact become upset to varying degrees: two relating to the deaths of children, four relating to late parents, and one relating to attachment to place. When this occurred, I stopped recording, and made the participant aware of professional agencies that they could contact if they so wished. Six of these interviews continued on after taking a short break; the other was stopped and re-commenced the following week. I gave each participant all the time they felt they needed to relate the circumstances around the source of their upset, a process that they claimed to find cathartic. Allowing participants to get upset and to explain how they really feel allowed the interviews to move on with better flow, and afforded me deeper insights into how lifecourse events can impact on views held at mid-life on ageing. Some participants emphasised the therapeutic effects of interview, particularly with regard to discussing personal matters. They appeared to enjoy having someone to listen to them in a non-judgemental way.

This was particularly the case with some participants who were acting as informal carers to close family members. Women in this situation reported having little time for themselves and valued the opportunity to express emotion on how the role of caring was affecting them.

4.3 Sampling

The purpose of this study is to examine how mid-life women living within a rural context feel about ageing, and to uncover the issues that are of most relevance and importance to them. In the interests of obtaining rich data, I sought a diversity of participants from different socio-economic, geographic, and ethnic backgrounds. The research sample was based in the Connemara region of the West of Ireland for a number of reasons. Being in close proximity to Galway City, Connemara provided me with relative ease of access. Although the region itself is large, rural, and its roads sometimes challenging, I was able to reach all participants by private car or public bus. While 28 interviews took place over 18 months, the final number of participants was reduced to 25, when two chose to withdraw from the study for personal reasons and a third was deemed by age not to fit the research criteria.

The central research question: *What are the perspectives on ageing of mid-life women in rural Ireland?* led me to employ constructivist grounded theory as a research methodology, and the semi-structured interview as a method of data collection. As discussed in Chapter 3, this choice of methodology, and the need to secure a wide range of participant, influenced my decision to use theoretical sampling, a form of purposive sampling, for the recruitment of participants. Assuming that women in their mid-forties may have different lived experiences to those in their mid-sixties, I sought to secure participants belonging to a range of age groups within the 20-year research criteria. Similarly, I wanted to investigate whether mid-life women living in a Connemara town or village may have different views on ageing to those living in more rurally dispersed areas.

I also wanted to explore whether mid-life women with different levels of education, income, physical or mental ability, or nationalities might have varying lived experiences. Finally, I considered that mid-life women of different marital status, and with or without children might also have different narratives on ageing.

Participants were sought over a phased period of 18 months for reasons of methodological efficacy. The initial pilot study [see Section 4.4] of three participants took place in June 2012, and was followed in September 2012 by phase one, in which I interviewed an additional 10 participants. Phase one ended in December 2012, and was followed by a three-month period of in-depth analysis, which allowed me to examine in detail concepts and issues raised by the first group of participants, and to identify patterns and gaps in data. Once theoretical gaps were identified, a further sample of participants was selected to address outstanding issues. Phase two of interviewing took place in April 2013 and I recruited the remaining 12 participants. Interviewing ended in December 2013.

Of the 25 participants aged 45-65 years of age included in the final analysis, 12 participants were deemed by me to be in early mid-life (45-54 years) and thirteen in late mid-life (55-65 years). Seven participants had adult children no longer living at home; ten had children still living at home; eight participants had no children. Three participants lived alone, and 22 lived with partners, spouses, or siblings. Full demographic details are presented in Appendix 5.

4.4 *Pilot study*

The pilot study served a number of purposes: I was able to evaluate different methods of recruitment for my research sample; to assess the semi-structured interview as a research tool; to evaluate interview questions in relation to the research question; to practise my interviewing skills; to consider the efficacy of interviewing participants in place; and to examine the nature of participant data

gained. The pilot study was thus an integral tool guiding future fieldwork within the main study.

Using constructivist grounded theory as a methodology rendered it appropriate to employ both purposive theoretical sampling, and snowball sampling in which a participant recruits another. Having established the research profile (45-65 year old women in Connemara), the study looked initially for individuals who matched these characteristics. Initially, I contacted stakeholders and gatekeepers of relevant organisations, such as FORUM Connemara and Póbal, two State organisations designed to improve outcomes in rural areas for those experiencing social exclusion, in order to access their databases. I also contacted personal development organisations such as The Irish Countrywomen's Association. This approach proved unsuccessful within the pilot study phase.

The three participants who ultimately comprised the pilot study I recruited by personal contact and snowball sampling. Each lived in a different area of Connemara, but was connected through a joint leisure pursuit. Whilst each came from a similar socio-economic background, individually the three participants had quite different lived experiences to narrate. This alerted me to the diversity likely to be found within my main study. By employing the same semi-structured interview questions with the three participants of the pilot study, I began to understand what types of questions, and order of questioning worked best to elicit relevant data, and to appreciate what topics participants themselves were keen to raise. The structure and content of future interviews was thus revised after the pilot study. Each participant was interviewed in her own home, but I felt that whilst this was my preferred choice of location, that interviews could possibly work as well in a neutral venue. Each interview lasted between 60-90 minutes, at the end of which participants were asked to discuss any issues or topics not already covered, thereby helping to increase researcher-participant collaboration.

As an experienced interviewer in the areas of public relations and journalism, the pilot study proved useful to me in revealing important considerations of academic technique. Being conscious of using constructivist grounded theory as my medium of analysis made me alert to the importance of ensuring that none of my interview questions were loaded, leading, or overly specific in any way, and that participants had the opportunity to direct the areas of questioning to include themes that they deemed to be important. All data came directly from the participants, and these data continued to drive interview technique in an iterative fashion.

Immediately following each interview I recorded points of significance in my research diary on aspects other than spoken narrative, including non-verbal communication and contextual setting. Transcribing each interview directly afterwards also allowed me to see where in questioning I may have needlessly intervened or not prompted sufficiently. This allowed me to conduct future interviews differently. In addition to using a research diary, and following constructivist grounded theory procedures, I also used memos after each interview. These allowed me to reflect on each interview, commenting on content, thoughts, feelings, and suggest possible coding. Memos also allowed me to review and record interview practices, as well as to personally reflect on matters outside of the transcribed data. Further reflections were added to memos after transcription and coding to support interesting concepts, and to provide a rich source of data for analysis at a later stage.

Memos sometimes offered insights that would not be contained within the transcripts alone. For example, one participant (Susan, 64 years of age), with an intellectual disability, said very little during interview. Her first language was Irish, requiring a bi-lingual facilitator to be present to aid translation. There would have been very little data to work with, had I relied on the interview transcript alone. However, on reading over Susan's memo I was able to reflect better on the narrative that did pass between us, and of how the facilitator within the training centre was able to draw data from Susan.

Reflecting on the smaller, personal details within Susan's transcript, in conjunction with notes on her body language, I felt able to compile a more authentic, holistic picture of Susan and of her experiences around ageing.

I coded the three pilot study transcripts both line-by-line and paragraph-by-paragraph. I then compared and contrasted data both between and within the three transcripts in an iterative fashion in order to facilitate the emergence of possible future categories. Once the coded transcriptions of the pilot interviews had been analysed and discussed with my supervisors, I proceeded to the next stage of fieldwork.

4.5 *Main study: phase one and phase two*

The use of theoretical sampling dictated that a full sample base of participants could not be identified in advance of fieldwork, as it is the data itself that point the way to patterns and gaps, and suggest where further data need to come from. Thus, the main study was carried out in two phases, as it became clear to me after interviewing ten participants in phase one, that it was necessary to cease interviewing and take a deeper analytical look at data produced to date.

The first consideration after completion of my pilot study was where to access participants for my main study who met the research criteria of being between 45-65 years and living in the region of Connemara. From the outset I aimed for a diversity of participants, and therefore sought to recruit a range of women from different geographical regions of Connemara, and from different socio-economic and demographic backgrounds.

At all times the nature of theoretical sampling informed my choice of participants: women were selected on the conceptual basis that they might add something different to data already collected. After each participant interview, the constant comparison of transcript data allowed me to identify gaps in knowledge; for example, mid-life women with a disability, or who lived in a

remote rural area. If participants sampled appeared to be financially comfortable, it was important to identify other participants for whom finance was a challenge. If participants were deemed to be well-educated, I felt it necessary also to interview those with more basic educational levels. This process continued until I felt that saturation point had been reached within the research sample of properties that could form categories (Charmaz, 2006, p. 49).

Having a background of working within the media, I employed these skills to both identify and recruit participants who matched the research criteria. Print and broadcast media allowed me to explain fully the rationale behind the research. Thus, I placed detailed press releases into a trade magazine for older people, *Senior Times* [see Appendix 2], published in May 2013, and into the main Connemara newspaper, *The Connemara Journal* [see Appendix 2], published in September 2012 and March 2013. I also took part in two interviews with Connemara's Community Radio station in September 2012 and March 2013. My press release was also printed in a national newspaper, *The Irish Examiner* in April 2013. The media proved to be useful to a degree in raising awareness of my research amongst potential participants. I ultimately secured three participants through this medium.

I further contacted the same State organisations targeted for my pilot study, Póbal and FORUM Connemara, placing posters within their buildings. This approach yielded six participants, two of who were informal carers [see Appendix 3]. I also targeted Maam Cross Women's Group; NUIG Access Group, Carraroe; The Irish Wheelchair Association; and The Brothers of Charity. I made contact with a number of parish priests within Connemara in the hope that they might put me in contact with potential participants.

On balance, the most successful method of securing participants was by personal contacts and snowballing. Snowballing involved me securing a participant for interview, who then in turn secured others on my behalf. This approach was useful in identifying participants too difficult to identify by geographical, or socio-economic location. Nevertheless, caution had to be exercised to avoid a bias introduced by participants, who may have suggested other participants who were too homogeneous or too dissimilar to fit research criteria.

Whilst the three participants from the pilot study and ten from phase one of the main study did vary in income levels and marital status, they were all relatively well-off economically and appeared to be optimistic about their future ageing. What became evident was the need to speak with mid-life women who may have different socio-economic backgrounds, and different lived experiences from those in the first phase of interviewing.

In an attempt to secure further participants, press releases were again issued to the print and broadcast media appealing for more nuanced types of participants to come forward for interview, including the 'never marrieds', in-migrants, and informal carers. This approach produced a further 12 participants who were interviewed between the summer of 2013 and the end of that year.

Of the 25 participants interviewed in total, eleven participants were recruited through personal contacts, snowballing produced five participants; the media produced three participants; and organisational stakeholders six participants.

Figure 4.1 Participant Recruitment Methods



4.6 Data collection

Connemara is a Gaeltacht, or Irish-speaking region, and for two participants Irish was their first language of communication. Another participant had French as her first language, and another, German. However, all participants agreed to be interviewed in English.

The nature of my research question led me to consider ageing within the context of rural place. To this end, 21 of the 25 participants were interviewed in Connemara in order to get as full a sense of place as possible. The remaining four participants chose to be interviewed in Galway City. Only seven participants chose to be interviewed at home, and 18 chose neutral venues, mainly hotels.

An advantage of using a neutral venue is that participants may feel more relaxed away from possible domestic interruptions; a disadvantage is the necessity to ensure privacy of discussion, and in particular, the inability to position narrative within the context of place. It was always my intention to interview participants in their own homes in order to get a more immediate sense of place, but this was not always possible. However, I believe that a sense of place was conveyed adequately by the participants during each interview as they discussed and reflected upon ageing within a rural context. In hindsight, it might have been useful to employ some degree of photo-elicitation

(Richard and Lahman, 2014) within interviews. This may have worked well with those participants who chose not to be interviewed in place, and may have afforded me an additional insight into their home place. Photo-elicitation aligns well with qualitative methodologies, and can aid access to participant beliefs and values through their chosen visuals. For example, one participant, Mandy, chose to show me photographs of her mother as a young woman, which allowed her to discuss better the visual ageing process across generations, making comparisons with herself. Another participant, Áine, chose to show me a photograph of her deceased son to help me visualise a life now gone, but which was strongly influencing her ageing process.

Classical grounded theory advises that a literature review is best dealt with after empirical fieldwork has ended in order not to be influenced by theories within extant literature. Constructivist grounded theory however, as expounded by Charmaz (2006), recognises that the researcher does not carry out fieldwork in a vacuum, and is already influenced by her own lived experiences. Thus, she argues that a review of literature is acceptable at all stages of the research process, from the pre-investigative stage until after all empirical findings have been gathered. I chose to follow this rationale, and carried out a literature review on an on-going basis, which allowed me to reflect on the breadth of existing knowledge. In the light of such reflection, interview questions were modified in an iterative fashion in order to elicit rich data that could best respond to the research question (Charmaz, 2006, Wengraf, 2001). Ultimately, interview questions were modified in small ways 15 times [see Appendix 4], adding areas to be explored, and deleting extraneous questions, a procedure that Charmaz confirms as a normal part of the data gathering process. In the interests of comparing and contrasting like with like, completely new areas of enquiry could not be introduced, but it was possible to alter the language or order of certain questions, or to introduce further probes.

Interview questions were framed to reflect the symbolic interactionist approach (Charmaz, 2006, p. 29) of this study, in which I listened carefully to answers in

order to learn about participant views, experienced events, and actions through exploration, not interrogation. Questions that participants found difficult to answer were not necessarily rejected, but in the search to produce rich data it was deemed essential to question why participants found some questions challenging, or why they misunderstood others. Reflecting on old age within a rural framework proved possibly the most challenging for participants, as this was a new experience for many, and a number of participants claimed to have given no deep thought to these topics. This also appeared to be the case in a much earlier Project A.G.E. study of people in Clifden (Keith et al., 1994), which reported the inefficacy of asking questions around the feelings of age and ageing. However, participant answers to probes on ageing mostly revealed thick data, articulated perhaps for the first time. Grounded theory interviewing allowed the scope for such reflexivity to occur. This can be illustrated by 62 year-old Mary, who claimed to 'live in the now' with no great thought to what lay ahead. Nevertheless, Mary had begun to put a number of measures in place that she perceived might aid her in her older age, including installing a downstairs en-suite bedroom, and replacing ornate internal doors with plain ones that were easier to clean.

Topics that I anticipated might be raised by participants, such as religion or spirituality were often not discussed in favour of areas of greater relevance to their lives, such as personal relationships, employment and health. Similarly, questions that I envisaged being answered in great detail were sometimes treated lightly, in favour of other unanticipated topics. For example, menopause did not feature highly as a single-issue topic, but other aspects of physical ageing, such as stamina did. This highlights the importance of researcher-participant empathy. Although I shared a birth cohort with many of the participants interviewed, our backgrounds were often dissimilar, as was the context within which we viewed ageing.

Qualitative interviewing demands that the researcher actively listens and interprets content and delivery meaningfully and insightfully.

However, this is particularly important in the case of grounded theory interviewing, in which it is imperative that participant data alone dictates possible theory. Thus, interviews were audio-recorded for verification, allowing me to give my full attention to participants. Guiding principles contributing to rich qualitative interviews include an understanding of different cultures, as this affects what is said and how the interview is heard and understood. The cultural understanding of the subject area is of crucial importance, with a sound degree of participant empathy needed in order to understand shared meanings and avoid for example an inappropriate use of language that may close down discourse. This would include for example, the maturity to appreciate the unfinished sentence, hyperbole, or the ability to use a conversational style familiar to participants' age group. Such examples might be: the recognition that a derogatory comment on the irrelevance of one's spouse was likely to be 'tongue-in-cheek' within the context of the participant's narrative, or, the ability to interpret what is left unsaid by a participant too upset to finish a sentence. Qualitative interviews are often less pre-determined than structured, quantitative ones, and the language used is central to their success. The physical and social context of the interaction between interviewer and interviewee influences content, as does the acceptance of 'sensitivities' or pre-established norms, power balance, accepted roles, and shared histories. Semi-structured interviews in this study allowed for participant elaboration and flow, and interviews generally lasted 90-120 minutes until all areas of interest were covered.

At all times I endeavoured to ensure that participants did most of the talking, and that I retained as neutral a stance as possible. I was conscious of the need to guide participants, but not lead them or suggest answers, and of the need to separate actual from perceived data. This is of particular significance in relation to my chosen method of analysis, constructivist grounded theory, which demands that theory arises out of the data itself, rather than from any pre-conceived hypotheses. Concentrating on actively listening, I sometimes found it challenging to ensure that participants did the bulk of the talking.

Participants varied widely in their response levels, from those who needed minimal prompting to elaborate on topics, to those who required constant encouragement to disclose data. Constructivist grounded theory argues that data gathered from any area raised by the participant is relevant, and thus all participant narrative was considered equally for coding.

Probing was necessary in particular for those participants who tended to speak in clichés. Clichés are used to articulate a concept that is held to have a universal meaning, but in fact does not, rendering them pointless. Thus, a repeated quote such as *'you can't turn the clock back'* had to be considered in the light of context, in which I, the researcher, had to consider whether this was a learned or intuited comment, and reflect upon what this told me. In this instance I was guided by interview content, in which it was made clear that this phrase was one adopted by the participant from her parents. Thus, my analysis of this particular participant's (Morag) narrative led me to believe that she perceived her own ageing process through the eyes of her late parents' experiences of ageing.

Despite my experience in media interviewing, I found that my academic interviewing technique improved as I worked my way through participants. Media interviewing is confined by time, word count, and relevancy. Thus, it is normal and natural for interviewers to interrupt interviewees, to finish sentences for them, and to raise issues that the interviewee may not wish to speak about. In contrast, grounded theory insists on active listening, and allows topics or themes to be raised by participants. Confidence in learning what areas of questioning did and did not work allowed me to relax into the process more, and afforded the participants the freedom to answer from their own perspectives, without feeling compelled to supply 'right' answers.

4.7 *Leaving the field*

Fieldwork ceased at the end of 2013 when I felt that theoretical saturation had been reached in data gathered. Saturation is reached only when theory developed is fully able to explain variations in the data; thus saturation point cannot be predicted in advance (Charmaz, 2006). By the end of 2013 I felt that categories and possible theory were fully explicated and no new information about the core processes was forthcoming.

In total, I spent 18 months interviewing and analysing for patterns and gaps to address. Whilst I could have continued to interview beyond this period, it became evident to me that emerging raw data were showing no new concepts. I would have liked to address an even greater diversity of participant, such as those with physical disabilities, non-heterosexual, or non-European, but was unable to source such participants.

4.8 *Transcribing interviews*

Although trained in keyboarding and audio transcription, transcribing verbatim interviews of around 90 minutes in length proved to be a slow process. Understanding the importance of capturing every word accurately meant great attention to detail was required, with phrases sometimes being listened to repeatedly and pauses or other forms of non-verbal communication recorded.

Reviewing transcriptions and comparing the content to that recorded in my memos, written up immediately following interviews, proved useful. It became clear that impressions recorded in memos, both verbally and non-verbally, were sometimes validated, but at other times contradicted the content of raw data. Constructivist grounded theory requires that all analysis is grounded in real data, and thus it was vital to ensure that I recorded what was actually said, and not a perception of what was said.

An illustration of the necessity of staying close to the data is when body language is at odds with content, or when contradictory statements are made. One participant, Penny, who cared for her husband, spoke of how content she was with her life, yet looked far from happy. Another, Hilary, said that she could not care less about her husband, but laughed whilst stating this. Another participant, Mary, emphasised her 'positivity' and the importance of 'living in the moment', yet spoke of past regrets and future anxieties. Such contradictions emphasise the complexities and rewards of qualitative research.

4.9 *Memo writing*

The purpose of memos in grounded theory is to make explicit the researcher's pre-existing assumptions; to record methodological decisions, and to speculate on and analyse the data (Charmaz, 2006). Becoming increasingly theoretical, the researcher suggests relationships among categories and concepts, using these as the basis of the final thesis. Charmaz advocates that the researcher includes raw data in memos to keep the participant's voice and meaning present in the theoretical outcome. The memo serves as an intermediate step between data transcription and the analysis of findings, and is an analytical process considered to be pivotal by Charmaz: the writing of successive memos keeps the researcher involved in the analysis and helps to increase the level of abstraction of ideas. Memos can detail anything from the meaning and use of codes, concepts and categories, to data and 'defining moments', and can act as a vehicle to explain why initial codes are subsumed into focused codes and theoretical categories, ultimately explaining any substantive theory reached. Thus, memos can be written iteratively over the entire time period of analysis.

In addition, memo-ing can help untangle complex or contradictory data gathered within interviews, such as those involving participants who had suffered bereavements. For each transcript I constantly compared data, along with possible conceptual and theoretical categories, in order to help me explain and justify what was happening within participant discourse.

Memos also helped me to identify gaps in analysis that needed addressing, and allowed me to record personal reflections on how effective I felt the interview had been, commenting on context, setting, place, and non-verbal communication. Memos allowed me to highlight which questions worked well and which did not, noting topics raised, avoided or missed by participants.

4.10 Data analysis: coding interviews

The option of showing completed interview transcripts to each participant for verification purposes was considered, but, after discussion with my supervisors, and other researchers within the social gerontology field, I felt that this strategy was undesirable for a number of reasons. Whilst this step may be considered by some theorists to be empowering for participants, it would have required consulting all 25 participants, a lengthy process, and one that would have run the risk of participants retracting or revising what they said during interview. If this had occurred, all transcripts and associated codings and categories would have needed revision too, as constructivist grounded theory analysis dictates that iterative analysis takes place between participants' data on an on-going basis. Adopting such a procedure, I felt, would have been challenging in the context of limited time resources; thus, I decided against this option.

It is acknowledged by Charmaz (2006, ch 4) that it is impossible for the researcher to be completely detached in the interpretation of data, as this is interpreted through a sense of her/his own reality. Rather than explaining reality, symbolic interactionism, the social constructionist perspective of this study, considers multiple realities. Thus, within this study, social constructionism examines the contextual influences on ageing as a social construct. By staying close to raw data, and coding in an iterative fashion, constantly comparing codes both within and between transcripts, I was able to move towards discovering emerging theory. The data themselves dictate future direction of analysis and research, as transcripts are analysed to explain not just content, but context, and not just verbal, but non-verbal contextual data,

examining not just what is said, but what is sensed through keen observation and interaction. By paying close attention to my extensive field-notes and memos, I was able to make systematic comparisons between observations, and consider fresh theoretical interpretations of the data.

Thus, open codes, using gerunds, were the first step employed to describe the participant's words and say what was happening. This was followed by focused coding and theoretical coding. Focused codes are more abstract and conceptualised, representing a synthesis of first-level codes. Theoretical coding allowed me to develop categories, and lead me towards possible substantive theory. Initially I had too many categories, but further analysis revealed duplication and overlap, which allowed me to 'collapse' categories into fewer and more meaningful ones. Coding allowed me to more easily access possible meaning, and afford me insight into the participant's view on the research question. This reflexive and flexible approach to analysis allowed me to constantly compare data, codes, concepts, patterns, and gaps until it became clear that the properties of each category had become saturated, clearing the way for the emergence of an ultimate grounded theory, or abstract theoretical understanding of the studied experience (Charmaz, 2006).

An illustration of the iterative process involved in coding follows:

PARTICIPANT QUOTE

'I don't like anything about getting older to be honest with you, and I hate the day when I have to finish work and go on the pension ... If I'm still able to drive and walk, I'll continue on working. Jesus, what would I do at home?' [Hilary, 61 years].

Open coding was descriptive: *'disliking ageing and enjoying working'*.

Focused coding was arrived at by analysing what I believed the participant meant by her remarks: *'fearing a life at home without work'*.

Further analysis suggested a **theoretical code** of *'needing a purpose in life'*.

I felt that this quotation intersected a number of **categories**, and thus was ultimately categorised under 'work', 'ageing', 'social relationships', and 'quality of life'.

In my study, academic rigour and validity of data interpretation were achieved by having a random selection of interview transcripts coded independently by my two supervisors, and the three sets of codes examined for similarities and differences. Investigator triangulation allowed for discussion on the rationale behind chosen codes, and where differences did arise in coding, this method offered the added advantage of clarifying my thinking in an iterative way. I found this to be a useful exercise, as it highlighted, as Charmaz (1983) states, the fluidity of constructivist grounded theory as a method of analysis. On re-coding a transcript, as I did on occasion, it became clear that a different set of codes could equally apply to the data when re-examined over a period of time.

Coding is an individual exercise, even within a team process (Charmaz, 2006), with no two researchers likely to produce identical codes. However; it was encouraging for me to learn that my explanation of process was similar to that of my two supervisors. Systematic rigour and validity were also guided by feedback and comment from NUI Galway graduate committee members at my annual Graduate Research Committee meetings.

After categorisation, a review of focused, and theoretical coding allowed me to understand that much of the raw data intersected, and was relevant to a number of categories. This served to reinforce how each of the six categories identified influenced and was influenced by the other. In this context, MacDonald and Schreiber (2001) argue that qualitative software can extend the researcher's cognitive processes, as well as provide a simple data storage facility. Qualitative software, the authors argue provides instant de-contextualisation and re-contextualisation of data within the emerging conceptualisations, speeding up the process and extending the researcher's powers of analysis. Whilst aware of computer-aided qualitative data analysis software such as NVivo, a Mac version was not available at the time of coding, although I did attend an introductory workshop on using NVivo in order to understand its principles. Therefore, I was compelled to organise and analyse my data manually, which while slower to accomplish, did produce an intimacy with the data, which otherwise may not have been achievable. The value of coding manually became apparent throughout the analytical process, offering me a deep appreciation of participant data, and forcing me to slow down and examine forensically what was happening.

4.11 Pen profiles

Vertical analysis of data was achieved by compiling pen profiles for each of the 25 participants. These served to summarise the main themes raised during interview, and direct quotations were used to highlight concepts, and to afford the reader easy access to issues of importance to participants' at mid-life.

Each profile illustrates how participant data fits emerging categories, thus providing a useful link to coding employed. Pen profiles can be found in Appendix 6.

4.12 *Writing up findings*

In a similar way that coding and categorising were carried out in an iterative manner, comparing and contrasting these within and between transcripts, so too was the writing up of findings, during which I had to stop and reflect at length on my data. Following constructivist grounded theory techniques helped me to make judgements based principally upon the raw data. This proved essential in ensuring that my findings reflected participant narrative, and not solely my interpretation of that data.

I wrote up the findings in six parts, according to emerging categories: quality of life, ageing, health, social relationships, place, and work. Each of these categories is inter-related in content, which made the task of identifying duplication and repetition difficult. Although very time-consuming, this process proved necessary in order to understand what participant narrative was actually saying. The data revealed in the findings proved to be so rich, that editing became very challenging. So many pertinent quotations from the 25 participants had to be either omitted or reduced in favour of a more focused narrative, and priorities had to be established as to what data to use. Using 20,000 words as a guideline for findings, I ultimately faced the daunting task of editing draft findings of close to 90,000 words. This substantial editing task once again forced me to become intimate with all aspects of raw data, and directed me on a number of occasions to question and review codes adopted.

In the interests of clarity I include a short biographical 'case illustration' at the end of each category, the purpose of which is to highlight two contrasting participant perspectives. This approach effectively supplements the in-depth analysis of each individual category.

A full analysis of findings on ageing now follows in the next chapter, focusing on the overarching category of 'quality of life', and the secondary categories of health, place, social relationships, and work.

CHAPTER FIVE: FINDINGS

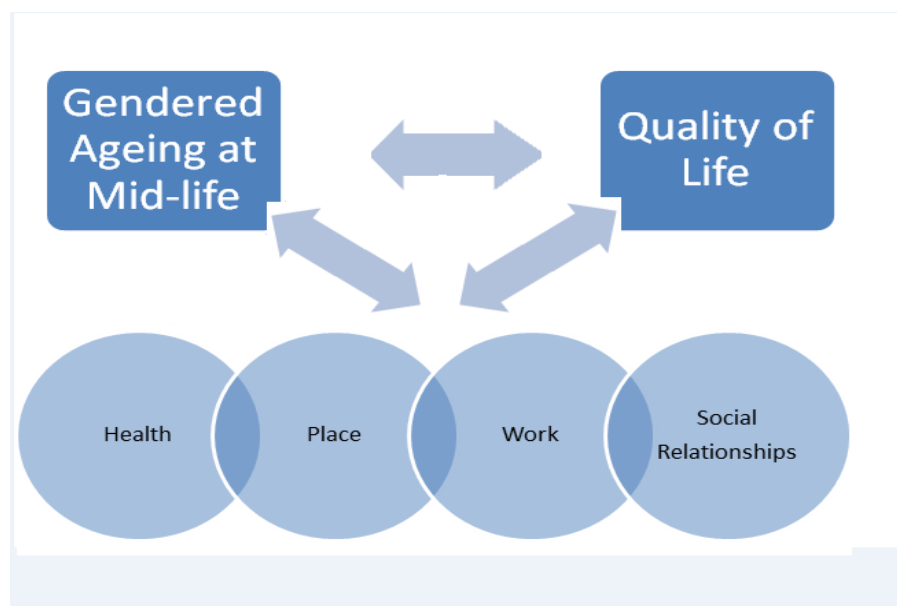
5.1 Introduction

This chapter examines in detail the empirical findings of this study, focusing on: quality of life and its multiple influences; perspectives on ageing at mid-life; place and attachment; health and its influences; all types of social relationships; and work and retirement. Participant case illustrations are employed throughout to help elucidate concepts, and to contextualise emerging theory.

5.2 Quality of life

As described in Chapter 4, all aspects of primary research in this study were guided by constructivist grounded theory methodology, and analysis of the 25 study participants revealed an overarching category of 'quality of life'. In this study quality of life is used in its broadest sense, and was found to both influence and be influenced by all sub-categories. When participants discussed their ageing, their health, their work and finance, where they lived, and their social relationships, they did so within the context of quality of life.

Figure 5.1 The inter-connectivity of Categories



The concept of quality of life has played a central role in the evolution of social gerontology, but multiple definitions reveal the complexity of quality of life as a concept, as definitions can mirror the perceptions of researchers. Much of literature suggests that quality of life can be measured within such domains as: health, employment, relationships, and environment (Bowling and Zahava, 2007, Watson et al., 2016). Whilst there are numerous definitions of this concept, there is general support for the World Health Organisation (WHO) definition:

‘an individual’s perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment’

[<http://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/>];
[accessed 09/01/2017].

5.2.1 Influences on quality of life

In this section more defined details of the 25 participants are discussed [See Appendix 5 for participant demographic-socio-economic backgrounds, and Appendix 6 for participant pen profiles]. Data analysis showed that eleven participants felt that for various reasons they had enjoyed a better quality of life in their younger years than at mid-life (Margaret, Mhari, Rachael, Áine, May, Betty, Maebh, Mary, Penny, Susan, Morag). Reasons cited included: feeling fitter and healthier, perceiving fewer responsibilities, and feeling better supported through social relationships. Eleven participants felt that their mid-lives offered a higher quality of life than in younger years (Hilary, Tina, Lisa, Christine, Denise, Carole, Kathy, Sandra, Pauline, Petrina, Lelia). Reasons cited included: feeling more settled within work, and feeling more self-assured at

mid-life. Three participants felt that their best quality of life may come in later life when social relationships, or health improved (Jane, Mandy, Síle).

Regarding the influences on quality of life, most participants identified autonomous living, which they believed they could achieve through good health, purposeful living, and meaningful social relationships. At an applied level, most participants tried to enhance their quality of life by pursuing simple activities, such as walking in the countryside, or spending time with family. This was reflected in the narrative of Petrina:

'The people in your life, your health and well-being, these are important to me ... if you're happy in your nappy, definitely clap your hands ... if you're comfortably off, not financially necessarily, able to live happily without wanting something dreadfully ... happy where you are, with who you are, I think that's quality of life' [Petrina, 48 years].

Influences on quality of life appeared to evolve over the life-course: what was deemed important in youth may have become irrelevant at mid-life as priorities changed. For example, Tina spoke of how she considered decorating her home to be important in her younger years. However, after dealing with family health scares, her mid-life definition of quality of life had changed to having adequate food, heat, and health.

For Hilary, quality of life was now about time spent at home alone, rather than out socialising:

'Twenty years ago quality of life would be going out at the weekends for a few drinks and having a bit of craic. [Now, it's] peace, kids gone, sitting down, legs up, telly on, the phone beside me, and a packet of fags, and that is heaven for me ...' [Hilary, 61 years].

The quality of one's social relationships proved to be a prime determinant of quality of life. Carole, a carer to her mother, felt that her quality of life had radically improved over her lifecourse, as she had learned to re-define this concept within a new context:

'I'm more relaxed now, it's the whole learning process, to a degree it's maturing ... what I want from life has changed as well. Material things don't enter into it any more ... all my ideas are changing ... if you don't have any quality of life with good friends and a good relationship with your community there is nothing really' [Carole, 51 years].

The desire to live a purposeful life had led some participants to engage in new activities at mid-life, such as further education or voluntary community work. Others though found purpose in more prosaic ways:

'It's [life] about the quality, in other words can you wake up in the morning and look forward to the day? And the day doesn't have to be full of exciting things either, full of fireworks ... but you want to get up and get on with it' [Tina, 46 years].

A few participants, such as Sandra, Rachael, Denise, and Christine, spoke of wanting to live life to the full, and of maximising experiences, such as travel. These particular participants equated their quality of life directly with their ability to control their lived experiences, as illustrated by Rachael:

'I don't want to go down into the hole in the ground regretting what I didn't do. Better to live one day as a tiger than a thousand years as a sheep ... if I felt that I wasn't happy with my life now, I'd just get up in the morning and walk away from everything and change it all again rather than have the unlived life' [Rachael, 45 years].

5.2.2 Quality of life and rural place

Participants lived in a diversity of rural locations within Connemara, and each connected their place of residence with quality of life. Some participants felt that their quality of life was diminished by their location, if for example, home was distant from meaningful social relationships, or other forms of social infrastructure. Others felt their quality of life was enhanced by the aesthetics of where they lived, or by the sense of community spirit. Irrespective of location, all participants recognised the lack of public transport connecting people within the region, and expressed a strong desire to continue driving into old age. Having one's own car and being able to drive was perceived as directly influencing personal autonomy and quality of life.

Whether indigenous to Connemara or an in-migrant, all participants appreciated the region's natural beauty. However, aesthetics alone could not ensure quality of life. Participants like Síle and Mhari both felt geographically and socially removed from meaningful relationships and culture, and both expressed a strong desire to leave their locations in the hope of improving their quality of life. Whilst Síle lived in a remote part of Connemara with few social amenities, Mhari did not, yet she still felt socially isolated. These participants primarily perceived their quality of life within the context of their locations, but also defined this concept through the prism of social relationships, particularly those with their husbands, whom they both felt were unsupportive of their desire to change location.

The concept of 'place' can encompass not only geographical area, but also the actual house/home. A number of participants reflected deeply on what their home meant to them; for many, but not all, this was a positive experience, which appeared to augment their quality of life. Some participants, such as Maebh, Pauline, Jane and Margaret reported being highly attached to their homes, prioritising this attachment over other factors such as access to essential services. Connection between rural place and quality of life was mostly

assessed by participants in terms of place attachment, a concept that is discussed in greater detail in section 5.4.2 of this chapter. Participants, being at the mid-life stage of the lifecourse, did not appear to overly relate to the concepts of memory, and reminiscence in a way that perhaps women in older age may have. Whilst around half of all participants were indigenous to Connemara, none spoke of childhood or youthful place memories as directly relating to their quality of life either at mid-life or at an earlier lifecourse stage. Rural place did play a significant role in quality of life at the mid-lifecourse stage.

All participants wished to end their days in their own homes, but accepted that they may have to move to some form of institutional care in later life. One participant hoped however that some form of sheltered housing would take precedence over nursing homes in the future, in which older people could live independent lives within a structured setting. However, within institutional care, Petrina spoke of the need to incorporate modern technology, such as broadband, in order to meet the needs of today's mid-life participants, and ensure an acceptable quality of life:

'... planning ahead for nursing homes or independent units, people like me, like in 12 years time or more if I needed to avail of such a unit that it should be fit for purpose for me, meet my needs socially. The computer is part of my social life' [Petrina, 48 years].

5.2.3 Quality of life and health

Participant narrative identified strong links between individual states of health and quality of life. Most, but not all participants self-reported as being in good health at mid-life, and hoped that they could carry their sense of well-being into older age. However, only a few participants, including Maebh, appeared to employ practical measures to ensure continued good health by adopting a

fitness regime. For some others, such as Mandy, good health appeared to be more aspirational, citing a lack of time in which to implement a fitness regime. A few participants, including May, Mhari, and Áine, reported very poor health, and were highly conscious of how this diminished their quality of mid-life. Contextualising the states of health experienced by participants it became clear that multiple influences were in play. These influences included: family bereavements and chronic pain.

Behavioural patterns amongst participants were dictated also by external influences such as a lack of public leisure centres in Connemara, erratic weather, and a shortage of personal time and energy. Some participants engaged with the local landscape by walking, cycling, swimming or running. Participants generally perceived exercise to be an effective stress reliever for personal or work issues, and a measure against diseases associated with older age, such as diabetes. Other measures taken by some to preserve health included reducing alcohol consumption and ensuring better nutrition. Despite her narrative, which promoted exercise, nutrition, and work-life balance, Mandy also spoke of high stress levels, poor diet, and a poor quality of life due to a work regime that appeared to prevent her from other pursuits:

'If we get our health right we can have a good bash at life after retirement and living a longer life ... we service our car every 10,000 miles, so it should be the same when we get older. I see my maintenance bill getting higher and higher. We shouldn't wait until something breaks down, so number one is being proactive in our health ...' [Mandy, 54 years].

It became clear that some participants, like Mandy and Tina for example, were storing up their health regimes for later life in which they anticipated having more free time. Christine, however, with six children and a business to run, regularly ran and cycled, suggesting that mid-life priorities differed amongst participants.

5.2.4 Quality of life and work

In the pursuit of balance at mid-life, participants wanted to engage only in work and non-work activities that fulfilled, inspired, or at least satisfied them. Most participants perceived a positive connection between their work and their quality of life, in terms of securing an additional identity, accessing social relationships, and increasing self-esteem, and most expressed a strong desire to continue working, even beyond retirement age. Whilst the positive connection between work, self-identity and quality of life is not restricted to those within a rural context, most of the rural participants of this study appeared to appreciate how pivotal a work identity was for them. Whilst no participant spoke of socialising with colleagues outside of the workplace, favouring family and friends instead, some, such as Sandra, a self-employed professional woman, recognised the importance of her role as a health provider within the local rural community. Indeed, it was the unique nature of the work Sandra provided that prevented her from retiring in the near future in order to pursue her love of growing her own food and cooking. Another self-employed participant, Christine, had developed two businesses with her husband in order to provide future employment for her six children in a rural area, with few work opportunities for young people. Unemployed, and chronically ill May lived in a rather remote part of Connemara, and being unable to drive was unable to either identify or take up employment. This contributed to May feeling that she had no personal identity.

All working participants sought job satisfaction, believing that meaningful employment would enhance their quality of life; however, the primary motivation to work was in most cases financial:

'I had to go out and get a (second) job to top up what I was getting ... I really needed the money ... and that has taken me away from my garden and other things that I thought I might be doing as I got that bit older.'

(But) I need to work, I suppose I'd get bored if I hadn't things to do, plus I enjoy my work ... so it's like a battle within yourself saying I'm too busy, but I want to be busy.' [Pauline, 58 years].

Work opportunities for women in rural Connemara are mostly in the public service, or retail and hospitality; however, some participants were able to choose the nature of their work, particularly those who were self-employed. Others hoped or planned to undertake different work in the future, and some participants, such as Petrina, were undertaking educational courses to help enable this goal. Other participants such as Tina and Mhari, had already pursued third-level courses to complement their public sector work, though each now yearned for change. Whilst Tina hoped for early retirement to allow her to engage in other interests, Mhari's heart was in creative writing, which she believed would greatly improve the quality of her life:

'If I had a wish it would be to give up the day job and focus on writing full time. I would love to do that pre and post-retirement. I'd start tomorrow and go till I kicked the bucket' [Mhari, 46 years].

Most working participants had no plans to retire unless legally required to do so. Many had no post-retirement plans, as they could not envisage a time when not working, but a few reflected on future career changes or new adventures in travel, writing, or painting:

'... as soon as they [children] get up and running I will go off and do something wild and woolly. I'll go and work with a charity, or go and do something different. I would have a lot to offer, as I'm strong, practical, and have a lot of skills ... I don't want to be sitting around twiddling my thumbs. I write a lot too and I definitely would like to write ...'
[Rachael, 45 years].

Although participants recognised that adequate finance brought comfort, most did not equate high pay or material possessions with quality of life, and no participant complained of low pay, even though working in traditionally low-paid jobs. Three participants who strongly identified with their work described themselves as well-paid (Sandra, Mandy, Maebh), but reported low job satisfaction. Being self-employed, Sandra was actively making plans to reduce her working hours and to select her work in order to improve her quality of life. However, neither Maebh nor Mandy, both employed within the public sector, believed they had such options. Neither felt that they could afford to work fewer hours, and both believed that they would not enjoy a good quality of life again until they were able to retire from work:

'... I thought at this stage I'd be beginning to relax [at work] ... whereas I'm in at the deep end and it's full on and I find myself extremely tired at the end of every working day, and I just absolutely die for the holidays, and I wouldn't be there at all only for the holidays' [Maebh, 53 years].

Of those who wanted to cease work, but felt unable to do so for financial reasons, or for those who could not secure work, quality of life was sometimes sought through non-work realms, such as further education, community service, or through leisure pursuits, including gardening and cooking:

'[Sometimes] I feel down because I said I will never be able to teach again. But ... I know that there's a plan for me – God's plan, if I can have patience and listen. Once I am at peace within myself and I have my health ... and also be of service, not just turn in on myself, that I still have something to offer. That is quality of life' [Betty, 61 years].

It appeared that those who most strongly identified with their work, such as Síle, found it most difficult to strike a healthy work/life balance. Self-employed Síle had worked long hours over the years, raising her three children and building up her guest-house business with her husband.

When she had a physical and mental breakdown due to her workload, she reported feeling a personal failure. Only after receiving counselling and medication did she feel she could now separate work and self, and begin to contemplate a future for herself outside of work, in which she prioritised her own needs. Whilst the concepts of work and self-identity are not peculiar to rurality, the rural context may in some circumstances make it more difficult to separate the two. When no work is available within a rural area, other than that self-created, and when social relationships within the same small, tight-knit rural community become of pivotal importance to one's quality of life, it is not hard to understand how the 'self' and one's personal standing and reputation within the community becomes closely bound up with work. Indeed, Síle reported suffering at the hands of close neighbours, who she felt sabotaged her business, causing her ill-feeling and ill health, and significantly reducing her attachment to a place that had previously held for her fond memories.

Quality of life appeared to be dependent upon striking a healthy balance between work, leisure, social relationships, and the fulfilment of personal needs. Achieving such a balance required an appreciation of time and its limitations, and the issue of time was cited by every participant as being crucial to quality of life. Whilst time was often perceived as having been more elastic during earlier lifecourse stages, at mid-life it was perceived as being both in limited supply and speeding up, and was thus respected as a precious commodity, not to be wasted. For example, Margaret and Mary spoke of limiting time spent on housework in favour of maintaining social relationships with family and friends. Petrina referred to re-prioritising her needs at mid-life:

'I feel at this point in my life ... I can do some things for myself, like this course I am doing at NUIG ... up to now I would have been a busy person, always go, go, go ... so now ... I am going to take an hour in the evening and go for a walk or do my yoga ... you actually have to stop and smell the coffee. You have to enjoy the journey' [Petrina, 48 years].

Another participant who consciously prioritised her time was Christine, arguably the most time-poor of all. With six children, the youngest still a baby, a diverse collection of pet animals, and two businesses to co-run with her husband, Christine still found time to run and cycle, as she felt that these activities enhanced her quality of her life.

A number of participants felt time poor due to the necessity of working full-time, or undertaking caring roles within the family. Two participants, Carole and Kathy both ran guest-houses and cared for their dependent mothers. Both women appreciated the short-term nature of their caring role, recognising that their dependent mothers would eventually die, at which point they felt they could re-assess their futures. In the meantime, both expressed a positive connection between their caring duties and their quality of life:

'I went back to the staff room ... and they said "oh, are you still doing that B&B – I wouldn't like that", and I was kind of taken aback and said "well I wouldn't like your job now, being stuck to the clock, being caught in traffic every morning going to work, no interests outside of work". Jeez I have a great life; life is how you perceive things' [Kathy, 58 years].

In contrast, two other participants, Penny and Maebh, who were caring for their husbands, saw this role as long-term, and felt that their quality of life was adversely affected. Penny felt able to use her part-time work and her various friendships as an escape from the emotional burden of caring. Maebh however worked full-time, had no family living close by, few friends accessible for support, and felt that her quality of life was poorer now than during previous lifecourse stages.

Time was not perceived as short for every participant. May and Betty reported having too much time on their hands, and felt this too adversely affected their quality of life. Sixty-one year old Betty was unemployed, desperately missed her former teaching career, and although involved in some voluntary work, felt she

had lost her purpose in life. Betty relied upon her strong religious faith to sustain her quality of life. May in particular believed that her quality of life had deteriorated since she was made redundant, since the deaths of her husband and son, and the decline of her own health. For May, time did not race, but stood still, and, like a number of participants coping with loss and hardships (Phillips et al., 2010, p. 184), her consolation appeared to come from her faith. Describing an average day:

'I got up today, put down the fire, I would think about I should go for a walk, I don't, and then I do very little when my back goes, and I stretch out on the bed with it ... looking back I needed time to myself which I didn't have, and the sad part is I have it now, for the first time in my life I have time, but I'm miserable.

'...at the bad times I'd be pleading with God to send somebody to help me or whatever. I light a candle there every day (altar) and I do believe that is what keeps people going ... at the group I'm in I feel sorry for folk who say they don't get any comfort from spirituality, because I do' [May, 65 years].

5.2.5 Summary

Most participants felt quality of life to be a well-balanced life, supported by: personal autonomy, mental and physical health, adequate finance, meaningful social relationships, and a purpose in life. Such a purpose could be achieved through paid or unpaid work, a pursuit, or a passion, but could equally be achieved by feeling valued or needed through a close relationship. Such purpose gave a meaning to life independent of financial capital.

Money was rarely raised as an issue amongst participants, although all recognised that personal options generally increased with monetary wealth. However job satisfaction was more highly valued than money amongst all

participants. Maebh, a teacher, loved her profession, but had lost all job satisfaction through feeling over-worked and under-appreciated. Conversely, artist Denise and organic farmer Lelia, had taken the decision to be self-employed in order to enjoy high work satisfaction, irrespective of financial gain.

Many participants stated that they were actually happier at mid-life than at earlier lifecourse stages, and were pragmatic in their approach to ageing: what was felt could not be changed was accepted. Thus, participants spoke of exercising for better health at mid-life, but accepted cosmetic signs of ageing as natural.

Time as a concept was discussed by many participants; most felt time-poor at mid-life, but hoped for more free time in older years. A few participants conversely felt that they had too much time on their hands at mid-life, and still hoped to find a purpose that engaged them.

Only on projecting forward into old age were participants able to consider, in a way that they could not see the relevance of at mid-life, how external resources and organisations may benefit them. For this reason some participants planned to consider engaging with groups such as the Irish Countrywomen's Association, or Active Retirement Associations, which at mid-life, most were reluctant to join.

The general consensus on what would determine quality of life in old age was the same as that at mid-life: independence and personal autonomy. Every participant wanted to have control over her own life, and believed that this was achievable only through securing physical and mental health, and adequate financial resources.

Few participants had fixed plans for their older years, although some had already moved to smaller homes or had begun to adapt aspects of home for future ease of mobility. Regarding health care, none referred to having private

health insurance, and only a few participants spoke of possibly moving closer to major medical facilities in older age. Whilst all participants stated a preference to age in place in older years, paying for professional, rather than family care, five participants trusted the levels of care within nursing homes and felt that their quality of life would not be compromised by such a move.

Some participants spoke of future dreams, such as travel, further education, or career change. Only a few participants appeared to be engaging in financial planning for old age, and most expressed some degree of concern over financial security in older age.

Most participants believed that living in Connemara contributed positively to their quality of life, but a few were not so attached to place, and believed they could enjoy a good or even better quality of life elsewhere.

All participants felt that ageing well and quality of life were inter-dependent. That is, to age well one needed to enjoy a good quality of life, and by enjoying a good quality of life, one could age well.

5.2.6 Case illustration

The amorphous nature around quality of life is dependent upon individual perception, and is context dependent. Death of a loved one, ill health, or unemployment for example, can all negatively impact quality of life. Conversely, the birth of a grandchild, or finding inner peace has the capacity to enhance quality of life. Two participants, Lelia and Áine expressed diverse views on quality of life: Lelia believed her quality of life to be wonderful, whilst Áine felt hers to be terrible.

With two broken marriages behind her, Lelia had endured difficult times at earlier stages of her lifecourse, but was all the more enthusiastic about her quality of life at mid-life.

She now felt that everything that was important in life was coming together for her: a meaningful relationship with her third husband, a reasonable relationship with her adult children, and fulfilling secular and religious work:

'... The reason that I am as happy as I am is that 22 years ago I started studying the Bible, and now I live my life according to it, and it makes life very uncomplicated when you start to live life God's way ... my beliefs make life worth living.

'I feel that I do things right towards God and towards man, and that makes me happy, and my husband is the same as me. So, we live and work with nature, not against it by growing organic vegetables. It keeps me physically healthy to a degree, and again I feel closer to the Creator as I am working with His creation on the land' [Lelia, 62 years].

In contrast, Áine had never married and had had only one child, a son, who had died tragically. Due to this major shift in Aine's personal circumstance, she moved from a reported good quality of life to one in which she felt joyless, hopeless, and with no anticipation of a brighter future.

Áine felt physically and mentally bereft since the death of her son. Although she had the support of siblings, and a partner, she felt nothing could compensate for the relationship she had enjoyed with her only child:

'... when this happened to me I went into a shell ... There are days I don't feel like washing myself and not go outside the door. I was very outgoing ... but now I hate to see people laughing for too long, I can't cope with it. I'm just focused on the past now, and the past I had with my son. And I don't mind getting old now' [Áine, 52 years].

Participants addressed the concept of quality of life within the context of their ageing experience, place of residence, state of health, quality of social

relationships, and their work. Details on findings within each of these categories now follows.

5.3 Ageing

Findings from this study suggest that the ageing process and quality of life are inter-dependent. Participants reflected on ageing through their lived experiences, an exercise that proved to be challenging for them, and enlightening for me as researcher. By reviewing their entire lifecourse, it became apparent how diverse and fluid was the ageing process, and in particular, the stage of mid-life.

5.3.1 Ageing at mid-life

All 25 participants held their own definitions of middle-age and old age. Some perceived middle-age to begin as early as 30 years, while others suggested that old age could begin as late as 80 years. Some participants began to feel middle-aged with the birth of their last child; for others like Petrina, its onset was perceived through the physical body:

‘About five years ago when I changed jobs ... I noticed that I hadn’t the same stamina ... and if I overdid things I would wind up getting a migraine or something that would say to me, slow down, you can’t do this any more, not 150 miles an hour. You have to slow down a bit on the clock’ [Petrina, 48 years].

Lifecourse events appeared to influence transitions between childhood, youth, young adulthood, mid-life, and old age. Some perceived youth as ending in one’s 20s, and a number of participants spoke of turning 30 as being a significant milestone. Old age was generally deemed to start with the onset of mental or physical infirmity, but could also be perceived as beginning at a much earlier point, such as retirement from work, or on receipt of the State pension.

Almost half of all participants identified a range of positive qualities associated with mid-life, including: wisdom, competency, empathy, empowerment, self-esteem, confidence, freedom and contentment. Síle spoke of acquiring greater freedom of thought and expression:

'I like that I can ignore what other people are thinking about me ... I will continue to wear jeans as long as I think I can wear them. I'm not bothered by what others think of my own personal appearance. I'm not going to colour my hair or wear make up because I don't want to, that's a comfort' [Síle, 61 years].

Many participants believed they could offer society experience, loyalty, common sense, reliability, security, and stability, sometimes missing from earlier years. Two participants with intellectual disabilities had a more restricted view of their ageing process at mid-life and in older age. Both addressed their ageing and quality of life at mid-life as positive, basing their perceptions primarily on the quality of their social relationships with friends and neighbours.

Sixty-two year-old Lelia believed that her lived experiences to date were now of value at mid-life, and should be more widely recognised. She felt that she had extensive practical skills, useful to all generations, and regretted that society had not worked out how to use the experience and talent of older people:

'I was a part of the intergenerational group, and we went around to all the schools ... and there were other mature women who were showing the old crafts to the children. I was teaching spinning, others showed quilting, knitting, crocheting ... that is very important I think' [Lelia, 62 years].

Positive life experiences appeared to contribute to positive self-esteem. Tina, aged 46 years, spoke of feeling more assured at mid-life as a result of successfully raising four children and holding down a responsible job:

'If you are making right decisions at work, then why shouldn't you be making them at home as well? Whereas if you didn't have work, and your child challenged you, you might start to doubt yourself a little bit. If you're good enough to make decisions at work and vice-versa. Works both ways' [Tina, 46 years].

Although much participant narrative related to the positive aspects of ageing at mid-life, one negative point related to social relationships with partners. Two participants, Maebh and Margaret, referred to diminishing feelings of spontaneity, or reduced passion within marital relationships at mid-life. Other participants, such as Mhari, Síle, Jane, Carole, and Hilary alluded to changes in relationships at mid-life compared to earlier lifecourse years when raising children was a joint project between partners. This sometimes meant that the dynamics of the marital relationship had changed once children had left home, or when a participant desired or followed a change in lifestyle. Nonetheless, in most cases, mid-life marital negative aspects appeared to be compensated for by other positive qualities within the marriage.

Mid-life appeared to be a lifecourse stage in which participants assessed their past, present, and future lives. Shifting priorities led some participants to reject the more mundane activities of earlier years, such as housework, in favour of less prosaic pursuits such as learning a new sport, language or musical instrument:

'There are so many things I want to do, like I am learning Arabic and I want to have more time to do that. I would like to go back over there and start chatting with the Bedouins and watch their faces. I've got a list of books to read ... I cook a lot, I knit. I need another three or four lives to do all the things I want to do' [Sandra, 57 years].

Participants often assumed that they would have more free time once their children had grown up, but in reality, this was not usually the case.

Nonetheless, mid-life was still perceived as a time of personal opportunity, and of a chance to activate plans or dreams from earlier lifecourse stages:

'My children are growing up and that's freeing me up for educating myself. I took up an art and design course last year and now ... and hopefully going into nursing or caring as a career. I'm loving getting back into education ... 'The excitement of wondering what I'm going to be doing ... everything is like an adventure to me at the moment. I wouldn't let age stop me doing anything. Women these days are more active as they get older and active in their minds as well. There's less 'I'm getting old and I need to relax'. I'm looking forward to getting on the bus for free, and getting special offers on the airlines' [Jane, 54 years].

Participants in this study led busy, complex mid-lives, often much busier than at earlier stages of the lifecourse. Most worked outside the home, some being the sole earners, as well as dealing primarily with family life. However, only one participant, Rachael, raised the issue of 'mid-life crisis', suggesting that there is little perception of a crisis amongst the mid-life women of this study. Most participants spoke openly of their biological age and appeared to be content to be 'middle-aged'. Mary however was reluctant to reveal her biological age, as she felt that this would become her primary identification:

'I hate that people know my age ... I don't think people need to know your age ... it doesn't make you a different person. If I fill in a form that needs a date of birth, and in case you're looking over my shoulder I leave that till last and then I turn the form over so you can't see it'
[Mary, 62 years].

Most participants felt a different age from their biological age: whilst one-third of participants reported feeling their actual age, more than half reported feeling younger than their years. Only a few participants reported feeling older than their years, and such feelings appeared to be related to negative lifecourse

events, such as the death of a loved one (Áine and May), ill health (Mhari), or unemployment (Betty). Sixty-five year-old May and 52 year-old Áine had recently lost sons unexpectedly, which had severely impacted on their quality of life. Both reported physical and mental pain, and a lack of purpose and focus, which made them feel prematurely old:

'I suppose inside me there's this young girl, but ... I think I feel old aged ... I feel a sadness now in myself for my loss. The loss of my physical self, and I'm kind of disconnected from a lot of things' [May, 65 years].

Participants often made contradictory statements regarding aspects of their ageing, underscoring the complexities of articulating the ageing process. Like many participants, 61 year-old Betty felt young inside, but faced with grey hair, and more pertinently, a lack of purpose through unemployment, she reported feeling old. Betty had happily worked abroad for most of her adult life, before returning involuntarily to Ireland and unemployment. She also believed that her living arrangement within a complex for older people was ageing her prematurely:

'I think I feel in my late 20s or 30s ... but now I have grey hair. I felt younger when I was abroad, as I was with young people, children. I'd play games with them, but I'm with older people here. I think I've aged since I came here' [Betty, 61 years].

The physical ageing process was of concern, to varying degrees, to all participants. Perceived symptoms of 'normal' physical ageing amongst participants were: reduced energy, weight gain, deteriorating eyesight, wrinkles, and grey hair:

'For women ageing it can be a drastic thing ... your bust getting flatter, your bum sagging, your skin getting drier, wrinkles. You hear women saying they look in the mirror and say they don't know who they are

looking at, they get such a fright. Even your hair going grey ... like I saw a few white hairs coming in and thought "O my God" [Petrina, 48 years].

Other than the youngest participant, 45 year-old Rachael, all other participants cited fatigue as the most noticeable drawback to ageing. Many participants demanded the same levels of physical activity from themselves as at earlier lifecourse stages, and were surprised at their general mid-life fatigue. A key feature of ageing at mid-life appeared to be the ability to review and adapt in order to manage expectations and outcomes, as illustrated by Jane, who had recognised a physical deterioration:

'At one time I could get seaweed from the shore and bring it up in buckets, but now I don't. It would take me longer to do that now, so I just get a bit at a time now. I suppose your strength isn't as good'
[Jane, 54 years].

Participants were more concerned with their health and levels of physical ability at mid-life than with visual signs of ageing. One participant who lived alone in a relatively remote part of Connemara, 57 year-old Denise, like a number of others, was unwilling to alter the natural signs of ageing, but was anxious over her ability to continue living on her own in older age. Currently healthy, Denise worried about her health in older age:

'I have seen my body get worse over the years ... I do a lot of swimming, naked in the end of the field with friends and stuff. Now I am more aware of my body and other bodies around me. Maybe I need to do something about that, but it's so much like hard work. (I see) the body going soft ... and wrinkles and that ... and I am not a plastic surgery person or dyeing my hair person.

'... about two years ago I slipped going down the cliff, and ... I thought I'd broken my ankle. But you can't allow those things to stop you going

down the cliff. I pull my back now when I move rocks, and I move them because no one else will when you live alone. I wrenched my knee last year dragging up a pile of driftwood from the cliff. So I guess I would worry about being paralysed, how would I cope with that?

[Denise, 57 years].

The belief amongst participants in their efficacy to influence health and ageing was generally high, which may help these individuals to enjoy a healthier and more positive ageing experience. Expectations of self-efficacy, a key construct of social cognitive theory (Bandura, 1977, p. 193, Luszczynska and Schwarzer, 2005), asserts that behavioural change is made possible by a personal sense of control or agency, and can determine whether coping behaviour will be initiated, how much effort will be expended, and how long it will be sustained in the face of aversive experiences. Distinguishing self-efficacy from the locus of control and 'outcome expectancies', which are concerned with individuals' beliefs about the possible consequences of their actions, Bandura (1977, p. 204) states that the four influencing principles of personal efficacy: performance accomplishments; vicarious experience; verbal persuasion; and physiological states, can help to bring about behavioural changes. Both outcome expectancies and self-efficacy beliefs can influence new health behaviours. Thirteen believed their levels of influence were strong, through activities such as swimming in the sea, walking the beaches, roads, or hills, golfing, or by performing everyday tasks such as gardening or dog walking. Only a few participants, like 53 year-old Maebh, and 45 year-old Rachael, reported undertaking strenuous exercise in such forms as running or horse-riding, in a bid to feel healthier and younger. As a carer to her husband, and a fitness instructor, Maebh exercised daily as she believed that this de-stressed her, and positively influenced her mental health and ageing.

Six participants reported trying to influence their health and ageing by careful nutrition, and almost all by adopting a positive outlook to life. Only one participant, Hilary, a smoker, reported feeling powerless in relation to how she

aged, believing the process to be largely a matter of luck or circumstance. However, ageing as such did not appear to be a concern for Hilary, provided that she could work for as long as possible.

Most participants believed that maintaining positive social relationships, be those with family, friends, or neighbours, would enhance their health and ageing, but only one participant, Mary spoke of seeking out the company of younger people, who made her feel younger:

'I don't feel old. I get on really well with younger people. My daughter is amused that I was meeting her school pal in college for lunch. She said "I can't believe my mother is meeting my friend", but we sit and chat ... I like being around young people ... I like having young nieces and nephews to take around – rather than grandchildren. It makes me feel younger' [Mary, 62 years].

Discussions around ageing raised the concepts of gendered ageing and ageism, and of their impact upon quality of life. Whilst no participant recalled personal incidences of ageism, some cited instances of ageism against others. A number of participants routinely used ageist language themselves by commonly referring to older people in a separate way, such as 'them', not 'us'. It became clear that when participants referred to older people, they were not including themselves in this category. Participants who addressed the concept of ageism did so in an abstract fashion, with five (Rachael, Maebh, Sandra, Denise, May) reporting feelings of being ignored, invisible, less attractive, unproductive, or unemployable at mid-life. One 58 year-old participant, self-styled feminist Pauline, spoke of ageism at work and societal levels, and spoke against forced retirement from work. Pauline recalled her mother as being a feminist, and appeared to have now passed on her beliefs to her daughter. Others, like mother of four Tina, spoke against the perceived double standards of gendered behaviour:

'... like if a woman falls off a bar stool drunk she's an absolute disgrace, especially if she's in her 40s or that. If a man did that, they'd be like - poor old fecker, he's just had too much to drink. See, men can act you know pretty much the same way in their 50s as 20s, but women, because of the responsibility of kids etc. ... you're expected to go from 25 to acting like a 45 year-old overnight. It's customary isn't it – on the day the baby's born the man goes out and wets the baby's head, gets smashed. Can you imagine if the mother did that?' [Tina, 46 years].

At a more micro level, 65 year-old widow May, spoke of ageism within her family. Having raised six children of her own, she felt particularly hurt that a widowed daughter-in-law, and mother of a young child, neither sought out her advice on childcare nor empathised with her as a fellow widow. May felt that the age gap between her and her daughter-in-law was a more dominating factor in their social relationship than their shared widowhood.

Ageism and sexism were concepts that were difficult to separate for participants. Having witnessed within her own family what she perceived as the ease with which ageing men could re-create themselves, the youngest participant, Rachael felt that ageing women were at a serious disadvantage:

'Ageism is out there – complete indifference to us. We just don't feature. It's just that I suppose when I was younger I would have commanded a lot of attention I suppose and now I don't get it. Not noticed, you'd walk into a room before and wow, but not now' [Rachael, 45 years].

However, others, like 57 year-old Denise felt that she had learned to deal with feelings of invisibility at mid-life, questioned the need amongst mid-life women to be noticed and appreciated, and spoke of a need for women to accept their ageing selves, particularly in terms of sexual relationships:

'But what do I want from someone else? Just a little love affair? No, I'm too old for that now, I'm just not interested ... I haven't the energy for that any more. The Mrs Robinson thing, over 50, physical and sexually one is less attractive, and I have accepted that' [Denise, 57 years].

5.3.2 Ageing in old age

Most participants had no wish to return to their youth, and although largely reporting contentment at mid-life, found it somewhat difficult to assess their older age. There was a degree of apprehension around growing older, not around chronological age or appearance, but around functional capability, something that is reflected in the literature of Project A.G.E., which examined perspectives on ageing amongst older people in Clifden (Keith et al., 1994).

On probing of participants' narratives within this study, it became clear that the fear of old age proved to be largely a fear of stereotypes of disability and dependency rather than of old age itself. Participants anticipated deteriorating physical and mental health as they aged, and voiced particular concerns about maintaining autonomy. Autonomy was deemed particularly crucial for those living in remote rural areas, or alone, where a physical or cognitive impairment could have seriously negative results. For this reason, retaining the ability to drive into old age was held to be crucial for most participants.

The fear of dementia was common to all participants, as it was viewed as the first step towards institutional care. In turn, most participants perceived such care, and the associated loss of autonomy, in a negative light. Despite the high value placed by participants upon independence across the lifecourse, and particularly in later life, some critics contest that independence is synonymous with a good quality of life, cautioning that it may be accompanied with loneliness and social isolation if living alone (Phillips et al., 2010, p. 134). Living within institutional care may be deemed as dependent, but may be augmented by high levels of social interaction. Independence is a complex, ambiguous

concept, with cultural variations, and cannot be assumed to be a desired outcome for all older women, particularly those from non-European backgrounds.

Two participants working in the health service objected strongly to perceived loneliness and ‘institutionalism’ within nursing homes, and refused to entertain the idea of living in one. At the same time, very few participants wanted their children or partners to care for them in old age, should the need arise. This left most mid-life participants in a quandary regarding future care provision, particularly those without immediate family or sufficient financial reserves. Only one participant, 54 year-old Mandy, reported having the ability to pay for professional home help.

Those participants who were currently caring for a parent or a partner felt that they understood the limitations to quality family care in old age. Kathy was happy to care for her own mother at home. However, having no children of her own, she expressed a preference to be dead rather than incapacitated in old age:

‘My mother is 97, and she has good quality with me caring for her, but my aunts at 95 and 99 do not, and I’ve no family to mind me, and nursing homes are not pleasant, so give me 70 or 80 and I want to be gone. If you’re old and your memory is good and your health is good it (old age) could be excellent, but it’s all about health at the end of the day. I don’t want to be old if I haven’t’ (health) [Kathy, 58 years].

A few participants, like Penny, who visited a friend in a nursing home, and Lisa, a nursing home care assistant, were more ambivalent towards institutional care. Lisa worked in a high dependency nursing home, and believed these to be necessary for people who were too incapacitated to be supported at home. Whilst she hoped to avoid nursing home care herself, she believed that nursing homes did offer a high quality of care: *‘Your quality of life could be better ...*

nobody wants to be there, like everybody thinks there's no place like home, and they feel taken away from home, but they do get good care' [Lisa, 60 years].

Only a few participants reflected openly on end of life, and the issue usually arose as a result of an increasing sense of mortality through the deaths of parents, a personal health scare, children leaving home, or in Christine's case, being an older mother. A mother of six, Christine was anxious to live long enough to play a positive parenting role to her baby daughter, some 50 years younger than herself. Another participant, Sandra, openly addressed the issue of euthanasia, should she become dependent upon others:

'I have only started thinking like this in the last few years ... how will I live when I am very old and dependent, or do I really want to? Do you want to be a charge to society and your family and suffer? I'm open about it ... I'm completely in favour of people who want to take their own lives. It is their individual decisions, and not for politics ...' [Sandra, 57 years].

The general fear of dependency in older age amongst participants, a common stereotype, whilst not confined to those living in a rural context, may nonetheless have a greater impact upon perceived quality of life amongst rural dwelling women. Cognisant of other rural deficits, for example in the areas of health service provision and transport, alongside a wider deficit in State pension and welfare provisions, may well make rural women feel more vulnerable as they move into older age.

5.3.3 Summary

Analysis of participants' narratives points to highly individuated, complex and diverse perceptions of ageing. Although such perceptions initially appeared to be negative, further probing revealed some feelings of optimism and resilience. The change in interview discourse around ageing may be accounted for in part

by a 'time lag' during which participants felt able to become more reflective on an issue that had hitherto remained unarticulated.

Most participants measured ageing not by years, but by their sense of personal agency. Thus, when one felt in control, one felt young; when one felt out of control, one felt old. This helps to demonstrate the fluidity of the lifecourse, over which, as contexts alter, so too do the dynamics of personal perceptions on ageing. Some participants felt younger than their years; others felt older. Some wanted to recapture aspects of their youth, such as physical good looks, but many others valued their mid-life feelings of wisdom and peace of mind over cosmetic appearance. Of the many who felt they could positively influence ageing, the emphasis was almost entirely upon ageing healthily, rather than aesthetically.

Many participants spoke of mid-life as a period of the lifecourse with the potential for new beginnings, and spoke of more travel, education, and self-development. Mid-life appeared to be a time of looking backwards and forwards to review past, present, and future, and seek a renewed sense of balance in all aspects of life. However, it also appeared that most participants did not in fact spend a great deal of time reflecting on the future. In some cases this may be explained by the time constraints of over-busy mid-lives; in other cases this may be due to an unwillingness to reflect upon what was considered to be an unknown quantity.

Whilst participants acknowledged the importance of finance, place, health, and social relationships, remaining physically and mentally agile was considered to be the prime measure of positive ageing and quality of life. This again emphasises the importance of real, or even perceived agency and autonomy in ageing. If one feels in control, whatever the external environment, one is likely to have a better experience of ageing. Initial antipathy towards growing older appeared to arise from the perceived links between ageing and deteriorating physical or mental health, but given time to reflect, participants spoke of a

contentment at mid-life that they mostly felt they could carry forward, helping to ensure a good quality of life throughout the lifecourse. This optimism was based less upon a strategic plan for older age, but rather upon more intangible feelings of around hope and trust.

Care in later years was of high concern to all participants, although most had not put in place at mid-life tangible plans to address care issues. Most wanted to avoid institutional care, preferring to live semi-independently at home, being cared for by professionals, not family. Only one participant articulated specific financial planning for care in older age.

5.3.4 Case illustration

Two participants' perceptions on ageing at mid-life and in older age diverged considerably, illustrating the connections between lived experiences and the ageing process. Both Maebh and Pauline lived in relatively remote rural areas, worked full-time, and were financially independent.

However, domestic circumstances had recently changed for 53 year-old Maebh, leaving her feeling stressed and older. Maebh's husband had become physically dependent, and with no children or proximate family to help, she had become his main carer. This curtailed her movements, which Maebh found particularly hard to deal with, as she had previously led a very independent life:

'I remember at 45 looking forward to those couple of years up to 50 ... I was thinking these are good years up to 50, and I still felt good about myself, very physically kind of good ... attractive, energetic ... [but] there's a huge difference between 45 and 50. I definitely felt that at 50 my level of energies had changed [for the worse]' [Maebh, 53 years].

Maebh now found her public sector work physically exhausting and unsatisfying, and her home life a struggle.

Despite exercising daily and being more conscious of her diet, Maebh felt that her quality of life was deteriorating. She would have liked to retire from work, but felt unable to consider this for financial reasons.

In contrast, 58 year-old Pauline felt she was ageing well, was proud of her personal and work achievements, and had no serious concerns about old age. Pauline was separated from her husband, her adult children had left home, and she chose to live alone. Pauline's health was good, and she felt that her positive attitude to life aided her healthy ageing. Both self-employed and within the public sector, Pauline felt able to financially support herself in older age, and did not envisage retiring. On close terms with her sisters and children, she looked to family to help her out in old age, rather than social services. Pauline appeared to enjoy peace of mind and had few concerns about ageing or old age:

'... I see age as positive now, as I'm so content ... I have a good attitude towards getting older, and I don't meet many who are as open about it as me, I think it's great that I have made it this far' [Pauline, 58 years].

Although only five years separated them, the younger of the two participants, Maebh, felt she was experiencing accelerated ageing, and was anxious about growing older. Pauline had no such concerns, and appeared to embrace ageing on her own terms. The differences in these participants' perceptions of ageing and quality of life may be accounted for by divergence in levels of physical health, finance, and social relationships. Maebh now worried about how to finance her husband's on-going condition through private health care, and was particularly concerned about her own work pension. Maebh had missed out on pension payments at an earlier lifecourse stage, and now felt that she had to continue working full-time in order to prepare for older age. A radical change in Maebh's lifecourse was impacting upon all areas of her life: work, social relationships, place, and health.

Participant narrative on the concept of ageing appeared to relate to where they lived, and it is therefore to the concept of place that I now turn to examine its influence.

5.4 Place

‘Place’ is not a straightforward, homogenised concept, but is experienced in multiple ways, and in interaction with other entities, such as people, objects, ideas, and other places (Degnen, 2016, Valentine, 2001). For the purpose of this study ‘place’ is held to be space with meaning, as it incarnates the experiences and aspirations of individuals: it is people who give space meaning (Mahon, 2007, Tuan, 1979). When participants refer to place they allude to their house/home/garden, local community, or the region of Connemara in its entirety. ‘Rurality’ can be defined in terms of population size or density, the nature of the landscape, or as a social representation. The latter approach was considered to be the most relevant to participants of this study, in that they articulated rurality through personal meaning. Study participants lived in a range of rural settings including: small town, village or near village, town-land (a small community, but with no focal point), dispersed (one-off housing), and island.

One participant, Penny, living in Connemara’s main town of Clifden, judged rurality in terms of proximity of social relationships, and quality of retail:

‘I don’t really consider Clifden rural any more. If I was out in the middle of Carna I wouldn’t like that. I like to have neighbours.

When the kids were young and I had to bring them to school in the mornings I couldn’t believe there wasn’t a shop open [in Clifden]. You had to go home and come back out to do your shopping, but I don’t find it rural at all now, it’s full of supermarkets’ [Penny, 59 years, town].

Another participant, Petrina, living just outside Clifden town, perceived rurality in terms of the availability and quality of social infrastructure, including public transport and medical facilities, and considered Connemara to be under-resourced and politically ignored, resulting, she believed in its de-population and high unemployment:

‘I would say we’re very isolated politically. We have County Councillors and some TDs, but I feel they don’t look to this region, because demographically there are not enough numbers or votes. So we don’t get first shout for anything. We feel it here, especially during the two bad winters, even the bus couldn’t run. Then you feel isolated. If someone living in a very rural area 20 miles from Clifden or wherever cannot get to the chemist to pick up a prescription ... ’ [Petrina, 48 years, outside town].

Participants made individualised connections between the places in which they lived and experiences felt, defining place within the context of both tangible and intangible concepts such as social relationships, and environmental aesthetics and amenities. It became clear that place itself had meaning for each participant, a meaning that was capable of influencing quality of life enjoyed.

5.4.1 Place as an influence on quality of life

Participant perceptions of Connemara as an influence on quality of life were mixed. Positive qualities cited included: scenic beauty, clean air, nature and wildlife, space, tranquillity, personal safety and security, community intimacy and relaxed social relationships. Negative qualities cited included: impaired privacy, parochialism, limited social life, economic stagnation, reduced social services, and emigration.

The aesthetics of Connemara proved to be a positive enhancer for most participants, as illustrated by Kathy, who lived on the edge of a village:

'I'd be happy here in my old age. You wake up in the morning and you hear the donkey braying and the birds and the dog, and it's lovely. I won't be moving out of here. As my mother says, I'll be going out in the box' [Kathy, 58 years, village].

Visual artist Denise had chosen to live and work in Connemara as inspiration for her work. Located in a dispersed area, close to beaches and hills, although having travelled the world, she viewed Connemara as unique:

'Water for me is terribly important ... I treat the land like a sanctuary, it's beautiful. To look out at that mountain there – that's like a sacred mountain – the Mount Fuji of this territory. It reigns over this landscape, very powerful. The vista changes the whole time ... every morning I go down to the cliff and sit and look ... and that is meditation for me, even if it's only for five minutes, and that is a priority that has entered into my life. Nature for me has always been a balm. Whether it's swimming in the sea, or diving and meeting a Conger eel – actually that is heaven for me' [Denise, 57 years, dispersed].

In addition to the natural beauty of Connemara, Rachael, Maebh, and Tina also alluded to Connemara's unique ability to attract a diverse type of people that gave the region a bohemian quality, and encouraged an inter-generational mix. This feature of inter-generational mix is mirrored in the work of Keith et al. (1994), who found that affiliations at social events were based more on geography, habit and kinship ties than on type of age distinction.

In reality, most participants held mixed views of place influencing quality of life. All appreciated its aesthetics, but some struggled to marry this with the day-to-day realities of rural life, as illustrated by an island participant:

'At five o'clock in the evening when the last boat leaves the island, that's it. And then if it's windy or foggy you feel worse ... I find the winter here

really lonesome and difficult, because I don't have transport, and I find it difficult to be walking in the rain and the wind. I have a bicycle, but our island is hilly ...' [Áine, 52 years, island].

Áine's life may have been made more difficult by not having a car, but it appeared that her feelings of social isolation had multiple causes, including dealing with her recent bereavement.

Widow May felt geographically and socially isolated in a place she viewed as a shadow of its former self. May believed that she had enjoyed a higher quality life 40 years earlier when her area was thriving. She felt now that her place, although not far from Galway City, had become too rural to live in:

'When I came here in the '70s ... there were three shops that sold everything ... from wellingtons to bacon, but there are none now. I think that if there was a little shop, I'd say I'd go for the paper, even if I didn't need it. People used to go to the post office just to talk. But now there's nothing' [May, 65 years, town-land].

Seventeen of the 25 participants had children, and unsupervised safety was considered to be a strong rural asset by those with young children: a reflection of the rural idyll. Personal security too was considered to be a positive rural feature by many participants, including Kathy and Penny, but others now believed this sense of safety to be waning. While Hilary, who lived in a village, still left her key in the front door, Petrina, who lived outside of town, had ceased this practice. Petrina spoke of new in-migrants to her area, and of unknown neighbours who made her feel more vulnerable and cautious. Island dweller Áine, also recognised that her place was no longer immune to crime, and that the social fabric of her island had changed:

'... when you go to bed at night you never hear joyriders ... but you hear of robberies. The ferry can bring them in the morning and they can be

gone again a few hours later. A few months ago the parish priest was robbed, and for the elderly that was scary' [Aine, 52 years, island].

Some participants perceived inequalities in levels of healthcare between the mainland and islands. Áine did not feel at all disadvantaged by living on an island, and a mainland participant, Hilary, agreed. Áine knew that she would be airlifted to hospital in an emergency, whereas Hilary recognised that she would have to negotiate Connemara's arduous roads to reach hospital in Galway City. Health was one rural service that evoked strong opinion. Whilst geographical distance to hospitals, GPs, dentists, and healthcare professionals were areas of concern to some participants, particularly when considering old age, others adopted a more pragmatic approach to living in Connemara, which was to enjoy it at mid-life, but be prepared to move closer to essential medical services in older age.

Other participants had already considered such a move at mid-life when confronted by serious illness. Both Penny and Maebh were carers to their husbands and had initially considered moving into Galway City, before deciding that the quality of life of all concerned would be better by remaining in Connemara. A move to the city would have required Maebh to give up her full-time work in Connemara, or face a long daily commute. She also believed that such a move would force her to live in an inferior place:

'What would we be exchanging our home for? A beautiful place where's there's peace and calm, and we'll get a house on an estate, attached to someone else, or barely detached ... ' [Maebh, 53 years, dispersed].

Three participants believed that rural living could negatively influence their ageing, particularly if they lost the ability to drive. Carole, living outside a Connemara village, had witnessed accelerated ageing of a neighbour at first hand. Consequently, Carole, although indigenous to Connemara, believed that big cities were better places in which to grow old:

‘... if you can’t drive, or even when you are too old to drive, what do you do then – you’re really stuck. A number of years ago this magnificent lady moved here ... [and] she did not age well ... she started drinking. She rented a house in an isolated part and was living alone. It was frightening, and I thought, I don’t want to look like that’
[Carole, 51 years, dispersed].

In contrast, six participants felt Connemara to be an aesthetically positive place in which to grow older, with intergenerational relationships being highlighted by Tina and Maebh:

‘I think it’s a good place to age in really because I don’t know that you would be confined within your own age group. You have a greater chance of mixing and being with different age groups, and you don’t feel like you’re ageing. You’ll have friends of your own age, but the way the social scene works, if you go to a music session in one of the pubs ... you could be with 18 year olds or 68 year olds ...’
[Maebh, 53 years, dispersed].

Access to a network of social relationships, incorporating family, friends and/or neighbours, appeared to offset any sense of geographical isolation: another reflection of the rural idyll. For people like Pauline, Mary and Margaret, living in dispersed areas related strongly to a sense of social connectivity. This was especially apparent around such social occasions as funerals or rural work practices, such as lambing, when high levels of community support were evident: *‘... if there’s a problem with sheep lambing or dipping sheep or something like that ... if help was needed they’d [neighbours] help’*
[Margaret, 50 years, dispersed].

Place was found to be one influencer, but not the only influencer, of quality of life for the rural participants of this study. Influences were found to be complex, and individuated. Those participants who expressed feelings of either

geographical or social remoteness or isolation did not always do so in a negative fashion, and some expressed no wish to change their geography. Living on an island, one participant, Áine recognised her geographical remoteness from the mainland. Being unable to drive also caused her some feelings of isolation on the island; nonetheless, Áine's feelings of social isolation came from a feeling of emptiness within her self, resulting from the death of her son, and she expressed no desire to leave her island location. Síle, on the other hand, had her own car, lived in an isolated part of mainland Connemara, but wanted to leave there and live near to her adult children and to her grandchildren. One of the reasons cited by Síle was the area's lack of amenities, including public transport and cultural facilities, but another reason cited was her disenchantment with close social relationships, including her neighbours and also her husband.

5.4.2 Place attachment

Fourteen participants were in-migrants; 11 participants were native to the region. Most of the eleven indigenous participants were highly attached to Connemara, as were a number of the in-migrants. Only one indigenous participant, Mhari, expressed a strong desire to leave Connemara, as did one in-migrant, Betty, who had moved on her own. Of the participants who had moved with partners to Connemara, only Síle wished to leave.

Participants assessed rurality and the quality of their lives in terms of levels of attachment to place, and self-identity. Although all living in rural Connemara, not every participant self-identified as rural: some participants, such as Maebh, Mary, Mhari, Carole, Denise, and Síle identified as more 'cosmopolitan', resulting in mixed levels of place attachment.

Those participants who felt strongly attached to their locations planned to stay there in later years, despite perceived drawbacks such as reduced health provision, transport services, and work opportunities. Levels of attachment to place did not equate simply with levels of rural service: some participants, like

Margaret, living in a remote part of Connemara with few amenities, displayed a high level of attachment, whilst others like Mhari and Betty, only minutes from the region's main town and services displayed low attachment. Mhari perceived where she lived as parochial, appeared to be more emotionally attached to America, where she had lived as a young child, dreamt of living in a more cosmopolitan community, but was meeting resistance from her husband, who had strong attachment to his native area.

Of those reporting high place attachment, two participants in particular, Sandra, an in-migrant, and Rachael, a local, reported feeling anxious and unwell when outside of Connemara. Both felt that the very geographical area supported their emotional needs, and would not countenance living elsewhere.

Attachment to place can be fluid over the lifecourse. Síle, an in-migrant had been happy to live in a remote part of Connemara when her three children were young in order to run a guest-house business with her husband. With her children now adults, and business in decline, Síle was anxious to leave her home to maintain stronger relationships with her children and grandchildren. However, she was meeting resistance from her husband, who had maintained his high level of place attachment, and intended to stay put in the area.

Jane had moved with her husband and children from the UK to a Connemara village where her husband was from. Although homesick at first, missing her mother in particular, 20 years of building up social relationships and establishing roots within her village had now rendered it home:

'I didn't realise how attached I was until we were thinking of selling up to get money for the children, and then we looked around at what we have, a paradise plot by the sea and it's got everything, a lovely garden, with flowers and vegetables and it's easy to access ... so we decided to stay put. It would have been stupid to leave' [Jane, 54 years, village].

Conversely, another participant, an in-migrant, favoured rural living, adored Connemara, but valued social relationships more highly than place:

‘Connemara ... the nature is just wonderful, so varied, the seasons, the colours, they are absolutely amazing [but] I think if I was in Japan, Alaska, Italy or wherever, where my heart is, my home is ... I think it is in the mind. To live with love and have good friends, you could live anywhere in the world well. It would not matter to me’

[Lelia, 62 years, dispersed].

5.4.3 Summary

Eleven of the 25 participants were indigenous to Connemara; 14 were in-migrants, choosing to live there for lifestyle reasons, and as a result of such differing contexts, participants’ views on place were diverse.

Participants defined rurality by social representation, that is, what rural represented for them on a personal level. Such meaning included perceptions of essential services, and the degree of interaction and quality of social relationships within the local community. Some participants had lived in urban and rural settings, affording them the capacity to compare; others knew only Connemara. For most participants of this study, place proved to be a mostly positive influence on their quality of life, with a general consensus on the aesthetics of the environment improving one’s sense of well-being: a reflection on the rural idyll.

Some participants readily identified with Connemara, feeling their ‘self’ to be rural; a few did not wish to be identified within a rural context, preferring a more universal identity. However, very few participants planned to leave Connemara in the near future, and for those who did, place alone was not the only motivation. Some alluded to possibly moving closer to main medical facilities in older age, but in general, a higher quality of life was anticipated

within this rural region due to its geographical features, and a strong appreciation of what mattered in life to them: good health and good relationships. Such features helped to offset any fears around growing older in a rural community in which essential and social amenities may continue to diminish.

Attachment to place was bound to self-identity, and thus was as diverse as participants themselves. Some participants could conceive of no better place to live, a few wished to leave. Some felt more attached at earlier lifecourse stages, raising children; others, particularly in-migrants only felt attached now at mid-life, having overcome earlier homesickness. Whilst levels of rural services had an influence on perceptions of place, these did not necessarily dictate levels of attachment. Some of the poorest resourced areas drew the highest place attachment. For some participants social relationships, particularly family, were more highly valued than place itself, and for this reason, such participants were prepared, either now or later, to move away from Connemara to be closer to adult children and grandchildren.

5.4.4 Case Illustration

Two participants of a similar age, and living in a similar part of Connemara, held radically different perceptions on the region as a place in which to live. Both reported different lived experiences, which appeared to influence their levels of place attachment. The importance of good health and of securing meaningful social relationships within place may partly explain this divergence of perception.

Forty-six year-old Mhari did not feel at home in Connemara, despite living there for 40 years. Living just outside the main town she felt at odds with local culture, and considered those who lived in her area to be conservative and insular. Mhari expressed a strong desire to leave, believing this would improve her health and quality of life. However, she could see no opportunity to do so:

'If you're big into gardening or knitting or golf or the ICA ... but I'm just not that type of person ... I find that Galway [city] is just a little bit too far away. You don't see anybody, just the mountains and sheep and sea, which is a beautiful view but it's not enough, it's not enough to keep you connected. You can't just pop round the corner or go to the cinema or theatre or shopping for new shoes. It all has to be planned and pre-organised here. I'd leave for an excuse, an idea, a plane ticket. Anything. I'm more attached to people than places' [Mhari, 46 years].

Mhari was recovering from an illness that required her to move from full-time to part-time work, and to give up her leisure activities. Her two children had left home, and although her parents lived close by, Mhari felt alone, and wanted to move to an area where she believed she could engage in cultural pursuits that she enjoyed, as opposed to the parochial pursuits she perceived to be on offer within Connemara. Her husband however had no intention of leaving the area, where he was brought up and where his parents lived. This was causing tension within the marital relationship.

In contrast, 45 year-old Rachael reported high place attachment to Connemara, stating that she felt unwell and unhappy when living elsewhere. Rachael defined herself entirely by her Connemara identity, which she believed to be unique. She had lived abroad and in other parts of Ireland, but found it difficult to explain her high level of attachment, other than to highlight her love of the outdoors, and what she saw as a blank canvas that allowed one to live a genuine life:

'My whole obsession all my life was being back in Connemara, cos I'm big into nature and I was always very connected to it. I felt isolated [elsewhere], so every waking minute I want to go home. I absolutely eat, sleep and breathe Connemara, it's just what I am ... it encourages the free spirit, I can't explain it. It's part of my identity' [Rachael, 45 years].

Rachael appeared to love the very things that Mhari did not about this region, in particular the rural people, the perceived community spirit, and the wildness of landscape: reflecting the rural idyll. Whereas Mhari did not identify herself as a Connemara or even a rural woman, and focused on friendships outside of the region, Rachael expressed a strong identity with Connemara and stated that she chose her relationships on the same basis, prioritising those from within the region.

Place has been shown to be a significant influence on quality of life and the ageing process. Where participants lived also appeared to influence their perceptions on health, social relationships, and work, and I now turn to each of these categories for further examination.

5.5 Health

Health proved to be a crucial influencing factor amongst participants of this study, impacting upon all categories, and acting as the prism through which participants evaluated their quality of life. Thus, health, ageing, and quality of life emerged through the process of data analysis as being strongly inter-related.

5.5.1 Physical health

The physical health of mid-life participants was reported as ranging from excellent to poor. Where participants reported less than good health, the main complaints tended to be fatigue, increased weight, and musculo-skeletal conditions. These conditions, whilst contributing to perceived quality of life, did not alone determine it.

Fifty-eight year old Kathy had been treated for breast cancer earlier in her life, but the treatment whilst successful, had left her, she believed with osteoporosis. Kathy now took vitamin supplements for low bone density, a

condition that had already required her to have a hip replacement, with the possibility of a further replacement needed. Having survived cancer, Kathy, despite these health concerns, considered her quality of life to be high. Indeed, many participants reported feeling well, even if fatigued or with muscular pain, considering aches and pains to be a part of the ageing process. The high level of reported incidence of fatigue at mid-life reflects in part the high levels of activity found amongst participants of this study, but was also felt by participants to be related to mid-life conditions such as menopause. Participants addressed physical complaints in a number of ways. None reported delegating tasks, opting instead to do less or ask for help, whilst others changed the nature of their jobs. Both Lisa and Hilary, for example, had physically demanding full-time jobs in the caring profession. Both were the sole income earners in their households, yet both continued to undertake most of the domestic duties at home, leaving them extremely tired. Neither participant complained of ill health, and each identified factors other than health that contributed to their quality of life, such as relationships with children, grandchildren, and friends. To compound difficulties, Hilary's three adult children had returned to live at home for financial reasons, resulting from austerity in the Irish economy. This change to the demography of Hilary's domestic household increased her overall workload, and added to her fatigue:

'By the time I get home from work and clean the house, get dinners, throw the dishes in the dishwasher it's time to go back to work again, and then when I finish work ... putting the Alzheimer's woman to bed, I call into ... a friend of mine, 78, just out of hospital, to make sure she's ok. That could take an hour or three hours. By the time I get home I'm flattened and it's time to go to bed' [Hilary, 61 years].

Hilary had at one point belonged to a private leisure centre in Connemara's main town, but felt that she no longer had the time, energy, or finance to continue this pursuit:

'Everything starts when I am at work at night, but a couple of years ago I'd go swimming in this hotel's pool, but it was a rush again in from work and then I had to go to work after coming out of the pool, so that wasn't relaxing' [Hilary, 61 years].

The two participants who reported the poorest health and quality of life attributed this to grief. Both Áine and May were grieving the death of an adult son, and both felt physically and mentally depleted:

'I try to eat healthily. I try to walk but I find it very hard, as I don't have the motivation. If I go for a walk now I'm dying to be home ... there are days it is a struggle. I can't stand in the shower, I have to go into the bath, like I would not have had any energy to stand in the shower ... whereas I could lie down in the bath' [Áine, 52 years].

Grief, particularly when combined with other negative influences, such as redundancy, has a strong ability to render irreparable damage to perceptions of well-being and quality of life.

5.5.2 Mental health

Most participants considered mental health to be as important as physical health in ensuring a good quality of life, and believed that good mental health could be achieved through healthy social relationships, and an open and active mind.

Mhari was battling a serious virus that affected her physically and mentally. Her condition had required her to take extended leave from work and give up all physical activities, such as horse-riding, yoga, and dancing. Taking on-going medication, Mhari now felt her quality of life to be poor, but she did however remain optimistic about her future:

'... my mental well-being, it would be down to me. There were days when I could have chosen to lie in bed and feel miserable and sad and depressed and upset, but you have to turn it around and get up and do a little bit today, and maybe you can do a bit more tomorrow, and do different things ... I'm responsible for my own happiness'

[Mhari, 46 years].

Mhari was an example of a number of participants who felt responsible for their own health and well-being. In general, participants did not blame external influences, such as income levels or place for their own personal lives, harbouring instead a belief in being able to influence their own outcomes. This may signify both a high locus of control regarding outcome expectancies, and a high level of perceived self-efficacy, or self-belief in one's own ability amongst such participants (Bandura, 1977). This suggests that although contextual factors may well influence the quality of participants' mid-lives, participants felt it was up to them to adapt to changing lifecourse circumstances, or adopt new measures and lifestyles. This individualistic perspective on ageing, which exempts societal influences from being considered, may be a feature of rurality, or may be attributed to what may be considered a more individualistic society in which we live.

Leading busy lives for the most part, participants tried to relax and de-stress in a number of ways to aid their mental health. This was achieved mainly through: reading, television, photography, meditation, yoga and Pilates, swimming, horse-riding, golfing, walking, and gardening. In general, participants felt that they had to make time for these activities in between work and domestic responsibilities. However, a few participants appeared to consider these to be pleasures best deferred to the years beyond retirement from work.

Two participants reported severe work-related stress. Fifty-four year-old Mandy described deteriorating eyesight over a two-year period, which rectified itself once she settled a bullying case. Similarly, 53 year-old Maebh reported

unexplained and debilitating arthritic hand pain, which abated once she eased her workload. Maebh however feared recurring arthritic pain as her workload had begun to increase again, along with increased domestic chores.

Others, such as Mhari, Síle and Jane reported relationship stress, which they attributed in part, to their husbands' dominating behaviour. Whilst Jane and Síle reported taking medication for their nerves, Mhari did not. Sixty-one year-old Síle suffered depression in her mid-years, brought on, she believed, by multiple reasons, including over-working, living in an isolated location away from her children and grandchildren, dealing with troublesome neighbours, and by disagreeing with her husband on their current lifestyle. Fifty-four year-old Jane was one of three participants who used counselling, medication, and leisure pursuits to reduce her anxiety. Carole, on the other hand, was finding help through further education and engaging in local community work. Carole had at one time feared a nervous breakdown from the stress of caring for her mother, along with dealing with her partner's alcohol problems, but reported feeling healthy now.

Caring duties had also brought stress to Penny and Maebh, who had become carers to their dependent husbands. Maebh found relief through physical exercise, whilst Penny relied on friendships and activities such as dancing and dog walking:

'I do have a lot of stress sometimes, but I don't let it get to me. I would actually go up to the bedroom and have a good cry for myself. Get it out, get over it, and I'd talk to people, my friends, if I was having a really bad day ... it doesn't seem as bad when you hear yourself talk about it. It takes a lot for me to talk to someone about it ... that could be a neighbour or a friend ... and actually I talk to the doctor about it too'
[Penny, 59 years].

Sandra, a highly qualified health specialist, reported occasional panic attacks, brought on, she believed by sensory overload, such as city noise and crowds, or by sleep deprivation. For these reasons, Sandra had chosen for many years to live in quiet, rural areas, finding cities to be detrimental to her health. In addition to reducing her working hours to suit her condition, Sandra believed in employing professionals to help her, and had drawn on psycho-therapeutic support:

'I isolate myself if I am stressed, it's the best thing in the world for me, and that is something I have learned at mid-life. I go and talk to a professional person if there are issues I need to discuss ... I don't want to burden my family. Isolation is like meditation for me. Being in nature, sitting on the beach for hours, being on the rocks and the wild, and then you get much better' [Sandra, 57 years].

It was clear that participants took their mental health seriously, considering it to be as important as physical health in promoting a sense of well-being. Indeed, participants appeared to be more fearful of developing dementia in older age than in becoming physically infirm. Dementia was closely related to institutional care, which almost every participant expressed fear about. Whilst participants believed that they had some degree of control over physical ageing through good nutrition and exercise, this was not the case in general with regard to preventing mental illnesses.

5.5.3 Influences on health across the life-course

Earlier life exposures and behaviours have been found to influence health and functioning during later years (Phillips et al., 2010, p. 143). All participants recognised health as a fluid concept that evolved over the life-course. In a number of instances physical and mental health at mid-life reflected earlier lifecourse influences. Where the importance of physical health was emphasised in childhood, this was usually the norm in adulthood, as evidenced by three

participants, Denise, Rachael, and Maebh who continued their exercise regimes into mid-life. A champion swimmer in her youth, 57 year-old Denise believed this to have made her physically stronger, and capable of undertaking challenging domestic chores. Fifty-three year-old Maebh was a champion athlete in her youth, and continued to run for physical and mental well-being. Forty-five year-old Rachael, who had skied and ridden horses in her youth, continued her active fitness regime into mid-life, making her feel stronger than at any previous life-course stage.

Conversely, if good health was not a priority in the childhood home, this was found to have repercussions across the lifecourse. One participant spoke of how her mother, a confectioner, had indulged her as a child, leading to both mother and daughter being overweight. As a consequence, 51 year-old Carole had a history of weight problems, which she was trying to address by joining Weightwatchers. Carole felt that her mother, who had dementia, had contributed to her own illness by lack of physical and mental activity, and Carole was determined not to follow the same pattern. Yet another participant, 65 year-old May, who lived with chronic pain and feelings of depression, feared she was mirroring her mother's sedentary lifestyle and physical incapacity, yet felt impotent to rectify her situation.

Participants did not believe that good health in youth was a guarantee of future health; nonetheless, many felt preventative measures undertaken at mid-life could influence health in later years. Only one participant, Hilary, reported smoking throughout the lifecourse. No participant reported an alcohol dependency. Others spoke of trying to eat more sensibly, and of reducing their alcohol intake at mid-life:

'... before I'd have drank vodka and lemonade all night, now I'd have three or four glasses of wine and I'd be fine, but that is it. I don't want to wake up feeling sick. That didn't bother me in my 30s ... I'd take a

painkiller and go for a run and I'd be fine ... now, I go home earlier and get more sleep and be more energetic tomorrow' [Maebh, 53 years].

Four participants reported undertaking regular health checks, including mammograms and cervical smear tests as preventative measures for healthy ageing (Sandra, Tina, Mandy, Mary), but most participants reported using the medical profession only reactively when a medical problem presented itself. Forty-eight year-old Petrina ensured that she walked every evening after work with her husband for both health and social reasons. She had also started a weight-loss programme with a friend, specifically to stave off possible diabetes, hypertension, and high cholesterol in later years. However, Petrina, along with four other participants: Tina, Síle, Mandy, Carole, felt their health regimes were compromised by inadequate time and energy. Working full-time, minding children, or caring for a family member dictated what activities were and were not undertaken.

Some participants reported taking supplements for cardiovascular health, bone density, or joint mobility, but most were inclined to rely on good nutrition to safeguard their health. Whilst most participants acknowledged the role of good nutrition in influencing health and ageing, and a few grew some of their own vegetables, most were unspecific in what they ate. Only two participants, Sandra and Lelia, discussed the nature of their food. Lelia and her husband owned an organic fruit and vegetable farm, and Lelia strongly believed that eating organically kept her healthy.

Two participants, Morag and Susan, were partially under the care of a charitable organisation for persons with an intellectual disability. Sixty-four year-old Susan had diabetes, and was being helped to understand what food to eat to stay healthy. Morag was receiving similar advice on how to keep her weight down in order to address her musculo-skeletal problems:

'I'd like my back and shoulder to get better. And [I] do exercise and go to the dietician – I lost two pounds since I gave up the bread. I drink a lot of water now and eat a lot of fruit, and eat sardines and fish. I try to stay healthy to age better' [Morag, 53 years].

5.5.4 Summary

Participants measured their quality of life principally in terms of health and well-being, and in general, considered themselves in reasonable health; only three participants felt their health was seriously impaired (May, Mhari, Áine). There seemed to be a general acceptance that it was 'natural' for the physical self to deteriorate around mid-life.

The youngest participant, Rachael reported feeling healthier and fitter at mid-life than during previous lifecourse stage, which she attributed to her exercise regime. All others felt less physically able at mid-life than in their younger years, with the most common complaints reported being musculo-skeletal, deteriorating eyesight, and reduced stamina and strength. A number of participants spoke of increased weight at mid-life, but only a few were proactively addressing nutrition and exercise. There are no public leisure centres in Connemara, and almost no participant held membership of a private leisure centre.

Even if physically less fit at mid-life, participants often reported a greater sense of well-being, suggesting that the concept of health is measured by more than just physical ability. Other contributors to well-being included good social relationships, and purposeful living. This sense of well-being appeared to manifest itself at mid-life through an increased sense of confidence and self-esteem.

Participants either did not address, or tended to minimise the effects of menopause. Of those who did discuss menopause, all claimed to be coping well,

and did not link it any way with their various aches and pains, weight gain, poor sleeping patterns, or emotional mood swings. This again appeared to reflect an individualised approach to health in which participants felt completely responsible for their own conditions. For a few participants earlier lifecourse influences in the area of health, exercise and nutrition appeared to have some correlation with health experienced at mid-life. Some participants who reported poorer health at mid-life believed that they were following genetic family patterns, but again believed themselves to be responsible in changing these patterns.

Not every participant anticipated being dependent in old age, but most appeared to expect their physical health to decline. All hoped to retain autonomy in old age. Participants were also mindful of good mental health, especially in old age. Some participants reported being on long-term medication for complaints such as depression, diabetes, and high cholesterol. The strongest health fears amongst participants were physical immobility and dementia, as these were considered forerunners to institutional care.

5.5.5 Case Illustration

Although separated by 15 years, two participants, 50 year-old Christine and 65 year-old May, held some common ground. Both had six children by the age of 50, and both lived in quiet, rural areas. In addition to the age differential, the lived experiences of both participants were substantially different, which reflected upon their states of health at mid-life.

May had raised her six children whilst working full-time, but a number of unfortunate events over the lifecourse had compromised her physical and mental health. May was widowed at the age of 50, lost a son in tragic circumstances, was made redundant at the age of 60, and lost two siblings and a good friend. She reported being depressed, having arthritis, and expecting to mirror the fate of her own mother who was confined to a wheelchair in old age

due to muscular atrophy. Of May's remaining five children, two still lived with her and the others visited her regularly; yet she reported feeling alone and unsupported. May felt there to be a strong link between her state of mind and her physical complaints. She had become overweight, making exercise, and everyday tasks difficult. She also felt unable to seek new employment due to her constant chronic pain, leaving her despondent: *'I have a lot of pain, especially during the night, I can't get comfortable 'It holds you back ... [and] I thought 'is this what I've come to?'* [May, 65 years].

In contrast, Christine led an active and full life with her husband, six children, all living at home, as well as an array of pet animals. Although caring for a large family, the youngest still a baby, Christine and her husband ran two businesses. As an older mother, Christine was particularly concerned about her health at mid-life and in older age: *'I try to stay fit and healthy, especially for her (baby daughter) sake, as I am going to be an old parent. I'll be in my seventies when she is in her twenties'* [Christine, 50 years]. With her only complaint being of worsening eyesight, Christine felt that she enjoyed good health, and intended to stay active and travel extensively with her family in years to come. Citing active, working parents, Christine felt she had good role models to motivate her, and viewed her large family as a team, rather than a burden.

Whilst it is difficult to draw conclusive links, these two cases help illustrate how the loss or support of meaningful relationships and purpose in life can impact upon physical and mental states of health. Christine is 15 years younger than May, had the support of her husband, parents, and children. She had meaningful work, ambition, and a drive to achieve more in her future years. Consequently, she enjoyed good health. May felt unsupported in all areas of her life, particularly family and work, her current health was poor, and could see no way forward to leading a healthy older age. At 65 years of age, May's employment opportunities are limited. At the time of interview she only had a provisional driving license, which limited her discretionary travel, and she believed that she had inherited many of her mother's health complaints.

The concept of health was integral to participants' perceptions of their ageing process, and was the primary prism through which they judged their quality of life. However, social relationships were also considered to be vital to both good health and to quality of life, and it is to this concept that we now turn.

5.6 *Social relationships*

The quality of social relationships was reported as directly relating to the quality of participants' lives, including those with children, siblings, parents, friends, and neighbours, and particularly those with husbands or partners.

5.6.1 Relationships with partners

Eighteen participants currently lived with husbands or partners; three of these participants had been previously married. The quality of relationships with husbands and partners appeared to directly impact the quality of participants' lives, and participants spoke of varying degrees of compatibility and support.

As a result of Ireland's recession, particularly within the construction industry, a number of men in Connemara no longer worked, or worked only sporadically on a casual basis. This was a primary reason cited by study participants for not planning to retire. In this study, ten participants (Tina, Jane, Hilary, Lisa, Mandy, Mhari, Maebh, Penny, Síle, and Mary) had become the main income earners or equal contributors as a result of husbands' and partners' unemployment, under-employment, illness, or retirement. In such cases where the partner was no longer the main earner, participants appeared to feel that the dynamics within their relationships had changed, sometimes making the participant feel more liberated and able to follow her own agenda. However, this period of the lifecourse sometimes coincided with children leaving home, rendering it difficult to separate the two influences on relationships with partners.

One such participant, Tina, had four children, two at home and two grown up. She worked full-time, and when comparing the gender balance across the lifecourse of her marriage, concluded that she was happier with her husband and their relationship at mid-life than during earlier lifecourse stages:

'... he's [husband] self-employed and work is very, very thin on the ground, and he's brilliant with the young two [children]. With the two oldest ones, he wasn't, but he's much more hands on now ... I see that an awful lot now around here, where the woman is going out to work ... If you'd shoved that scenario under his nose in his twenties he'd have been mortified, but age mellows men especially ... [with] the ageing process comes this realisation that you have to muck in together and do whatever as a team ...' [Tina, 46 years].

Another participant who worked full-time, but with no children, Maebh, was acting as a carer to her retired, dependent husband who had developed a serious heart problem. She reported a good relationship with her husband, but had also during her lifecourse sustained an extra-marital relationship with another man for social reasons. With no proximal relatives and few friends to call on for support, Maebh reported feeling trapped in her marital role, but spoke of how supportive her husband was towards her, making her want to do her best by him:

'His [husband] mobility is now so bad that he is completely dependent on me, so I find that I am very tied down at this stage. My freedom is curtailed ... even though we're [here] 30 years, you don't have family to call on to give a hand, sisters and brothers, so it's very much left up to ourselves. I'm on my own and I feel that I have no-one. You're depending on one or two friends, but at the end of the day you can't make demands on them, as they'll get fed up with you' [Maebh, 53 years].

Five participants were in business with their partners, and reported varying degrees of support within and outside of their working relationships. Lelia's former two husbands had alcohol problems, but her current, younger husband shared her fundamental interests of work and worship, which Lelia attributed to the success of their personal and business relationships. Lelia and her husband ran a small organic farming business, lived simply, and reported being exceptionally happy at mid-life:

'It takes an effort in every marriage for it to work, especially when you marry late in life. When you are young you have the good looks, when you are older, other things are more important. I like talking, and my husband likes listening, so it is good balance. Our outlook on life is great in every way' [Lelia, 62 years].

In contrast, Síle felt that her husband considered her needs secondary to his own. Having run a busy hospitality business together for many years, Síle's wish was now to leave the business and move closer to their children and grandchildren who lived in a different part of Ireland. Her husband though intended to stay put in Connemara. This basic disagreement over priorities at mid-life remained un-reconciled, with Síle planning to prioritise her own needs in the near future:

'I've two grandchildren now and I want to be spending time with them. I want to do things that I want to do. I don't want to be at the beck and call of others ... he [husband] doesn't want to go because there's nothing for him to do – he doesn't do anything, but I'm sorry I'm not staying at home for this, I'm going ...' [Síle, 61 years].

Outside of business a few participants referred to dominating behaviour within their marriages. Mhari for instance felt that she and her husband were no longer compatible, due to his perceived controlling behaviour, and lack of shared interests. However, she expressed no plans to end the relationship.

Although Jane claimed to ‘adore’ her husband, she attributed some of her mental health issues to him. Jane’s husband worked on a casual, self-employed basis, whilst she learned new skills for possible future employment. Jane’s husband controlled all financial matters, which she appeared happy to allow, but she reported feeling belittled by his attempts at restricting her personal life. This manifested itself by Jane’s husband not wanting her to attend courses, or take up work outside of the home. With the help of counselling and medication Jane was hopeful that she could retrieve some degree of autonomy within her marriage:

‘I was kind of meeting a bit of opposition from my husband. I don't think he liked that I had become kind of independent. Cos I wasn't driving till recently and he kind of held me back ... he used to get so angry. Unless the children or he is ill, nothing is going to stop me now. I'm not going back, I'm going forward now. He got a bit better, but he's still controlling and I have to put my foot down sometimes’ [Jane, 54 years].

Four study participants had gone through a divorce or separation (Lelia, Sandra, Pauline and Rachael), but only one, Pauline, currently lived alone without a partner. Although none of these participants reported that their states of ‘singledom’ had diminished their quality of life, it is to an examination of quality of life without a partner that I now turn.

5.6.2 Relationships without partners

Although five participants had never married, only three, Betty, Denise and Pauline currently lived alone. After separating from her husband, Pauline was involved with a second relationship for a while. She appeared to enjoy living alone, and prioritised relationships with family members:

‘I really learned to be on my own, and I think it's a great thing to learn, 'cos it comes to everyone at some point unless they die before their

partners ... my ex husband and I are still good friends, like we'll all have Christmas dinner together and the children enjoy a good relationship with him. We had birthday celebrations recently when my son turned 30 and my husband 60, so we all went out to dinner together. It's easier for us to do it now that I'm not in another relationship. When there was somebody else it was more difficult. The children did get on with my second partner, but you couldn't ... socialise the same'
[Pauline, 58 years].

May reported missing the companionship of her late husband and alluded to the effect on her five children of a father being absent from the family:

'I don't try to impose, and I know that husbands and wives fight and all, but they have one another in the good times and the bad ... being a widow is a lonely place to be ... and for your children too. My daughter got engaged and the first thing she said was "I have nobody to give me away at my wedding", so then she asked me, but it's not the nature of things' [May, 65 years].

Denise, an artist, had never married, and lived alone. She did not rule out a future relationship, but was unprepared at mid-life to expend the same energy into relationships that she had in her younger years. Denise also believed that in the small community in which she lived, she had no privacy regarding socialising:

'I have heard from male friends of mine, who have witnessed conversations in the pub from men, that they would talk sexually about encounters and stuff like that ... in the city you'd have sex with someone and then you might not see them again anywhere ... so I've not had relationships around here.

From a single woman's perspective, everybody would know your business, so my advice would be to be really careful of how you project yourself or live your sexual life in the community. I prefer to be on my own than in a bad relationship ... not to be too judgemental, I don't see many relationships around that I would actually desire ... but I can understand the fear of maybe being alone if you are not used to it, but I am used to it, and the dog helps ...' [Denise, 57 years].

5.6.3 Relationships with children and grandchildren

Of the 25 participants, eight had no children, eight had children who had left home, and nine still had children living at home. After partners, participants paid greatest attention to relationships with their children, irrespective of age. A third of participants were grandmothers, but only two, Síle and Lisa spoke of their grandchildren playing a significant role in their lives. Lisa babysat regularly for her grandchild, to allow her daughter to take up casual work.

Sandra, married twice before, underscored how concern for one's children extended across the entire lifecourse:

'...My son is 22 ... went abroad, came back, and is now working near here, but I am still dealing with his problems in his twenties, which are very frequent, and I have to deal with that at mid-life. You think you would be past that, but no ... with age I can detach a bit more from my children, but still it does affect me very much still' [Sandra, 57 years].

All participants spoke of prioritising their children's health needs over their own, and this was particularly the case for the six participants who still had young children at home. This was highlighted by Jane, who whilst expressing high place attachment, stated that she would sell her house if her children needed money for such things as further education or medical procedures.

5.6.4 Relationships with parents

Nine participants still had one or both parents living, and relationships were reported as being mostly good. Five participants (Mhari, Christine, Maebh, Jane, Tina) cited their parents or grandparents as positive role models, admiring their levels of purpose, energy and activity in older age. However, the youngest participant reported a poor parental relationship with her divorced parents, particularly her father, who she suggested had issues with alcohol. Rachael currently had little contact with her father, who had since re-married. Her relationship with her mother appeared to be complex: she was grateful for past financial help received, but felt that her mother was not emotionally supportive of her.

The oldest participant, May also reported a poor relationship with her father, who lived with her brother. May visited her father every day, but resented the self-imposed restrictions on her freedom this entailed. She also resented her siblings' 'hands-off' approach towards her father, although she felt that she could offer him better care than they could:

'My father is 96 and I go up there every day, whereas it's quite good for him, I feel for myself it seems to be sapping away some kind of energy from me ... I feel if I don't go up every day nobody else will ... I have brothers and sisters around this area, but when you do something for a long time you see, it's left to you. I should feel very happy, but I've become resentful' [May, 65 years].

Of the 16 participants whose parents were dead, eleven still spoke of them in meaningful and emotional ways, suggesting strong bonding across the lifecourse. Irrespective of age, participants who had lost both parents considered themselves to be orphans, as articulated by Margaret:

'My mother is dead four years, and my dad died about 10 months after she died [and] I said to my sister "we're orphans", and I can kind of think in your late 40s you're not an orphan, but you feel like it. But it [grieving] can go on for a long time, like you hear something or somebody says something and you think: "I must say that to mother", or I must ask them something ... then all of a sudden you can't ask any more ... it is hard' [Margaret, 50 years].

One participant, Maebh, cited her grandmother, not mother, as being the greatest influence on her life:

'... as a child she [grandmother] insisted that I had to stay with her every Saturday night and go home after Mass every Sunday morning – right up till I was about twelve or thirteen. And she was a very cultured woman. Simple things like sitting down and listening to music. I was always very lively and frivolous, but she would make you do things – sit and read ... I think she was offering me a better quality of life. She ... always made me feel like I was a very important person, very intelligent, gifted, talented ...

'My mother never said to me that I was great at anything ... there was never a word of thanks for taking care of the younger ones, getting them dressed and feeding them their breakfast and getting them to school. There was no conversation or please or thank you' [Maebh, 53 years].

5.6.5 Relationships with siblings

Three participants, Morag, Susan, and Áine lived with siblings. Áine acted as housekeeper to her brother, who in turn, provided company and support. Morag and Susan had intellectual disabilities: Morag lived with a sister, and Susan with a brother, both of whom helped to care for their needs.

For some participants, relationships with siblings, particularly sisters, with whom a life history is shared, were valued highly. Pauline reported a new bonding with her sisters since the death of her parents, her mother especially, whom she missed greatly:

'My relationship with my sisters has changed a lot as I've got older. We've all separated (from husbands) and my sisters – we're much closer. We were always close, but we talk more now as we age. A lot of that was losing mother, as we used to meet there. We'd be supportive that way and it may increase in the future. We phone one another if any of the children are having problems, or we are' [Pauline, 58 years].

Four participants however did not report positive relationships with their siblings, citing perceived inter-sibling jealousies to disputes over caring duties. Widow May felt that her siblings did very little to support her needs or those of their ageing father. Both Maebh and Mandy were professionals who had financially looked after their siblings over the years, but at mid-life were now re-evaluating the wisdom of this. Mandy spoke of over-investing financially and emotionally in her siblings, which she felt was counter-productive, causing jealousy; thus, she now intended to focus on the needs of her husband and children instead. As the eldest in the family, Maebh felt that she had focused on her siblings long enough, and intended now to prioritise the needs of herself and her dependent husband:

'... My own family, there are problems individually. Sisters, brothers with problems. And they'd phone you up telling you stuff, and you don't want to go down there to sort it out. And since my father died I've been going up and down looking after my family for years and years, contributing quite a lot for them. The one who gives the most trouble is 40 years of age, and just needs to grow up. I'm not giving the last ten years of my life worrying [about her]' [Maebh, 53 years].

5.6.6 Relationships with friends

A number of participants, like Penny, Hilary and Denise, valued their friendships highly, often due to siblings being located in a different part of Ireland.

Participants like Mandy and Petrina believed their friends to be more proactive than their siblings, as illustrated by Petrina who had seven siblings:

'I have come to this conclusion, that friends are the family that you pick for yourself. Some friends I would be in contact with daily, more so than my sister, who has a busy life ... friends are very important, and they can be probably at times more supportive and maybe more available than your own family. I'm very conscious of keeping my friends – making time for them, meet for a walk or a cup of tea, things that don't cost the earth, as we don't have the money' [Petrina, 48 years].

One participant, Denise, single and living alone, enjoyed a good relationship with her brother and sister, but they lived in another part of Ireland. Thus, Denise relied on friends for companionship, but felt that single friends and childless friends were more likely to retain contact throughout the lifecourse than those who were part of a couple or who had children:

'I have quite a lot of single friends. I have a few who don't have babies ... and I'd identify more with them, not having kids ... [Friends are] very important, but there's a change as you get older. You hear from your friends less, especially couples, who are so entrenched in their coupledness' [Denise, 57 years].

This perception of social exclusion as an un-partnered woman with no children requires more contemporary research that is rural based in order to understand the dynamics of such social relationships. Older literature examining the role of married women and friendships finds that middle-class married women are more active in initiating 'couple' friendships, and spend more time as a couple

with their 'coupled' friends (Simon et al., 1970), as reported by study participant Denise. However, another older study also finds that children are not found to play a constraining role in the formation of friendships (Babchuk, 1965).

5.6.7 Relationships with neighbours and community

Although many participants felt that their rural communities were close-knit, levels of contact with neighbours ranged from high to low. One participant, Hilary, who lived in a village, regretted how neighbours appeared to be irrelevant to younger generations:

'Kids nowadays are so different to us when we were at that age. Youngsters nowadays hardly know who's living next door to them ... but we'd have known everybody, who they were, where they lived, everything about them. If I walked out I'd say 'hello', whereas they wouldn't today' [Hilary, 61 years].

Most participants appeared to be particularly mindful of older people living alone, and had set up informal systems of care, such as watching out for closed curtains, or for strangers in the vicinity. Some participants were more hands-on than others; Mary for example undertook household tasks such as cleaning or filling up forms for an older neighbour.

Companionship with neighbours, who had become friends, proved important to one participant living in a remote part of Connemara with no social infrastructure:

'You really need your neighbours. Even if it's just outside chatting over the wall or pop in for a cup of coffee, or if you have a wet day and it's really miserable ... [I'd] call into a neighbour, sit down have a coffee and a chat and put the world to rights.

It's just there and you feel better afterwards ... there's no such thing as ringing first, you just go in' [Margaret, 50 years].

Morag, who had an intellectual disability, was afraid to be at home on her own when her sister was working, and relied on her neighbours for companionship: *'If you didn't have neighbours you might not have anybody. It's nice to get out the house and have a chat. Terrible being in all the time. You get fed up and depressed' [Morag, 53 years].*

Conversely, other participants, like Mandy, Carole, and Pauline, felt that neighbours in rural areas were too invasive, and they discouraged informal contact. However, some participants, including Carole and Kathy, were anxious to establish positive social relationships and improve the social fabric of their community through voluntary work. These two participants shared some common features: both acted as carers to their mothers, who lived with them, both were childless, and both ran guest-houses. Whilst Carole was originally from Connemara, both she and Kathy chose to move Connemara for lifestyle reasons, and were anxious to actively engage with their local communities and used civic participation as a strategy for inclusion and acceptance into community life. Such strategy is reflected in the literature dealing with the acquisition of social capital to enable the formation of social bonds and enhance a sense of belonging and identity within one's community (Simon et al., 1970, Hennessy et al., 2014).

Kathy wanted to meet people and make friends, feeling this to be a sensible strategy in preparation for older age:

'Because we have no family it was hard to get to know people, so I decided to join everything. A group of us set up the credit union in the village, and I joined the flower club and the golf club. It was a good way of getting to meet and know people in a new town. We love it now here and wouldn't move' [Kathy, 58 years].

5.6.8 *Summary*

All participants valued supportive social networks and social relationships, be those with partners, parents, children, or friends and neighbours, connecting these with quality of life.

Marital status appeared to influence the nature of social relationships. Those participants who lived alone and with no significant partner in their lives, tended to look to friends, siblings, or neighbours to fulfil the intimate role that a partner may otherwise fill. Of the significant number of participants with husbands or partners, these relationships appeared mixed. Some partners proved to be a positive influence, others negative, causing power balances to vary within partnerships. Almost all participants with children, whether living at home or not, stated that their children's lives, whatever the age, continued to be a high priority.

A number of participants spoke of how much they missed their late parents, and felt that they had moved into a new phase in their lives after becoming 'orphans'. The bond between mothers and daughters appeared to be particularly influential in its legacy.

Many participants welcomed the community spirit displayed by rural neighbours, and were particularly supportive of the needs of older neighbours. Some participants made it clear that they did not relish neighbourly relationships, and valued their privacy. For this reason, participants, such as Carole and Mandy actively discouraged what they perceived as a rural practice of impromptu visiting, but another, Penny, believed that impromptu visiting was not the 'norm' in Connemara.

5.6.9 Case illustration

The majority of participants lived with a husband or partner, but the nature of these relationships varied greatly. Kathy and Carole, whilst appearing to have much in common, represent the diversity of lived experience amongst mid-life women.

Kathy and Carole both ran guest-houses with their partners, neither had children, and both stated being happy to care for their dependent mothers, with help from their partners. However, Kathy and Carole were experiencing very different relationships with their partners and mothers. Kathy stated that she admired the active way her mother had lived throughout her lifecourse; Carole stated that she did not see her mother as a role model.

Kathy described her husband as an asset both within and outside of their business, and spoke of a relationship with her husband in which her mother's quality of life had been agreed as a priority. She and her husband shared all business tasks, domestic duties, and managed free time in order to accommodate the full-time care of Kathy's mother:

'My husband is very good ... even with his mother-in-law. He's good at taking care of her. I was lucky from that point of view that we met, we really get on. We're over 30 years married and those have been great years' [Kathy, 58 years].

In contrast, Carole's partner was employed elsewhere, working part-time within their guest-house business. Like Kathy, Carole had also prioritised her dependent mother's quality of life. However, whilst acknowledging her partner as being excellent in helping care for her mother, Carole herself felt little emotional support from him. Referring to his problem with alcohol, Carole considered that she had invested enough time and energy into their

relationship, with little return, and as a consequence, was considering a future without him, once her mother passed away:

'My partner is also [in addition to late father] an alcoholic, and in the last year I just let that go as well. I mean I can't do anything about it, I mean I've been on to him over and over for 20 years to stop drinking. I thought, I'm going to sort out this guy, and he was my project for a long time, and now I think, Christ, I couldn't care less' [Carole, 51 years].

Carole did not view herself and her partner as a team, and sought fulfilment outside of the home through further education, and voluntary community work. Being prepared to move away in the future had contributed in part to Carole's sense of lower place attachment. In contrast, Kathy looked forward to a fulfilling future with her husband in their chosen location in Connemara.

The quality of social relationships was found to be of immense importance to participants and their quality of life. However, work and finance also impacted upon social relationships and quality of life, and it is to this area that we now turn.

5.7 Work

Work proved to be a crucial element of participant identity. Irrespective of the nature or financial rewards of work, participants largely wished to remain within the workplace, and most rejected the concept of retirement, which generally held negative connotations. Living in Connemara, access to work opportunities was limited, and thus, the nature of work undertaken was not always determined by choice. Participants worked in the areas of healthcare, retail, hospitality, education, arts, farming, and clerical work.

Of the 19 participants working, six were full-time self-employed: Denise, Carole, Christine, Kathy, Lelia, Síle, and two were both self-employed and salaried

within the public sector: Pauline, Sandra. Five participants were unemployed: Betty, Jane, Morag, May, Susan. Five participants had undertaken, or were currently undertaking further education, complementary to their work, in order to access wider employment opportunities: Petrina, Mhari, Pauline, Tina, Carole. All considered education as an investment in their careers.

5.7.1 *Nature of employment*

Some participants chose or felt compelled to choose self-employment, in the hope of delivering a good quality of life, but also if no other work was available. This in part reflects general austerity policies prevalent within the Irish economy at the time of this study, but may also reflect a real desire to control one's own employment and lifestyle conditions. Participant reasons cited for self-employment included autonomy, creative expression, and work creation. Although expected to deliver a higher quality of life than other types of employment, this was not always the case, as illustrated by two participants, Petrina and Mhari, who moved from self-employment back to working in the public sector. Another, Pauline, took on part-time work in the public sector to augment her earnings from self-employment, which she felt to be insufficient.

Christine ran two hospitality businesses, whilst caring for six children. She believed that the long hours and uncertainties of self-employment were compensated for by its flexibility, and ability to work from home. She also believed it offered a more stress-free environment in which to work, and ultimately a higher quality of life for every member of her family:

'Being self-employed is hard going, but I'd hate to have to get up every morning and have to work in the stress and hassle at a desk nine to five. I always thought that I would be working less as I got older, but that's not true, it's harder.'

But we like this life, if we were in a city maybe we'd be working nine to five and the children in day care, and us all stressed out and exhausted, so we don't want that, we have a good quality of life like this'

[Christine, 50 years].

Other participants, like Sandra and Pauline, chose to mix self-employment with salaried work for financial security or health reasons, a socio-economic trade-off reflecting the precariousness of self-employment. Sandra for example, had reduced her financially rewarding hours within the public service in favour of running her own private health clinic.

Two participants, Mhari and Petrina, currently working part-time within the public sector, had both run guest-houses, but closed their businesses for health and lifestyle reasons. Petrina believed governments to be unsupportive of the hospitality sector in comparison to for example agriculture, and also felt that self-employment curtailed her domestic life:

'We got an income for twelve years, but we got to the stage where we wanted our home back. You have people there all the time, and we felt we needed just to be able to go out together in the day.

It's not practical if you have guests arriving ... so your quality of life was unreal ...' [Petrina, 48 years].

Five participants were unemployed: Betty, educated to post-graduate level, and four others with basic education. Two of these participants, with intellectual disabilities, were being taught life skills such as computing within a charitable organisation in order to enhance their employability.

Another participant, 54 year-old Jane, had no qualifications, but was undertaking some government courses in the hope of securing future work once her children were older. Betty strongly identified with her former teaching career abroad, and now living in Ireland, missed the nature of the work and its

social relationships. Betty now felt unproductive and despondent, and at 61 years of age, was not optimistic regarding her career prospects. To compensate, Betty focused on voluntary activities within her community.

May, a widow with grown up children, had not worked since being made redundant five years earlier, and although expressing a desire to work for interest and income, felt restricted by chronic poor health. May also undertook some voluntary work, helping those bereaved or separated, but was considering giving this up as she felt it made her feel depressed. Furthermore, she felt her self-esteem was low, and stated that if she were only paid for her contribution, irrespective of the amount, it would have made her feel more valued:

‘There might be one or two people come to you afterwards and say “your words meant so much to me”, or “I can relate to it” and then you think, it’s worth it ... but I do feel I’m wasting my life in every way. Even if they gave me 50 Euro a week – I know it’s not a lot of money, but if somebody said “This is your job”, I would like it and I would give it 100%’ [May, 65 years].

5.7.2 Reasons to work

As noted above, 18 participants had husbands or partners living with them, and four participants lived alone. Eight participants’ spouses or partners were regularly unemployed, due to lack of work or illness, and a number of participants had become the main earners. Other than Jane, participants did not disclose whether financial resources were pooled or not with partners, although Rachael, on minimum wage within the private sector, emphasised her determination to remain financially independent:

‘I have a partner, but he doesn’t contribute in any way at all financially, so everything that happens is dependent on me.

The last ten years I have been doing it for myself. I'm always very focused to make enough money to cover myself and the children'

[Rachael, 45 years].

Participants did not disclose their salary levels, but a number reported finding it difficult to manage on their incomes over the lifecourse. To supplement income four participants, Lelia, Síle, Jane and Mary, worked casually from home by boarding students, or by selling home produce such as arts and crafts.

Two self-employed participants, organic farmer Lelia, and visual artist Denise, illustrated the complexities of working for financial necessity and for pleasure. Denise had travelled extensively in her younger years, 'living from hand to mouth', but had taken on her first mortgage at mid-life, and now worried about securing sufficient work during Ireland's economic recession, and meeting financial commitments in older age:

'My work is insecure ... I have it [mortgage] for another ten years and I wish I didn't, but I am managing to pay it on my own without any help ... I sometimes think should I take a year off, but then I'm not sure I could afford to ... and only recently did I realise that there is a money aspect to my life, and I wouldn't have thought there was before'

[Denise, 57 years].

Although she and her husband relied on its income, Lelia conceded that her organic farming business was not lucrative, and her compelling reason to work in this line was ethically driven. Lelia however considered her real job and purpose to be her voluntary religious work:

We're (Lelia and husband) not in the business though to get rich, just to sustain ourselves.

It's a full time job, but it's not our first job, it's our secular job ... our first job is to go to people and preach the good news about God and we do that in our time when we are not working' [Lelia, 62 years].

In addition to monetary gain, most participants wanted to work for reasons of autonomy, self-esteem, identity, and social connectivity. Participants were anxious to keep busy, feel productive, be of service, and feel connected with others. Working outside of the home, to most participants, afforded them an additional identity within the community to that of wife or mother, and offered feelings of worth and control, as illustrated by Margaret:

'I work three days ... in a little coffee shop - I love it. I kind of like my free time now, and to be able to play my golf. I kind of have got to this stage now, my life isn't about work any more. Now it is for my husband - he has to work, but I don't. As long as I have a bit of pocket money I'm ok' [Margaret, 50 years].

Very few participants expressed a wish to give up work either at the present or in the future, believing that it offered independence, a purpose, and was a positive contributor to quality of life, even if pay was low and work was hard.

5.7.3 Retirement, future work and finance

Whilst some participants alluded to the wisdom of planning ahead, most did not feel in a position to plan for their futures. Around one-third were employed in work that could offer a contributory pension (Mandy, Sandra, Maebh, Hilary, Lisa, Mhari, Petrina, Pauline, Tina), leaving two-thirds of participants responsible for setting up their own private pensions, or being reliant on the low non-contributory State pension. One participant, Pauline, held down two jobs, had no plans to retire, and felt strongly that she should be allowed to work for as long as she was able, despite any societal pressure to the contrary:

'You shouldn't be told that you can't work any longer at 65 or 66 or whatever – why the hell should you? If you can do the job, do it ... and I know that middle-aged people find it really hard to get jobs because of their age – that's ageist' [Pauline, 58 years].

In contrast, another participant would have liked to retire, but felt financially unable to do so. Forty-six year-old Tina was the main income earner in her home, and had already refused voluntary redundancy, feeling it to be too great a financial risk at her age. She liked her work, had undertaken a degree course that complemented it, but felt somewhat despondent at the prospect of having to work for another 20 years or more:

'I never realised I was looking forward to retiring until the government raised the retirement age to 68 ... and I remember being crushingly disappointed ... I am looking forward to retirement, but sometimes the reality, and of course then, it depends, will I be fortunate enough to still have my husband alive?' [Tina, 46 years].

Attitudes towards finance in older age tended to be cautious, sometimes fearful, especially amongst participants dependent upon State pensions or Benefits, the self-employed, those with children, or those who were the principal income earners. For example, 61 year-old Síle's business was not as lucrative at mid-life as it had been in earlier years, and she anticipated relying on the State pension for both herself and her husband:

'You see we have no real income coming in, so we're kind of hanging on till (husband) gets his pension at 66. God forbid if they change that to 70 or something. I have serious concerns about that' [Síle, 61 years].

Many of the participants of this study had learned to live on low incomes over the lifecourse, which appeared to offer them some confidence in budgeting in older age. However, they did still worry about whether the non-contributory

State pension would even be available in their old age. One participant, Sandra, a professional who described herself as financially well-off at mid-life, recollected times of paucity. Sandra believed that a lifetime of experience had taught her that the future held no financial scares for her:

'I'm not bothered about money, I have lived with nothing, I can live on the pension if it still exists. A few years ago I said I would work till I was 80 if I am healthy, and then I think I will retire next year. It depends on my mood, it changes all the time. I have no pension, I never had enough money, so I will be dependent on the old age pension. Maybe in a few years I could stop working, but we (partner) wouldn't have enough money to live on then' [Sandra, 57 years].

The desire to feel productive was common to all participants, which may also partly explain the reluctance amongst many to stop working. Future retirement from work, like mid-life itself, appeared to mark a fork in the road. Some participants regarded it as an opportunity to review their choices; for others, retirement heralded the start of old age. Whilst most participants felt that they had to continue working for financial reasons, they also felt somewhat excited about a time of new opportunities, but only if their health and financial resources were assured. Some spoke of a desire to travel, start a new career, undertake voluntary work, or engage with neglected or new activities, such as gardening, writing or painting. All participants dreamt of a release from the financial necessity to work, in order to have a choice in how they planned their future lives. The ideal for all participants appeared to be to secure part-time work that paid sufficiently well in order for them to enjoy leisure pursuits. Mary however did not view retirement in any positive light, associating it with decline and boredom, rather than a time of opportunity:

'Neither of us [husband] talk about retiring, we just go from day to day and do what we can.

We wouldn't consider retirement unless forced, and if we did we'd be out doing something else, like the Heritage, I couldn't stay here sweeping the kitchen floor' [Mary, 62 years].

5.7.4 Summary

Five participants were unemployed; the other 20 were mostly self-employed or working within the public sector. Whilst job satisfaction was valued highly, it was viewed as a bonus to having a financial income in an area like Connemara, where jobs were scarce.

Participants worked for financial reasons, but also for personal reasons, such as autonomy, and establishing a validation outside of the home. Although no participant reported hating her job, some dreamt of different work, and spoke of possible future career change. A few participants yearned to write, paint, travel, or undertake further education, underscoring mid-life as a period of life review.

Most participants strove towards a healthy work/life balance. Some participants felt that they had achieved this by prioritising their activities, whilst others felt time or energy constrained. Despite busy lives, a number of participants undertook some voluntary community work, or acted as voluntary carers to members of their families. Some participants, such as Carole, believed that acting as a carer had actually improved her quality of life. Conversely, Maebh felt that her quality of life had diminished since beginning to care for her husband.

There was no consensus on when old age began, but four participants perceived it to be retirement from work (Tina, Mary, Lisa, Kathy). Only Mary felt retirement to signal decline; most participants hoped to take their mid-life styles into older age, mirroring the continuity theory of ageing, and enjoy new possibilities. Despite health being deemed by all participants as more important

than money, participants still recognised that money was likely to impact strongly upon their quality of life, particularly in older age. Consequently, many participants were concerned over pensions, State benefits, and sources of income in later life.

5.7.5 Case illustration

Mandy and Lisa illustrate two contrasting attitudes regarding job satisfaction. Both were married with children, both of their husbands were largely unemployed, but whilst Lisa, the older of the two participants, felt valued in her job, Mandy felt exhausted and undervalued. Mandy had been working in senior administration within the public health sector for the past 30 years, whilst Lisa had been working as a care assistant within the private health sector for the past eight years.

Both Lisa and Mandy strongly identified with their work, but Mandy admitted to being a 'workaholic' and devoting more time and energy to it than was good for her physical and mental health. Her job was demanding, carrying high responsibility, and in addition to a lifetime of voluntary community work, work overload had taken its toll. Consequently, she reported feeling burned out, had little job satisfaction, and longed for a career change. However, she felt this unlikely at 54 years of age, and being the main income provider within the family, and still paying for her children's education, Mandy acknowledged that she had to continue working, despite her poor quality of life:

'Work is huge and it's like a cog in a wheel ... I have a duty, a responsibility as well, this is part of who I am. I used to be quite athletic and I think I've piled on the weight because I've not given enough time to that and given into work ... and I'd love to retire from my work because I feel at this point that I've given everything that I had to improve people's quality of life ...' [Mandy, 54 years].

Lisa's job as a nursing home care assistant, providing help to residents with high support needs, was also demanding, but she enjoyed high job satisfaction. In addition to her paid employment, 60 year-old Lisa spent extra hours within her organisation acting as an advocate for patients. Lisa was also the main income provider within her home, and whilst paid much less than Mandy, she implied that the residents were a priority for her and that she was happy to work for free to help out:

'If you care about your work you go in and do a bit extra. Like I went in today to take in some flowers from my garden for the remembrance service in there today ... I like my work, you don't do it just for the money. If I won the lottery I'd still volunteer hours there. You don't always feel like going in every day, but in that kind of job you can't do it for just the money, you need to care and want to do that kind of work. If you've no interest in anything but the money, there are easier jobs out there ...'
[Lisa, 60 years].

Lisa worked hard, but did not take her work home with her. Her leisure time was spent with her children and grandchildren, as well as working in her garden. She reported no health issues, other than general fatigue, and believed that she enjoyed a good quality of life.

Health, social relationships, place, and work were all found to influence participants' quality of life and the ageing process. All categories have been shown to influence and be influenced by one another, and it is through this inter-connectedness that the ageing process and quality of life amongst participants of this study can best be understood and appreciated.

5.8 Chapter Overview

This chapter has sought to examine the empirical findings of study participants, and position these in relation to the research question:

What are the perspectives on ageing of mid-life women in rural Ireland?

Specifically, empirical findings have shown that rural ageing is perceived by mid-life women within the context of their quality of life. Quality of life at mid-life and indeed across the lifecourse, was found, through the process of constructivist grounded theory analysis, to have multiple influences, including: health, place, work, and social relationships. Such influences are fluid, changing throughout the lifecourse in relation to personal and societal contexts. Furthermore, it is clear from participant data that all influences are inter-dependent [see figure 5.1], and should be considered, not singly, but as a confluence. Adopting an interpretive, inductive approach to data gathering and analysis has helped to ensure rich data on gendered rural ageing and on the concept of quality of life.

A full discussion now follows in the next chapter, examining the empirical findings of this study within the context of theoretical and empirical findings from existing literature.

CHAPTER SIX: DISCUSSION

6.1 *Introduction*

This chapter seeks to position findings from my empirical research with those within existing literature, to highlight and discuss congruence and incongruence, and to demonstrate where and how my findings add to the existing body of knowledge on women at mid-life in rural communities.

Data collection and analysis were guided by the primary research question, which asked rural, mid-life women about their perspectives on ageing. Mid-life was defined for the purposes of this study to be between 45 and 65 years of age. This qualitative, exploratory study was informed by a constructivist grounded theory approach to data collection and analysis in which 25 participants, selected purposively, were invited to discuss their perceptions on the ageing process at mid-life. This inductive methodology was selected for its ability to produce thick data that could offer new insights and theory on mid-life within a gendered, rural Irish context, currently missing from existing literature.

I sought in this study to recruit a diverse range of participants in order to secure both depth and breadth of data. Thus, participants were identified, within the guidelines of constructivist grounded theory methodology, across the mid-life age range, differing in nationality, in socio-economic and demographic status, and in types of rural context. Sample participants were not selected in advance of data gathering, other than within the pilot study. This allowed the data itself to dictate where gaps in knowledge might lie, pointing the way towards sources that might fill those gaps and contribute to theory development.

Fieldwork continued until I felt that data saturation occurred. It would have been interesting to secure additional interviews, with for example participants who had physical disabilities, or were in-migrants from non-European states, or were not heterosexual.

Despite extensive efforts, it proved impossible to recruit women with these characteristics. Nevertheless, the empirical study has achieved a good representation of mid-life women living in Connemara and provides a sound basis for responding to the research question. That said, limited generalisation is warranted due to the relatively small sample size of 25 participants, and due to the spatial exclusivity of one rural Irish region: Connemara. The focus of the qualitative approach adopted here was not to generalise findings, but to gain new insights into ageing at mid-life. Thus, particular attention was paid to obtaining detailed participant description from the in-depth one-to-one interviews. After undertaking open, focused and theoretical coding of transcripts, and taking into account data from participant memos and notes from my research diary, this study found participant narrative to relate to six categories.

The emerging data showed that to secure a positive ageing experience, both at mid-life and in older age, a number of criteria should be met. Ageing at mid-life was found to be a complex experience in which participants identified a hierarchy of individual influencing factors, in which the prime influences varied in their degrees of importance. Although ageing was found to be a highly individualised experience, a commonality from the data was identified that pointed towards an overarching category of 'quality of life'. Participants felt that if they could put in place the building blocks for a good quality of life, then the basis existed for a positive ageing experience. Thus, the relationship between quality of life and ageing was found to be bi-directional.

Although this study chose to examine women's ageing at mid-life, it became clear from emerging data that participants evaluated their mid-life experiences from a lifecourse perspective, reflecting upon influences on ageing from earlier lifecourse stages, and using their collective experiences from past and present to form perceptions of what older age may manifest.

6.2 Gendered, mid-life ageing theory from a lifecourse perspective

This study set out to examine perceptions on ageing among mid-life women within a rural, Irish context. Recognising that mid-life covers an extensive period within the lifecourse, the study focuses on women between 45 and 65 years of age. This study reflects views on old age, as well as considering intra-cohort congruencies and incongruences. Comparisons are made in perceptions and attitudes to ageing between those deemed to be in early mid-life (45-54 years) and those deemed to be in late mid-life (55-65 years).

Gendered theory on mid-life has evolved from a time when women's lives were viewed as over at the menopausal stage, and considered: '*... an indication for woman that the period of her vigor is beginning to disappear forever*' (Arnold, 2005, p. 631), but research cautions that attention must still be paid to a changing inner identity that occurs at this stage of the lifecourse, independent of menopause (Bernard et al., 2000). There is now a general cross-cultural understanding of mid-life women's diversity and heterogeneity, and a cognisance of the importance of this transitional time in women's lives. Most participants in this study reported contentment at mid-life, citing increased wisdom and self-worth. Participants were found to be engaging with their careers, returning to college, and heading up businesses and households on their own. This mirrors Banister's (1999a) findings, which show that at mid-life women may be found to be rearing adolescents or toddlers, whilst juggling full-time work. In addition to these roles, some mid-life women care for adult relatives, as is evidenced by findings from this study in which two participants were providing care for their husbands; two were caring for their ageing mothers; and one, a widow, helped her brother care for their father. Nine of the 25 participants were in fact providing informal care either now or had done so in the recent past, pointing to the ubiquity of this role amongst mid-life women. Study participants helped to: throw light upon gendered role identity at mid-life, interrogate models of homogeneity and disengagement in older women, and demonstrate new insights from Ireland into gendered theory at mid-life.

Pearlman (1993, p. 112) highlights diversity at mid-life, stating that socio-economic conditions, marriage, widowhood, separation and divorce, childbearing, and work and gender roles all influence women's choices and lived experiences; mid-life women's lives can only be appreciated when studied within these complex social realities. These realities of mid-life diversity are best explored from a lifecourse perspective: biography, not just biology is vital to understanding ageing, and analysing the lifecourse narratives of mid-life women may help in understanding why and how earlier lifecourse experiences have the ability to influence and determine ageing identity at all lifecourse stages. This is supported by some participants of this study who connected childhood experiences of nutrition and exercise with their physical states of well-being at mid-life. Hennessy (1992) identifies four areas relating to physical perception and self-care regimes, one of which is the continuity approach to the body, in which attitudes towards the body are learned at earlier lifecourse stages and taken into older age. Two participants of this study, Rachael and Maebh provide examples of those who continued with a positive approach to activity in older age through regular exercise. Carole is an example of a participant who adopted a negative continuity approach into older age, and found weight control a problem.

Hunt (2005) suggests that mid-life women have the capacity to act autonomously and create new versions of themselves in older age and lead more meaningful, though less predictable lives. This was certainly the aspiration for many of this study's participants, who spoke of their later years as potentially exciting, and a time for them to enjoy new activities and pursuits. However, this may be no more than an ideal for participants whose mid-lives are constrained for example by informal caring duties, disability or illness. Two participants of this study, Susan and Morag, have intellectual disabilities, and a third, May, has chronic ill health. In the light of these limitations, these women found it difficult to articulate a personal identity for later life. Maebh and Penny were the main carers for their husbands, and reported experiencing social and economic limitations. Similarly, Hilary's focus as a paid carer was on financially

supporting herself and her extended family. Hilary expressed a wish to work until she dropped, and felt unable to articulate an alternative identity for herself in older age. In contrast, Betty was experiencing unemployment for the first time in her lifecourse and could envisage no fresh identity in older age unless she could return to her former employment as a teacher. Áine, grieving the death of her son, articulated two contrasting identities for herself in older age: one in which she continued on her present path of grief and depression, and the other in which she managed to re-assemble her life. This study demonstrates how socio-economic conditions across the lifecourse, but particularly at mid-life, have the potential to influence the degree of autonomy women expect to experience in older age.

The diversity of participants' lived experiences appeared to influence their attitudes towards their ageing, mirroring findings from existing research, for example Gilbert (1993). In this study, nuances around ageing were to be found between those who had never married and those who were separated or divorced; those with or without children; those in and those out of work; those who considered themselves in good health and those who did not; those who lived in remote locations and those who lived within towns or villages; and between those who felt themselves to be socially connected to place and those who did not. However, the purpose of qualitative research is not simply to compare and contrast participants within these binary formats, extrapolating hypotheses; instead this study examines the reasons why each of these parameters overlaps and intersects.

6.2.1 Intra-mid-life comparisons

Two study participants, 45 year-old Rachael and 62 year-old Lelia, held diverging attitudes to ageing: Rachael in early mid-life disliked growing older, whilst Lelia in late mid-life did not mind it. Both participants had partners, had been previously married, and both had children, either young or adult. One was Irish and one from another European country; both worked, both were in reasonable

health, and both enjoyed living in Connemara. Reasons for such divergence are complex, and relate not only to work, relationships, place, or nationality, but also to the lifecourse stage itself, and to personal biography and identity. Rachael had only begun in her forties to recognise herself as a mid-life woman, and of its social consequences, including gendered ageism. In contrast, Lelia, in late mid-life, and with additional lived experience accepted growing physically older, and rather than feeling invisible, felt cherished. Thus, Lelia expressed contentment at mid-life; Rachael did not. Rachael was also the only study participant to refer explicitly to a 'mid-life crisis'. Thus, a question mark hangs over the validity of this concept. This largely concurs with much of existing literature (Lawrence, 1980), which considers 'mid-life crisis' to be a simplistic myth that does not consider socio-economic environments or lifecourse influences.

Drawing theory from such diverse and contradictory findings could be challenging were it not for the application of constructivist grounded theory, a constant-comparative and interactive method of analysis, which allowed me to examine the spoken and unspoken word, make analytic sense of the data, and lead me towards substantive theory (Charmaz, 2006). This study highlights how the examination of single influences cannot reveal a full picture of ageing at mid-life. It argues instead that context and the multiple lifecourse influences on ageing must be jointly studied in order to reveal the diversities around gendered ageing.

Intra-mid-life comparisons are complex, and literature shows that attempting to draw theory from direct comparisons without considering the multiple socio-economic influencing factors is likely to produce thin data. Thus, while some studies find that those in late mid-life enjoy more life satisfaction than those in early mid-life, it would not be prudent to generalise on such findings out of context (Mitchell and Helson, 1990, Siegel, 1993). Such diversity serves to underscore the heterogeneous nature of women at mid-life, and highlights the futility of pursuing a 'one-size-fits-all' approach to ageing.

Intra-mid-life comparisons in this study uncovered numerous paradoxes. For example, issues regarding old age were not always of greatest priority to those closest to it, that is, late mid-life women. In fact, some early mid-life participants, such as 48 year-old Petrina and 50 year-old Christine expressed strong concerns around later life, mortality, and their ability to witness their children grow up. In contrast, some of the later mid-life participants, such as 62 year-old Mary, perhaps because she was older, surrounded herself with young people to make her feel younger. Most participants expected and feared poor health and dependency in old age, yet few articulated any plans at mid-life to address such future dependency. Few participants felt they could retire from paid work, but many wanted to engage in new activities post-retirement (Duvvury et al., 2012). Most participants believed that physical deterioration in older age was inevitable, yet hoped to take their current lifestyle at mid-life into old age using adaptation and optimisation procedures (Peace et al., 2011) such as sustaining meaningful relationships with others who might act as informal carers. Almost all participants who drove believed that their quality of life would dis-improve without access to their own car, particularly those living in areas some distance from public transport, yet had no plans at mid-life to address this issue (Davey, 2007).

This study contributes to the understanding of such paradoxes at mid-life, and underscores the need to study mid-life women not as a variable, but as an holistic entity with multiple influences.

6.2.2 Gendered ageism

Participant concern around gendered ageism [see section 2.4.3 of literature review], proved to be more oblique than acute. Although a number of participants believed that gendered ageism was relatively commonplace, none reported any personal experience, a phenomenon described by Giles and Reid (2005) as ‘personal/group discrimination discrepancy’. It is unclear whether participants actually had no personal experience of gendered ageism, or were in

denial, due to absorbing ageism 'implicitly' (Levy, 2001). Fifty-eight year-old Pauline described herself as a feminist, and believed that women themselves were guilty of ageism. Although feeling personally exempt, Pauline cited examples from conversations with siblings regarding ageism in the workplace (Moore, 2009) in which her sisters believed that older teachers should retire to make jobs available for younger people. Forty-six year-old Tina also cited examples of gendered ageism and perceived a juxtaposition between social and chronological ageing in which societal expectations were more exacting of ageing women than of ageing men (Angus and Reeve, 2006).

Most study participants had no appetite to return to their youth, and reported being largely content at mid-life. However, no participant anticipated older age with anything other than apprehension and in some cases, fear. This is in line with literature arguing that the fear of stereotypes of disability and dependency is more pronounced than old age itself (Angus and Reeve, 2006). Ageing identity proved to be important to all participants of this study; no-one wanted to be perceived as frail and dependent at any lifecourse stage, but particularly in older old age. This study suggests that at mid-life, the anticipation of old age deficits may be worse than the reality of old age, but without longitudinal research of this study's participants, it is not possible to draw definitive conclusions.

Findings from this study raise complex questions over whether older people are actually depicted or perceived negatively within society. All participants were able to cite instances of older people who appeared to have disengaged with life, particularly within care homes, but equally cited a number of local Connemara people who were perceived of as active, independent, and inspirational. Such divergence in narrative may reflect differing internalised perceptions of ageing, particularly in old age. Christine, Jane, Kathy, and Mhari cited parents as role models, particularly mothers, with whom bonding was particularly close (Hooyman and Kiyak, 2011, ch. 9); others, like Denise and Síle, cited older, able friends, and Rachael praised her 89 year-old female employer.

All participants alluded to these older people in terms of what they could do, rather than what they could not do. This study's participants were aware of negative societal stereotyping of old age, but nonetheless knew of enough anomalies to give them the confidence to feel more optimistic about their own older age.

Much of the literature on gendered ageing has focused on societal perceptions of diminishing physical attractiveness (Angus and Reeve, 2006, Biggs, 1997, Sontag, 1972). Within this study however, participants were more concerned over their physical health and capabilities than their physical appearance, and older, female role models were singled out for admiration, not for their physical beauty, but for their capabilities. Such findings are both in line and at odds with existing literature, some of which finds class to be an influencing factor, with working class women being more concerned with capability, and middle-class women of higher disposable income, with cosmetic appearance (Dumas et al., 2005). Contemporary literature is complex in its arguments. Some authors speak of on-going ageism against older women who look old (Sontag, 1972, Biggs, 1997, Ward and Holland, 2011), whilst older women themselves favour functional ability over appearance, particularly after the onset of health issues (Hurd-Clarke, 2000).

Some studies indicate that mid-life women honour their bodies, investing in them for a healthy old age (Banister, 1999b). Contrary to assertions that mid-life women despair over ageing body features, self-image and body shape was not cited as a priority amongst participants of this study. Almost all participants had come to accept greying hair and wrinkles as inevitable at mid-life, and none spoke of serious interventionist measures. However, a number of participants appeared to believe that gaining weight and increased fatigue were also natural mid-life conditions, suggesting that mid-life women themselves may perhaps collude with ageing stereotyping.

In the area of gender body management, Hennessy (1992) finds that women use physical activity in an effort to control an ageing appearance, whereas men appear to be more concerned with their health and fitness levels. Most participants of this all-female study however, did not engage in regular physical activity. Those who did, such as Rachael and Maebh, reported doing so for reasons of physical and mental health maintenance, and not for reasons of appearance, although the narrative from both participants did allude to the importance of looking and feeling good. These participants would be considered as 'active copers', who have taken control of their ageing bodies. Some other participants, including Carole and Mandy, might be considered as 'reactive copers', who whilst aware of what they should do regarding healthy activity, felt unable to do so for a variety of lifestyle reasons. Such reasons are complex, but may include an absence of what Phoenix and Orr (2014) refer to as sensual, documented, habitual action, and immersion 'pleasures', which if missing from physical activity in later life is unlikely to motivate individuals to action.

Although a number of participants identified with older, female role models, others identified with those who were substantially younger. Existing literature tells us that mid-life women tend to identify more strongly with those in earlier, rather than later lifecourse stages, explaining this as a strategy for keeping impending old age at bay (Oberg and Tornstam, 2001), and rejecting a 'proxy portrait' of themselves (Butler, 1969, Butler, 2009). This is borne out in part by those participants who consistently referred to older women as 'them', rather than 'us', a practice Ylänne (2015) alludes to as the 'othering' of older people. Only a few study participants reported feeling old-aged rather than middle-aged, which they attributed to multiple negative lifecourse events, including deaths and unemployment. All other participants used careful language to separate themselves from those in older age. As at all stages of the lifecourse, women at mid-life are heterogeneous in nature and full of contradiction; their attitudes towards ageing are highly complex. This is illustrated by 62 year-old Mary, who 'hated' growing older, helped older neighbours with tasks, but sought out the company of younger people who made her feel more youthful.

The recognition that one is no longer young can change a woman's self-identity, particularly if she feels she can no longer fit into society's stereotype of what constitutes the ideal woman, something that has the capacity to impact upon her quality of life (Hurd-Clarke and Bennett, 2015). Grey hair was cited by most participants, as well as in the literature (Ward and Holland, 2011) as a most unwanted sign of ageing, rendering one 'invisible'. Whilst the mid-life woman may feel younger than her biological age, as was the case for most study participants, if she no longer looks the part then her path, some literature argues, may lead one of two ways: acceptance and self-development, or defiance and continuous struggle to meet stereotypical standards (Hurd-Clarke and Bennett, 2015, Wolf, 1991). Most of this study's participants concurred with Wolf's prediction of acceptance and self-development: 61 year-old Hilary for example felt she had no control over how she physically aged, which she viewed as a matter of luck. That said, many participants believed that they were helping how they looked by paying more attention to their bodies through diet and exercise than they did at earlier lifecourse stages. Other participants, like Petrina were more interested in pursuing educational or work goals than in attending to her appearance. Most participants did want to defy ageist or sexist stereotypes that demanded they look young, yet behave as middle-aged women, but acknowledged how difficult this could be within society. Biggs (1997) suggests that only a mass change in the social perception of ageing and old age would allow signs of ageing to become irrelevant. However, findings from this study did not suggest conscious incidences of mid-life women adopting Biggs' 'identity masques' to protect the true self from rejection, and many, whilst acknowledging the existence of gendered ageism, did not yet believe themselves to be victims.

Most participants, even those who complained of full, rushed lives with little free time, reported a general contentment at mid-life, suggesting that they were ageing 'successfully', however ageist this term may be deemed to be (Timonen, 2016). When describing what positive or successful ageing meant to them, areas of consensus amongst participants included: good health, good

social relationships, and having a purpose in life, usually in the area of employment. Quality of life is a subjective, fluid concept, with numerous definitions, measurements, and influences. Thus, each participant had her own beliefs as to what constituted a good quality of life, and it is to this concept that I now turn.

6.3 *Theorising quality of life*

In-depth analysis of participant narratives from this study suggested quality of life as the overarching category and primary influence on the mid-life ageing process. Its component parts, as identified by participants, were: health, place, social relationships, and work, all of which appeared to intersect and influence the ageing experience. This inter-dependence, whilst allowing for personal agency, brings about the potential for multiple advantage and disadvantage for rural mid-life women. If all desired component parts of quality of life could not be attained, participants perceived that their ageing process could be of a lower quality. Nonetheless, participants appeared to be adept at adjusting perceptions and behaviour to redress the imbalance of unattainable component parts. Thus, if personal income was too low to buy private care in old age, some participants expressed a hope that an increased focus on social relationships may help address such a gap.

Complexities around clarification, definition, measurement, and component parts of the concept of quality of life are addressed from within existing literature. A criticism of this subjective concept is that its measurement may become its definition, and that these are likely to be influenced by the researcher's interests (Hughes, 1990); this study defines quality of life within the framework of social gerontology. Academic and layperson divergences apply (Bowling and Zahava, 2007); however, consensus centres around perceptions of personal well-being. Perceptions from this study indicate that well-being is individualised and fluid, changing over the lifecourse. Bowling's (Bowling and Zahava, 2007, Bowling, 2011) study of what contributes to quality

of life amongst those over 65 years of age addressed issues such as neighbourhood safety, community facilities, and public transport, whereas mid-life women from this study prioritised personal health, work, and family. Such findings are understandable in terms of differing lifecourse priorities; most study participants did not use public transport, were often too busy to use community amenities, and did not feel unsafe within their communities. A study of older men and women by Bowling and Zahava (2007) includes factors such as volunteerism and pursuing leisure activities as contributors to quality of life. Few mid-life women from this study reported these as major influencers to quality of life. At mid-life study participants struggled to find time to enjoy leisure pursuits, although almost half of all participants: Carole, Mandy, May, Betty, Hilary, Kathy, Lisa, Lelia, Mary, Pauline, Penny, did undertake or had in the past undertaken some voluntary work, such as informal caring, or 'bettering' their local communities. Areas of consensus, such as personal mobility, autonomy, and adequate income were reported as contributing to the quality of life for all older age groups.

Findings from this study reveal influences on positive ageing and quality of life as falling into the categories of social relationships, health, place, and work. This study makes the case that the ageing process and quality of life that mid-life women experience, at this lifecourse stage and beyond, is inextricably linked with their health, their work, income, and purpose in life, their social relationships, and where they live. A discussion of these influences and of their inter-dependence now follows.

A prominent factor in securing a sense of well-being, found both in the literature (Pinquart, 2002) and within this study, is having a purpose in life. Drawing links with positive mental health, findings suggest that being gainfully employed, and enjoying good social relationships give meaning to life. Not being able to identify a purpose in life may be associated with depression (Pinquart, 2002), and some studies of mid-life and older persons suggest that the loss of purpose can become more common with advancing years.

All participants of this study recognised the importance of 'purpose'. Some, such as Mandy accrued this through work, some, such as Síle, through children and grandchildren, and some, such as Denise, through artistic pursuits. Participants who reported having lost their purpose in life, including Áine, Betty and May, felt 'down' or depressed.

This study aligns with earlier research that recognises the connection between life purpose and quality of life (Pinquart, 2002, Bond and Corner, 2004), extending this connection with new insights from Ireland. Participant divergence in purpose of life can be exemplified by Hilary and Betty, both 61 years of age. A lifecourse of contrasting lived experiences had brought each of these mid-life women to different appraisals of quality of life. Having taught abroad for most of her adult life, Betty was struggling to find a purpose in her life back home in Ireland, and relied on her religious faith to sustain her quality of life. By contrast, Hilary worked full-time in the caring profession, and felt a strong sense of purpose in her life. Each woman measured quality of life differently: more free time was Hilary's ideal; less free time was Betty's. Although measuring quality of life differently, both women felt it to be compromised by external forces beyond control. In Betty's case, she now felt she would be perceived as too old and under-skilled for teaching work, and was struggling to accept that she may remain unemployed. Hilary, with a full working and domestic life, could envisage no way of reducing her workload at this stage of the lifecourse.

The concept of time scarcity and its impact upon quality of life was raised by most study participants. Many participants perceived time to be speeding up with age, and felt sometimes overwhelmed by tasks that appeared to take longer to complete due to decreased stamina. The literature is divided on the issue of gendered mid-life roles that impact time; some authors speak of work and role overload (Pinquart, 2002, Bond and Corner, 2004, Apter, 1995), whilst others emphasise fewer responsibilities (Bond and Corner, 2004, Kennedy et al., 2001). The literature reports that some mid-life women deal with time poverty

by employing adaptation strategies in which they continuously prioritise (Apter, 1995, Kennedy et al., 2001), and this argument is partly supported by findings from this study, for example by Mary who had re-arranged her house for quicker cleaning. However, not every mid-life woman can access adaptation strategies. Mandy for example, had created a demanding career for herself, which left her exhausted and regretting a lack of time to exercise. Although she pledged to join a leisure centre, and to retire from work as soon as she was able, she felt unable to effect much positive change at mid-life until her circumstances changed. Lisa on the other hand, undertook demanding work in a care home, and was, like Mandy, the main income earner in her household. Her adaptation strategy was through gardening, a common mid-life activity (Kennedy et al., 2001, Tornstam, 1997, Milligan and Bingley, 2015). This study could conclude no definite link between shortage of time and quality of life, as a number of participants, like Lisa, self-reported good life quality despite time limitations. Strengthening this point is another participant, Betty, who had too much time on her hands, and who felt that this was diminishing her quality of life.

The importance of viewing quality of life from a multi-dimensional, and not purely physical perspective is underscored by Bowling and Zahava's (2007) study stating that even if physically in poor shape, participants may still self-report a high quality of life. This may be accounted, in part at least, by attitudes of resilience and fortitude, as illustrated for example by Christine, who although managing two businesses and six children, self-reported a relatively high quality of life, through fulfilment in family relationships.

6.4 Social Relationships

Concurring with much of the literature (Bowling and Zahava, 2007, Pearson Scott, 1998), participants in this study believed that their quality of life was influenced strongly by the quality of their social relationships. However, the nature of these relationships varied greatly.

This study found divergence in relationships with husbands and partners, which impacted on perceived ageing and quality of life. Some studies indicate that marital satisfaction is at its lowest during the child-rearing years, but reverts at a later, post-child age to a higher level. This did not appear to be the case for many participants of this study, such as May and Síle, who reflected on their younger, child-rearing years with affection, and spoke of stronger bonding with their partners. Margaret reported more 'spontaneity' in marital relations with her husband in earlier child-rearing years than now. Conversely, Tina felt that her husband was a much better father at mid-life than in earlier years, which impacted positively on her quality of life. These few examples alone help to underscore the multi-dimensional, heterogeneous nature of gendered ageing.

Further study examples of divergence are provided by Kathy and Lelia. Both were self-employed, working alongside their husbands, and reported good marital relations and strong support, augmenting their quality of life. In contrast, Síle and her husband had begun to grow apart in mid-life. Once her children had left home, and the family business was no longer lucrative, Síle's interests and priorities began to change from work towards family, which was causing some disruption in her marriage, and consequently to her quality of life. Síle's desire at mid-life to spend more time with her children and grandchildren is supported in some sections of literature (Bowling and Zahava, 2007, Hooyman and Kiyak, 2011, ch. 9).

Retirement was anticipated negatively by a number of participants, who perceived this period as changing the dynamics of marital relationships in a similar fashion to unemployment. Thus, Mary vowed that she and her husband would continue with voluntary community work. A number of working participants, including Hilary, had husbands who were unemployed, and who were perceived as already spending too much time at home. Other participants however, like Kathy, Christine and Lelia loved working and living alongside their husbands, and planned to do the same in later life.

Thus, although the literature argues that retirement can prove to be a difficult transition for social relationships within couples (Hooyman and Kiyak, 2011, p. 348), this is clearly not always the case.

Whilst a number of participants reported good, or acceptable relationships with their husbands, some others felt that they had 'outgrown' their partners in a variety of ways, and now wanted to develop their 'self' (Bernard et al., 2000, p. 70). Jane and Mhari complained of their husbands' unsupportive behaviour as negatively impacting upon the quality of their lives. Jane cited controlling behaviour, which parallels findings by Ross (1991), who argues that married women are disadvantaged regarding autonomy, unless they have a clear personal income independent to that of their husband. Mhari's husband, also largely unemployed and reported as controlling (Ross, 1991), appeared to have a negative influence on her quality of life, and Mhari cited social loneliness (Hooyman and Kiyak, 2011, p. 349). Two other participants, Hilary and Carole, expressed indifference to their husbands. Whilst Hilary immersed herself in work and domestic tasks, Carole focused on her dependent mother, her further education studies, and her local community work for self-fulfilment. Such re-prioritising of needs at mid-life largely aligns to findings within the literature (Arnold, 2005, Dittmann-Kohli and Jopp, 2007, Lachman, 2004).

Taking on the role of informal carer to their husbands, Maebh and Penny expressed strong bonding with their husbands, but were nonetheless anxious about issues regarding future quality of life, such as paying for healthcare, and securing support from extended family members. Such concerns are reflected in literature that highlights the extent to which informal carers are treated as an homogenous group and undervalued (Jones and Peters, 1992), (McNerney and Gillmor, 2005). In reality, caring situations are fluid, diverse, but often negatively impact upon women's employment situations. Maebh did not believe she could afford to change to part-time work, even if it were available, which in addition to monetary loss, would impact upon her pension arrangements (McNerney and Gillmor, 2005, Ní Léime, 2016).

Two other participants, Carole and Kathy, were the main carers for their mothers, but with no children of their own, could not be considered to be of the 'sandwich generation' (Miller, 1981). Both expressed how much they enjoyed having the opportunity to care for their mothers, despite additional work and stress, which is reflected in some literature (McQuaide, 1998). Whilst most literature speaks of the monetary under-valuation of carers in society, those participants caring for their husbands were more financially concerned than those caring for a parent. This difference could be due to the fact that longevity for a parent would likely be shorter than that of a partner.

Widowed May had experienced multiple losses, her husband being the first, and some literature suggests that the death of a partner may exacerbate other changes, such as chronic illness and financial loss (Hooyman and Kiyak, 2011, p. 587). May's lived experiences align with such literature, as she reported being dependent upon the widow's pension, and had on-going chronic pain that prevented her from taking up employment.

The death of a sibling or close friend, with whom a shared history is lost, is also pivotal to quality of life, and the literature suggests that little is known of the cumulative effects of this in older age (Hooyman and Kiyak, 2011, pg. 592). Although May still had adult children, other siblings, and a father still alive, she felt the loss of her close friend, with whom she socialised greatly (Hooyman and Kiyak, 2011, p. 587). May felt stigmatised as a widow, and socially and culturally isolated (Hooyman and Kiyak, 2011, p. 592). May appeared to be experiencing both emotional loneliness, through missing close loved ones, and social loneliness through a feeling of no longer belonging to her community (Phillips et al., 2010, p. 149).

A number of other participants also shared these types of loneliness: Áine missed her late son, and now felt somewhat detached from her island community; Betty was struggling to assimilate into her relatively new community; and Mhari and Síle both felt that that they no longer belonged to

their communities. These examples endorse the importance of studying the ageing process across the entire lifecourse in order to sift through the multiple layers of lived experiences that contribute to the influencers of quality of life, including those of loneliness and social isolation.

Byrne's study (2003) of Irish women alludes to the social identity of 'singleness' as a challenge to women's self-identity. Byrne's study, carried out some 20 years ago, must now be considered within the context of a changed Ireland in which social pressures to marry or have a partner may no longer carry the same importance. Of the seven single participants of this study, only May, a widow, appeared to believe that her identity had dis-improved by becoming single. Pauline had experience of both a single and married identity, and articulated being largely happy with her singledom, which may be in contrast to findings from Lewis and Moon's study (1997), which speaks of cultural and socio-economic disadvantage, particularly if women have arrived at this state after being with a partner. Five other participants had never married or lived with a partner, and did not raise the issue of single identity. May's concern over her single identity as a widow may in part be explained by her lack of choice and control, whereas study participants who were divorced, separated or never-married may have chosen this identity.

Regarding the impact of never marrying on quality of life, some studies highlight a greater diversity of social networks, and greater socio-economic resilience (Hooyman and Kiyak, 2011, p. 356); other studies suggest social isolation in old age (Victor and Scharf, 2005). Of the five participants of this study who had never married, three lived with siblings. Only two never-married participants, Denise and Betty, lived alone. As a working artist, Denise had a wide circle of social relationships and travelled a lot with her work, whereas Betty, unemployed, and recently returned from working abroad, already felt socially isolated at mid-life, despite having ready access to neighbours within a housing complex. Such mixed findings thus appear to align with much of literature.

Like widowhood, divorce or legal separation is also a major life-course transition for older women. Whilst widows may share some of the backdrop of divorcees, research shows that the negative effects of divorce are more severe on divorcees (Blatter and Jacobsen, 1993). Findings from this study concur with this to some degree, but are limited to four participants: Sandra, Lelia, Pauline, and Rachael. The separated participant, Pauline, lived alone, but was not lonely, was comfortably off financially, and healthy. Sandra and Lelia had since re-married, and were happy in their new relationships; however, both spoke of the negative effects of dealing with former partners with alcohol problems, and strained relationships with some of their adult children. Some literature (Blatter and Jacobsen, 1993, Shapiro and Cooney, 2007) suggests that children of divorced parents are more likely to end up divorced themselves; a point that was emphasised by a divorced participant of this study, Rachael. Although re-married, Rachael spoke at length on the negativity around her parents' divorce, and of difficulties concerning their new family dynamic. Coupled with the task of ageing, mid-life and older women post-divorce have to re-create and become comfortable with their new identity of being single, and possibly with reduced finances, a point emphasised by Rachael, who stated that she walked away from her marriage with nothing. Some literature (Blatter and Jacobsen, 1993, p. 146) also suggests that a mid-life female divorcee's self-worth may be altered, irrespective of who initiated the divorce, and new relationships have to be forged with children and extended family, a point endorsed by Pauline, who spoke of the changed dynamic in introducing a new male relationship to her adult children. Symptoms of stress, anxiety and depression are not uncommon amongst women struggling with this lifecourse transition, and whilst women have been found to be adept at building networks, some research (Blatter and Jacobsen, 1993, Shapiro and Cooney, 2007) indicates that they are hit harder than men by feelings of social isolation post-separation. Other studies however, find that life satisfaction in later years can improve for women after marital dissolution at mid-life, especially for women in very low quality marriages (Bourassa et al., 2015). Of the four participants from this study who had gone

through a divorce or separation, none related any symptoms of stress, anxiety, or depression as directly relating to their change of marital status.

Relationships with parents amongst those at mid-life were found to be influential in determining quality of life. Three participants undertook caring roles with their parents: Carole and Kathy believed that their caring role enhanced their quality of life, but May believed otherwise. Findings within literature on the quality of life of carers are also mixed, with multi-dimensional influences applying (Jones and Peters, 1992).

Of the participants who had no direct caring role, four: Tina, Christine, Jane, and Mhari reported good quality relationships with their parents, citing them as role models, whilst one, Rachael, reported a poor relationship. Some participants spoke of the impact of earlier lifecourse relationships with their parents and quality of life enjoyed at mid-life. Carole for example spoke of how her mother indulged her food demands as a child, which she now related to her inability to keep her weight in check. Another participant, May, believed that she was following the same detrimental lifestyle pattern as her late mother, which was negatively impacting upon her quality of life. Such findings are supported by literature on childhood contexts and mid-life health (Henretta and McCrory, 2016), which suggest that early intervention can play a part in the ageing health experience.

As indicated in other studies, the role that children play in relation to quality of life is mixed and complex. Some research finds no variances in parental well-being between those with or without children (Hansen et al., 2009, Hooyman and Kiyak, 2011, p. 356, Wenger, 2001), whilst other studies note a perception of better health amongst parents with children still living at home (Henretta and McCrory, 2016, Hansen et al., 2009). Other literature alludes to connections between the numbers of children within a family and quality of life, citing one child as unsatisfactory and two as positive (Hansen et al., 2009). Findings from this study reflect the individuality of experience and defy generalisation in that

quality of life was found to be high and poor amongst those with and without children.

Eight participants still had children living at home; three had children who no longer lived at home. Two participants reported difficult relationships with an adult child, but all reported caring about their welfare continuously, a phenomenon reflected in some literature (Hansen et al., 2009). Tina and Lisa moved to Connemara from urban areas in England to improve quality of life for their children. Síle, Mhari, and Penny, whose children had left home, expressed mixed emotions regarding their 'empty nests'. Some research suggests that most couples welcome the departure of adult children, viewing the 'empty nest' as an opportunity for new activities (Raup and Myers, 1989). Síle and Mhari were the only participants to articulate missing their children greatly. However, their feelings of 'being down' were compounded by poor social relationships with their husbands, by compromised health, and by a lack of place attachment. Margaret was anxious for her school-going son to grow up in order for her to follow her own desires. Mary enjoyed a full life without her children, but like Síle, stated that missing her children could prompt her to leave Connemara to move closer to them. Hilary, along with most study participant mothers rearranged her own life to accommodate the needs of her adult children. Hilary's adult children had returned to the family home to live, due to unemployment, sometimes referred to as 'boomerang children' (Hooyman and Kiyak, 2011, p. 348), which added extra domestic work and financial strain to Hilary's working life. Existing research suggests that such arrangements can negatively impact on marital satisfaction (Apter, 1995, Hooyman and Kiyak, 2011, Raup and Myers, 1989), and Hilary did suggest that she and her husband led independent lives within the family home, but this may be unconnected to their children living at home.

Those without children, such as Kathy and Betty expressed some concern over their quality of life in older age, with no children to care for them, and certainly some evidence points to increased social isolation amongst older people with

no children or relatives (Hooyman and Kiyak, 2011, ch. 10, Victor and Scharf, 2005). Regarding care in older age, attitudes were mixed. Pauline stated that she would look first to her children for help, whereas Mandy and Penny did not wish to put the burden of care onto their children. Whilst extensive literature exists on spousal care relationships (Hooyman and Kiyak, 2011, p. 348), this does not appear to be the case regarding filial relationships. Research does address the gendered nature of filial carers, but not necessarily the inter-generational attitudes to caring between parents and children (Victor and Scharf, 2005, Grundy and Henretta, 2006). This study offers some new insights into such attitudes and perceptions of caring within family units.

Arber and Timonen (2015) emphasise the importance of grand-parenting roles, such as providing financial and social support. Grandmothers have also been known to take on leadership roles and the transmission of knowledge and values to younger generations (Asante, 2015), as was cited within this study. Maebh, not a parent herself, believed her grandmother to have been highly influential in her life, particularly during Maebh's formative years, and was considered by Maebh to be responsible for her work ethic and cultured background. Additionally, grand-parenting is compatible with active ageing (Arber and Timonen, 2015). Whilst a number of participants were grandmothers, few appeared yet to have active roles in their grandchildren's lives. An exception was Lisa who periodically minded her grandchild to allow her daughter to work. Síle was anxious to see more of her grandchildren, but other participants adopted a more neutral role, partly due to participants not yet being retired from their own work, and partly due to geographical distance. However, research finds that distance does not necessarily diminish emotional bonding (Asante, 2015).

Regarding siblings, some participants, such as Mandy and Petrina preferred the company of friends, finding them more supportive and less judgemental; others, such as Pauline and Margaret valued the company of their sisters. Participants working full time and with young children, such as Tina and

Christine reported difficulties in maintaining friendships, and tended to prioritise family members instead. Participants whose siblings lived in other parts of Ireland, such as Denise and Maebh, and who had no children of their own, were partly dependent on friendships for emotional support. Three participants, Sally, Morag, and Áine lived with their siblings: Áine and her brother looked after each other; Sally and Morag, who had intellectual disabilities, were looked after by their siblings, and both spoke of the importance to them of family members, neighbours, and members of their communities. The importance of social relationships in promoting good mental health, of particular importance to Sally and Morag, is highlighted by Conder et al. (2015). Bonds with siblings were particularly valuable to those participants without partners, such as separated Pauline, and never-marrieds Denise, Sally, Betty, and Morag, reflecting findings from literature (Hooyman and Kiyak, 2011, p. 357).

Links between neighbours and quality of life are reported as being important to those in older age, but data is lacking in the function neighbours play amongst mid-life rural women. In Bowling and Zahava's (2007) study of older age groups within an urban context, a strong desire was expressed for neighbourly intimacy. In contrast, participants of this rural, mid-life study were largely ambivalent, and somewhat contradictory towards neighbours. Most participants were aware of who their neighbours were, but did not go out of their way to connect with them, except in exceptional situations, such as attending funerals. A few participants: Petrina, Mary and Kathy looked out for their older neighbours' security and safety. Differences in such findings may be accounted for by evolving lifecourse stages. Most of this study's participants worked outside of the home, were physically healthy and mobile, with no reason to rely on their neighbours for support. They also led busy lives that left little free personal time in which to interact with neighbours.

6.5 Health

Participants largely viewed their ageing process through health and personal capability, and the sentiment of 'feeling old' was more applied to one's personal capability than to one's chronological age. This is supported in previous research of the Clifden area by anthropologists Keith et al. (1994). Physical and mental health was cited in this study as being the greatest influence on quality of life and ageing, a finding that largely concurs with that found within literature. Displaying similarities to this study, research involving rural, Canadian mid-life women by Thurston and Meadows (2003), challenges negative assumptions on the detrimental relationship between rurality and health, finding instead mostly clear, positive connections, and a sense of well-being.

Nolen-Hoeksema (2010b) suggests that due to a greater sense of self, women generally enjoy better physical and mental health, which aids the ageing process. Participants of this study considered mental and physical well-being to be of equal importance, and almost all reported a fear of dementia in later life, which was seen as leading to institutional care dependency and a poor quality of life. No participant reported having a private healthcare policy in place to pay for care in later life, which may have been due to low salary levels and irregular work patterns. At mid-life, participants believed that their mental health was best maintained by supportive social relationships (Thurston and Meadows, 2004, Conder et al., 2015) and an active mind, which all tried to maintain. However, seven participants: Jane, Síle, Áine, May, Maebh, Mhari and Sandra, reported varying levels of stress, anxiety, or depression, and attributed such conditions to poor social relationships with husbands or partners, caring duties of a parent or partner, or work-life imbalance. A few reported taking medication to deal with these conditions; all hoped that circumstances would change in time, allowing them to return to full health. Some participants reporting poor mental or physical health at mid-life recognised that these conditions had begun much earlier in the lifecourse, sometimes as early as in childhood.

This aligns with literature on gendered ageing that addresses the impact on quality of life from earlier lifecourse experiences (Henretta and McCrory, 2016).

Most participants attributed good health and good ageing to more than luck, but few alluded to taking proactive measures at mid-life in preparation for older age. Maebh and Rachael were the only participants to undertake regular, challenging exercise for enjoyment and health. Petrina undertook some gentle, irregular exercise, motivated in part by a desire to reduce weight and avoid diabetes or heart disease in later life. Margaret walked each day with her sister for social and health reasons, but many others took no exercise. Research by Milne et al. (2014) mirrors such mid-life findings. Other than Lelia, who grew her own organic vegetables, the nutritional plan for almost all participants was simply to avoid too much junk food. Most reported 'hoping' that they could stay as well as they were at mid-life. It appears that mid-life women from this study did not engage in specific proactive health measures. This may have been due to health problems being dealt with reactively rather than proactively, or an unwillingness to accept that personal behaviour had the capacity to influence later life. The ambivalent attitude towards exercise may also be due to a lack of private leisure facilities in Connemara, a lack of time, or a lack of money. Most likely, other more pressing tasks, including work and caring duties were prioritised at mid-life. Furthermore, participants, such as Denise and Christine perceived that continuously 'being on the go' compensated for exercise. There appeared also to be a genuine belief that Connemara's fresh air and waters would suffice to keep one healthy; however, most participants did not make use of such free resources. Explanations are complex, and may be class or income related. Chatzitheochari and Arber's study (2012) of British workers found that those in lower income jobs displayed different leisure patterns to those in higher income jobs. Lower income work may involve split shifts, as was the case for Hilary. Chatzitheochari and Arber's study found that not only do working women have less free time than their male counterparts, but that the quality of that free time was lower, due to their ongoing domestic and parental responsibilities. Women, in particular working women, appear to find it harder

to establish clear boundaries between work and leisure time, making the establishment of a good work-life balance ever more elusive. One participant, Síle, cited this boundary obfuscation as having led to her mental and physical breakdown a number of years earlier.

6.6 Work and income

Mid-life women work for a variety of reasons, including securing an identity separate to that experienced at home. However, an over-riding reason to work derives from financial necessity (Skucha and Bernard, 2000, Ní Léime, 2016). From a psychological perspective, Apter (1995, p. 47) asserts that autonomy over finance, more so than class or gender, appears to be the most powerful influencing factor on the quality of lives among mid-life women: *'Wealth is by no means necessary to midlife growth ... but some distance from absolute poverty is essential in the acquisition of personal power'*.

Apter's quote must however be considered within the perspective of both class and gender, as both influence autonomy over finance. Apter's work took place 18 years prior to this study's, and was conducted within a psychological, rather than lifecourse framework, which may account for some of the discrepancies found within this study. This study did not find autonomy over personal finance to be necessarily the greatest influencing factor of quality of life at mid-life. Whilst having a personal income ensures some financial independence, and in turn, a better quality of life, other factors, including the quality of personal health and social relationships held a higher value. Some participants recognised that sufficient income would allow them to 'buy' better healthcare in older age. Such findings partly concur with those of Bowling and Zahava (2007), whose study of older people suggests that money exerts different influences at different lifecourse stages, but may not directly relate to a perceived good quality of life. Five participants of this study: Sandra, Jane, May, Rachael, and Síle, described how they had learned to live on low incomes over the lifecourse, and whilst most expressed no direct fear of poverty in old age,

nonetheless expressed concern over the continuation of State pensions and benefits, recognising how essential these may be in older age. Around one-third of the participants of this study worked in areas of employment that may provide an occupational pension, but neither pension arrangements nor savings plans were raised as issues by participants. This may have been due to a lack of participant clarity around these issues, or perhaps simply the absence of any such financial arrangements.

A number of participants were the main income earners, and felt compelled to work in order to support family members. This did not appear to be a burden, and some emphasised their preference to work, rather than be on welfare. This concurs with literature arguing that the socio-economic condition of paid work has been found to benefit women in multiple ways, including having more decision-making options, increased autonomy, increased self-esteem, less depression, and intellectual companionship (Whiston et al., 2015). Strnadova and Evans' (2015) study of older women with intellectual disabilities cites work as pivotal in establishing a sense of autonomy. This is endorsed by two participants with intellectual disabilities in this study, Sally and Morag, for whom attendance at a skills-based day-centre was considered a priority in boosting their self-esteem and employability.

Contemporary research suggests that some of today's 'baby boomers' or equivalents, are very different to those written about historically, having been raised through a period of feminism, with control over reproduction and income, and a self-identity based on value in the workplace, rather than the home (Whiston et al., 2015, McQuaide, 1998). Findings from Loe and Johnston's (2016) study of professional baby-boomers in America are somewhat in line with those from this study. Loe and Johnston's participants, all retired and in early old-age, grappled with issues of increased free time and loss of work identity; autonomy and control; and re-balancing a new period of life. This study's participants also anticipated such issues post-retirement, suggesting

that the period of self-evaluation at mid-life may not end there, but carry on into early old age.

Contemporary literature alludes to the importance of both work and non-work identities for women (Loe and Johnston, 2016), which largely aligns with findings from this study. For some participants, like Denise, work identity was crucial; for others, like Jane, their main identity was within the family. Pearlman (1993) found that mid-life women felt better off by being able to develop the 'doing' side of themselves within the workplace. Perhaps participants of this study felt that they could develop their 'doing' side outside of the workplace. If so, this would be in line with literature that emphasises the importance of purpose in life, which need not be only defined within the realms of work (Ní Léime, 2016, Pinquart, 2002).

One advantage to mid-life women of continuing to engage in paid work, sometimes beyond official retirement age, may be the deferring of financial poverty. However, this aspiration is tempered by the concept of 'work ageism'. Participants like Pauline, Jane, and Petrina, who identified themselves as proactive, were concerned over negative stereotyping regarding ageing and productivity, and believed that such attitudes may prevent them from being hired at mid-life (Tang, 2000). A number of studies examine gendered ageism within the workplace. Ginn and Arber's (1996) study shows clear gendered ageism in the employment sector of mid-1990s Britain, leading to low expectations and low financial security. Other studies show age to be a greater negative influencing factor than gender within the workplace (Carvalho Wilks and Neto, 2013). Attitudes towards ageing and old age are not likely to be enhanced by fear of poverty in older age, and may result in some mid-life women continuing to work beyond retirement (Ginn and Arber, 1996) for fear (Sherry et al., 2017) of being unable to return to the workplace at a later date. In the present austerity period in Ireland, fewer jobs, increased working hours and increased rates of 'singledom' may all negatively influence the quality of women's lives in older age.

6.7 *Rural place, attachment, and quality of life*

Space and place are understood in social gerontology as both physical and social in character, whereas human geography adopts a relational approach to space and place, viewing each as permeable, fluid and networked. Space becomes 'social space' or 'place' with the addition of human agency and identity, which is experienced and defined by those who help to shape it. 'Space' tends to be conceptualised as an isolated area; place as a fixed, parochial centre of meaning, physically embodied. The rural is both relational and contingent in its application to space and place. Contingency (Herrick, 2016, p. 677) considers the possibility of multiple outcomes from similar causal processes due to the complexity of social relations embedded in spatially differentiated contexts. The relation, relationship, or connection between the two concepts of 'space' and 'place' are experienced at multiple levels (Andrews et al., 2013). This study situates rural place within a social representation model, examining participants in relation to their social and physical environments (Andrews et al., 2013). The theory of social representations attempts to outline how people understand, explain, and articulate the complexities emanating from the social and physical environments in which they are immersed. By following a symbolic interactionist approach, individuals understand their world through the symbolic meanings that they attribute to it. Social representations include both concrete images, such as the physical landscape, as well as abstract concepts such as tranquillity or intimacy (Halfacree, 1995, Halfacree, 1993). This study also aligns with literature that finds that where one lives influences how one lives (Halfacree, 1993, Coward and Krout, 1998). Study participants drew meaning between their rural place and personal quality of life, place being considered at micro, meso, and macro levels of the home/house, garden, extended community, or even region. Rowles (Coward and Krout, 1998, Rowles, 1993, Peace et al., 2005) highlights the complexities around the two concepts of place in ageing and ageing in place, and findings from this study highlight some divergence regarding the importance of place. Divergence in levels of attachment to place amongst participants was influenced by a number of

socio-economic factors, including adequacy of rural services, and quality of social relationships and of the environment itself (Peace et al., 2011, Rowles, 1993, Burholt et al., 2014).

The concept of the 'rural idyll' is complex, but has become synonymous with that which is pastoral and rustic, and although perduring, the precise formulations vary with time and space (Andrews and Kearns, 2004). Bell (2006) critiques the rural idyll as a 'manufactured landscape', or 'armchair countryside', and a 'product of the bourgeois imaginary', but it is first and foremost a symbolic landscape onto which are projected identifications, imaginings, and ideologies (Short, 2006). Little and Austin (1996) examined the impact of gendered, rural identity from the concept of the 'rural idyll', arguing that this concept shapes and sustains patriarchal gender relations: the woman of the rural idyll is characterised as the wife and mother at the heart of the community, not the single professional woman.

Most participants, although not referring to Connemara as a 'rural idyll' (Bell, 2006, p. 151), concurred with some other studies (Little and Austin, 1996) that living there was an enhancement to quality of life and ageing (Brereton et al., 2011), citing the region's contextual environmental features (Little and Austin, 1996) of scenic beauty, unpolluted air and sea, tranquillity, personal safety, safety for children, a slower pace of life, and close-knit communities. Three participants, Mhari, Síle and May viewed Connemara as a negative influence on their quality of life at mid-life, citing reduced social, transport, and health services, social isolation and loneliness. Such findings however must be contextualised within other influencing factors of quality of life, such as poor health. Most participants would only consider leaving the region if their health necessitated closer proximity to urban medical facilities, or to be closer to family members. Perceptions of rural services amongst study participants are mixed, particularly those relating to health and transport (Brereton et al., 2011, Thurston and Meadows, 2003). Island dwellers were perceived by Tina as being socially isolated and disadvantaged. By contrast, Hilary believed that island

dwellers received a faster response to medical emergencies, and were better placed to enjoy a higher quality of life. The actual island dweller, Áine, believed she was well serviced medically, and socially supported by neighbours, friends, and family.

Degrees of rurality did not always appear to influence quality of life. Sandra spoke highly of her remote location and of how this, along with her neighbours actually enhanced her ageing experience. In contrast, Síle cited obstruction from neighbours and lack of amenities as key reasons to move away. Overall though, findings from this study could not indicate patterns between different types of rurality and quality of life, for example between those who lived in villages and those who lived in dispersed areas. This concurs in some ways with that body of literature that cautions against simplistic urban-rural comparisons (Brereton et al., 2011, Edmondson and Scharf, 2015), questions definitions of rural (Brereton et al., 2011, Du Plessis et al., 2001), and underscores how rural ageing is not an homogenised experience (Scharf et al., 2016b). Whilst historically some literature suggests that living in a remote rural location with poor amenities may lead to low attachment and a poorer quality of life, other studies viewed from a lifecourse perspective (Hendricks, 2012, Rubinstein and Parmelee, 1992) show otherwise. Place can evoke a broad range of basic emotions, both positive, such as happiness, contentment, excitement, and negative, including anger, fear, loss, sadness. Such feelings, when experienced repeatedly over time can develop identities and attachments to places (Andrews et al., 2013, p. 1346).

This study demonstrates how one's quality of life can be perceived as high, despite negative influences, such as poor social amenities. Two participants, Mhari and Betty, both living in a small town well served by public transport and social amenities, were the least attached to their area, and believed that their ageing and quality of life was diminished by place. Others, living in remote or dispersed parts of Connemara, with much poorer community amenities,

including Margaret, Sandra, Lisa and Denise, felt high place attachment, and believed that their quality of life and ageing were enhanced by place. Such divergence may be explained by examining contextual factors including health, social relationships, and unemployment. Those participants citing high place attachment felt this for much the same reasons: social relationships, work, and environment. The importance of adopting a lifecourse approach to analysis shows us that levels of attachment change over time. Some participants, like Síle, cited high place attachment in her pre-mid-life years whilst raising young children, whereas now she felt geographically, socially, and culturally isolated. Conversely, others, such as Jane, felt low attachment on arrival to Connemara from the UK, but after years of building up social networks, now felt highly attached. Place attachment and self-identity were found to be inter-dependent amongst study participants. Indigenous to Connemara, Rachael felt at home in a place that mirrored her own Irish, rural ethos, and enjoyed high place attachment; non-Irish Lelia had a more global outlook and felt she could call any place home, and thus felt lower place attachment. Understanding connections between place identity and self-identity helps us understand ageing in a rural context, but mid-life rural women have hybrid identities, and lead 'mosaic lifestyles' (Bryant and Pini, 2011, Kivett, 2001, Little, 2006), highlighting the need for more extensive study. Thus, trying to establish meaningful connections between attachment and meaning to place with quality of life and well-being requires us to also consider key social influences other than just gender and age, such as class, race, and income. As Marshall (1995) argues, there is a need for more intra-cohort research, rather than inter-cohort research comparing mid-life rural women to urban women or mid-life men. There is also a need for a better understanding of mid-life women's (Moen, 2011) diversities of age, class, race, and gender, in order to limit the stereotyping of all older, rural women as disadvantaged, even if they do have lower levels of financial resources, transport, housing, or social services. Participants of this study did not generally feel disadvantaged by place. Petrina believed that the region of Connemara was politically ignored, and Penny and Maebh, informal carers to their husbands, both expressed some

concern around the time taken for an ambulance to reach hospital facilities in Galway City. Nonetheless, both carers had opted to remain living in Connemara for other reasons connected to quality of life, highlighting the complexities around attachment to place.

Many authors (Peace et al., 2003, Rowles and Chaudhury, 2005, Scharf et al., 2016a) have written on the importance of 'place' and attachment to place in fostering a sense of self-identity and 'home'. One research finding is that positive health status and well-being are associated with having a sense of home. Rowles and Chaudhury (2005) posit a link between a separation from a sense of identity and pathological conditions that lead to morbidity and mortality. This could suggest that having a limited sense of place identity can have a negative effect on self-identity, health and overall quality of life. Such findings are somewhat in line with those of this study, as participants like Mhari and Síle, who felt least connected to Connemara as a place, were also experiencing physical and mental health problems. Conversely, Jane did feel attached to Connemara, but was still experiencing mental health problems due to relationship issues with her husband. This highlights the difficulties in extrapolating correlations between place disaffection and health based on the small numbers of participants involved, and due also to the other influencing factors, such as unemployment, and poor social relationships. Notably however, two participants, Rachael and Sandra, with high attachment to Connemara, described a deterioration in physical and mental health when living outside of the region, due to their strong rural self-identity.

Although not directly reported as relating to place attachment by participants of this study, access to transport and personal mobility is a major rural issue, and appeared to have the ability to influence quality of life. Most study participants had private transport, considered essential to rural living. However, even those who had access to public transport expressed fear around diminishing options in later life when they may no longer be able to drive. All participants connected being 'carless' to a diminishing of quality of life, and none was willing to

surrender her car at any point in the lifecourse, unless forced to. This was also the case within Bowling and Zahava's (2007) study of post-mid-life women and men, who were not all living within a rural context, suggesting that the ability to drive means more to people than simply being able to 'get around'. The car has become a part of people's personal identities, and its surrender, and the resultant curtailment to 'discretionary' driving has the capacity to cause major personal distress (Davey, 2007, Hennessy et al., 2014).

Some older literature (Rowles, 1993) has suggested a possible decreasing attachment to place in the future, as environments become more homogenised, and younger, more transitory generations harbour fewer attachments, thus allowing people to re-create 'home' in multiple locations. Rowles states that separation from place need not necessitate separation from self. This study would partially support such a view. One participant, Lelia believed she could enjoy a high quality of life in any location, so long as she had her husband and her faith. Mary and Síle, in-migrants, stated a preference to be near their adult children, and would readily move. However, at mid-life most participants appeared to have relatively fixed attachments to the region for multiple reasons. Such complexities in rural ageing as illustrated here are supported by Joseph and Cloutier-Fisher (2005), who argue that to fully understand the rural ageing experience necessitates giving full voice to those who live there. This may only be achieved by obtaining a deeper understanding of the multiple influences and connections between place and quality of life.

In terms of this study's research question: *What are the perspectives on ageing of mid-life women in rural Ireland?* this chapter has offered new insights to existing literature on gendered ageing. Wherever congruence or incongruence was evident between what is said in the literature and what this study states, I have offered possible explanations. Differences are largely contextual and temporal. This study is the first of its kind focusing on participants living in rural Ireland, whose perceptions of ageing are discussed largely within an Irish perspective. It is to be expected that some commonalities exist between the

mid-life women of this study and those already studied in other research. Differences may also be attributable to time. Research for this study was carried out in the second decade of the 21st century, which contrasts with earlier research going back as far as the early 1970s.

The next chapter considers all key empirical findings from this study, and offers conclusions on future research directions.

CHAPTER SEVEN: CONCLUSIONS

7.1 *Introduction*

This chapter draws together the key findings of this study, and suggests future research directions. This study has established the need for new empirical data to address research gaps that can explore in depth a more diverse range of inter-related issues that affect mid-life, rural women.

Data gathered may be valuable in fostering a greater understanding of the needs and contributions of women at the crucial mid-lifecourse stage. Data may be of particular importance for policy-makers, researchers, and interest groups, who are positioned to effect positive change in the lives of women at mid-life and throughout the lifecourse.

7.2 *Contributions of this study*

The aim of this study has been to facilitate the understanding of central aspects relating to the phenomenon of gendered rural ageing. The growing population of mid-life women demands that more is known and understood of all matters relating to this sector, particularly within a rural Irish context, in order to address ageing issues that relate to all stages of the lifecourse. This study has explored women's ageing at the increasingly recognised pivotal lifecourse stage of mid-life (Lachman et al., 2015b), rather than solely within old age, as is the norm within much social gerontology research. I argue that experiences, beliefs, perceptions, and behaviours held across the entire lifecourse and at mid-life in particular, have the capacity to influence the ageing process of women at both mid-life and in older age.

Research findings demonstrate patterns and divergences in lived experiences of gendered rural ageing, which may inform policy-makers, interest groups,

lobbyists, and academics. This study's focus on a diversity of participants has allowed both a breadth and depth of data to emerge that informs theory, and suggests new directions for future research. What has become clear is that the ageing process amongst mid-life women in Connemara is an individual experience that cannot and should not be generalised or homogenised. However, clear insights have emerged within the data that can benefit all those who understand the need to pay greater attention to what women at mid-life have to say. Whilst governments and policy makers may find it impossible to strategise, plan, or legislate for quality of life, what is within their realm, remit, and capability is to develop and implement policy that can enhance the environments, levels of service provision, and distribution of wealth, amongst other things, all of which can impact on quality of life (Watson et al., 2016).

The social constructionist approach of symbolic interactionism within a lifecourse framework adopted within this study shows that decisions made in life by participants are connected to the wider socio-economic landscape. Participants of this study were interviewed between 2011 and 2013, a period embedded in Ireland's economic recession. This period of austerity, beginning in 2008, is on-going and has helped contour participant narrative. At earlier historical periods the marriage bar, lifted in 1973, which restricted labour market access, and unequal pay, removed in 1977, both played a part in shaping the lived experiences of this study's participants. Legislation around the marriage bar impacted upon some of the late mid-life participants of this study:

'... a job came up in the admin department of [university's] registration for three months. We had the marriage bar and we [Síle and husband] had got engaged, so I was going to have to leave that work. I had applied for and been accepted for a job in [another university] but couldn't take it up as I would have been married by then' [Síle, 61 years].

As a mid-life female researcher, it surprised me that my preconceptions of findings were sometimes at odds with participant data to emerge.

While religion proved to be a support for a few participants, such as Betty, May, Pauline and Sally, spirituality did not appear to resonate highly in either my empirical study, or within existing literature. A quantitative study of poor, rural women in America found that spirituality and religiosity was linked to wellness, but limitations to the study's methodology signal that further, qualitative research is necessary (Gill et al., 2015). McQuaide's (1998) older study of urban mid-life women found spirituality to be mostly either 'neutrally unimportant' or 'actively rejected'. However, this may prove otherwise for participants from different rural contexts whose socio-demographic characteristics vary from those examined in this study. A more recent study exploring the links between spirituality and 'successful ageing' (Gill et al., 2015, Sadler and Biggs, 2006) attributes a lack of research in this area to the difficulties around conceptual definitions of 'successful ageing' (see section 2.2.4). Whilst discourse around 'successful ageing' is plentiful, albeit within a largely North American context, spirituality loses out in terms of being confused with religion and its organised system of beliefs, codes, and practices. Sadler and Biggs (2006) define spirituality as the personal search for meaning and purpose in life, and this did however prove to be a recurrent theme amongst participants of this study, and was directly linked to quality of life.

Study participants defined their ageing through the prism of quality of life, which was influenced by a range of concepts such as health, social relationships, place, and work. Each of these influencing factors was found to intersect, illustrating inter-dependence. Study participants sought balance (Antai et al., 2015) in all areas of their mid-lives, between work and leisure, between family commitments and personal needs, and between the challenges and rewards of ageing within a rural environment. Whilst no generalisations could or should be applied to participants' individual experiences, most hoped to take their present quality of life at mid-life forward into older age. How this would be achieved was very much based on individual perceptions on ageing.

All participants expressed in detail their needs for a good quality of older age, but recognised that such needs may be unmet. To address this gap, participants hoped to secure practical support from family, friends, government, and support agencies. This study helps to identify the met and unmet needs of mid-life rural women, as well as the factors contributing to a good quality of life at mid-life and in older age, and helps to inform and enable policy to implement relevant change.

A limitation of this study is the relatively small sample size of 25 participants. However, the sample included considerable diversity in relation to such factors as marital status, age, rurality, and socio-economic status. Data elicited through the methodology of constructivist grounded theory proved to be rich and informative, thus reducing the study's limitations and providing opportunities to generate new insights into the experiences of women at mid-life in rural Connemara.

7.3 *Contribution to Literature*

This study makes contributions in four key areas. Theoretical: ageing from a lifecourse perspective; the intersection of rurality and gender. Conceptual: mid-life ageing; quality of life and its influencing factors. Methodological. Practice and policy implications.

Theoretical

This study offers new theoretical insights into Irish, gendered, rural, mid-life ageing from a lifecourse perspective. Specifically, this study explores the individualised nature of gendered ageing within a rural context, and its links with quality of life. This is achieved by examining the multiple influences on the ageing experience, as defined by participants, which include: health, social relationships, work, and place, and of how these influences interact with one another to create quality of life at mid-life.

Conceptual

This study offers conceptual insights into mid-life ageing, quality of life, social relationships, health, place, and work. The study examines both theoretical and lay definitions of these concepts from a social gerontology perspective.

Methodological

This section explains why a qualitative approach was adopted to study the ageing of mid-life women, and why specifically I considered constructivist grounded theory to be the most appropriate method of data gathering and analysis. Specifically, this study aims to demonstrate how this approach was instrumental in producing thick data and substantive theory. By adopting a lifecourse perspective, this study was able to draw on mid-life women's experiences at all stages of their life, further augmenting the quality of data obtained.

Practice/Policy

This study offers a contribution of substantive theory to a potential audience of policy-makers, interest groups, lobbyists, and academics. Findings from this study add to the body of existing literature on gendered ageing and may inform and help shape change that can support the growing sector of Ireland's mid-life, female population. Rural women constitute a group with specific, sometimes unique concerns and needs, due in part to rurality's socio-economic-geographic, and cultural factors. Drawing from the findings of this study, policy initiatives could be beneficial in the areas of training, education and employment; health; and social amenities. Mid-life rural women have access only to limited employment opportunities, particularly during periods of austerity. However, findings from this study show that such women want to work until at least, but more usually beyond the official retirement age.

In order to facilitate the need to increase rural female employment, which in turn would benefit the general economy through increased taxation and reduced welfare payments, work must be provided that suits the needs and skills of mid-life rural women. This may be achieved through education and training initiatives that fit well with women's mid-life circumstances, which may for example include single parenting, or providing care for dependents. Thus, there is a need for policy initiatives that encourage self-employment, and equality of pay and working conditions for part-time and casual workers.

In the area of health and well-being, gendered health provision, such as screening measures, would be of benefit to rural women who cannot access mainstream health services found in urban locations. In order to help prevent social exclusion in older age, mid-life rural women would benefit from initiatives that open up their options to social amenities, particularly to those women living in more dispersed rural areas. Such measures may include extending Broadband access within rural areas, and offering technological training that helps rural women connect with others for business and leisure needs.

In later life, when more rural women may be living alone due to widowhood or divorce, or from having never married, it becomes more important for mental well-being that women do not feel geographically or socially isolated. One EU study on gender application (Innovation, 2011, part 3.9) indicates that women are more frequent users of public transport than men are, due to holding down more than one job, or to transporting children or ageing parents, or to their participation in organised group leisure pursuits. Whilst improvements to rural public transport may help some older women enjoy a good quality of life, increased spending on transport alone cannot hope to prevent social exclusion amongst older rural women, but could be applied in conjunction with other cross-sectional measures cited.

7.4 *Key empirical findings*

This study's findings suggest that historical models of ageing, such as 'disengagement', 'continuity', or 'activity' theories may be simplistic and absolutist. Mid-life rural women are highly heterogeneous in nature, meaning no one model of ageing is capable of reflecting their diversity. However, by adopting a lifecourse perspective, new insights into gendered ageing theory emerged from this study, highlighting the multiple roles, perceptions and behaviours adopted by mid-life rural participants. The social constructionist approach (Andrews, 2012) to this inductive study makes clear that women's perceptions and beliefs on ageing are influenced by their lived experiences across the lifecourse: biography, as well as biology is crucial to understanding ageing at mid-life and into older age. The complex influences of mid-life ageing include: marriage, friendships, family, work and income, mental and physical health and well-being, and location of residence. Each of these influencing factors intersects, overlaps, is inter-dependent, and must be studied from a lifecourse perspective in order to gain a comprehensive picture of what is happening at mid-life.

Some areas of accord between my empirical findings and those within existing literature included the MIDUS (Midlife in the United States) study, which found that menopause and the 'empty-next syndrome' were regarded as 'non-events', and that turning 30 years of age was found to be more disruptive than entering mid-life. However, generalisations cannot be drawn from these findings, as exceptions did arise within this study, highlighting contextual influences and the heterogeneous nature of mid-life women.

Intra-mid-life comparisons of participants, whilst interesting and necessary, threw up many paradoxes that further endorsed the danger of generalisations regarding ageing theory. Differences in attitudes towards ageing did exist between those in early and those in late mid-life, but attempting to separate influencing features and identifying patterns proved futile.

Again, this study finds that perceptions are as divergent as participants. Therefore, such comparisons can inform us, but should not instruct policy.

Almost all participants reported feeling younger than their biological age, a common mid-life phenomenon (Degges-White and Myers, 2006), which led to some concerns around gendered ageism. Whilst all participants were aware of ageism and its dangers, particularly when combined with sexism, few perceived themselves to be 'victims'. Some participants may have been in a state of denial, in effect denying their own ageing; others may have been unable to articulate the feelings and circumstances around ageism. Some sought out the company of younger people, perhaps in an attempt to reject a 'proxy portrait' of themselves (Butler, 2009, Calasanti and Slevin, 2006). Almost all participants appeared themselves to be 'guilty' of ageism towards those older than themselves and even against peers who may not appear to be ageing 'successfully'. This was evidenced mostly by a casual use of ageist language in which mid-life participants seldom included themselves in definitions and descriptions of older people, another common mid-life phenomenon. Those participants who did report experiencing ageism, did so in terms of feeling invisible at mid-life (Biggs, 2005, Sontag, 1972). Participants appeared to be more concerned with perceived ageism within the workplace (Moore, 2009, Tang, 2000) than at a purely personal level. This could be accounted for by a fear of not being able to work for as long as one wished, and thus not being able to provide for oneself or family in old age; a realistic fear in the face of scarce rural employment.

Role identities adopted at mid-life are based upon experiences across the entire lifecourse. Thus, positive or negative childhood experiences in health or relationships for example were found to mirror those at mid-life. Those who were able to cite positive older role models within their family or community also had a more positive attitude towards growing older. Fears around old age centred on personal autonomy, which could only be attained by physical, mental, and financial independence.

Although very few participants had any form of financial plan in place for older age, all articulated a hope that they would be able to take the best of their mid-life experiences into older age. A degree of pessimism existed around future State pension rights, particularly as almost all participants believed that they would rely on such payments to be maintained at or above their current levels to survive.

Despite leading full, busy lives at mid-life, often balancing full-time work with full-time family commitments, most participants reported a good quality of life and a high sense of personal well-being. These concepts are highly subjective and fluid, with each participant basing her understanding upon what mattered to her personally. Thus, if a participant had little money, but enjoyed good health and good social relationships, she may well feel privileged. Conversely, if a participant had sufficient money to get by, but had no employment, and more pertinently, no discernible purpose in her life, she may well view her quality of life as poor. Those participants who did not enjoy good health, and were restricted physically from work or leisure activities struggled with securing a high quality of life. Similarly, those participants who had problems within family relationships also reported a reduced quality of life.

Whilst no participant complained of menopausal symptoms, most acknowledged the increased fatigue that accompanied their efforts to lead busy, complex lives. Almost all participants acknowledged mid-life, despite its physical annoyances, as a time of renewed opportunity, and a chance to review and renew their lives. This was evidenced for example, by those who spoke of a desire for self-development through education, work, and travel. Even if constrained by finance, health, time, or location, most participants expressed an optimism about the unknown element of their futures. Unless we understand these meanings that mid-life women attribute to their lives, we cannot hope to enhance the quality of their lives in older age.

About three-quarters of all participants were married or lived with a partner, but their experiences and perceptions of ageing diverged. Three spoke of highly supportive partners with whom they worked as a team; two spoke of partners whom they felt to be highly controlling and unsupportive. Some spoke of their partners with some degree of indifference, alluding to relationships that were of mediocre quality. Some participants had come to Connemara with their partners in earlier years to raise their family and sometimes run a business. Whilst they largely enjoyed their years in Connemara, some at mid-life felt they had now outgrown the region and sometimes their relationship with their partners, and expressed a strong desire to move on, sometimes by moving away from Connemara to be closer to family elsewhere. No participant openly addressed the issue of divorce or separation from a partner. Perhaps participants had no wish to end the formal marriage, just change their circumstances, or perhaps they perceived practical difficulties that such a change could entail. Regarding siblings, some participants felt supported, whilst others preferred the company of friends. Very few participants with adult children raised the issue of the 'empty nest' (Raup and Myers, 1989), and encouraged their children to lead independent lives. One participant's adult children had 'boomeranged' (Hooyman and Kiyak, 2011, p. 348) back to her in mid-life for financial reasons, adding to her workload, but not her resentment, as participants recognised the difficulties facing younger generations in securing work within the area. Participants were more concerned with their own lives at mid-life than those of their children (Howell and Beth, 2002, McQuaide, 1998).

As a result of Ireland's on-going economic recession in which many male manual workers lost their jobs, a number of participants had become the primary income earners within the household. Although some participants spoke of shifting relationship dynamics, it is difficult to say if this economic role development was the sole cause. Other mid-life influences such as children leaving home, or an increasing sense of personal agency may also have contributed to participants becoming more 'removed' from their partners.

Most of these types of households relied on State benefits, and participants expressed concern over financial security in older age.

Most study participants were in paid employment of some description: three reported good financial earnings, but many worked in areas of low pay and low job security. Despite this, participants valued highly the income they did earn and were loathe to ever surrender this to retirement or redundancy (Duvvury et al., 2012, Sherry et al., 2017, Skucha and Bernard, 2000). Job satisfaction was important to participants, much more so than financial return, but nevertheless, even where job satisfaction was not high, participants made it clear that they largely wanted to continue to work for the identity it afforded them, additional to that of a wife or mother.

In order to continue working beyond retirement age, good health was considered crucial to a good quality of life. The absence of good health meant the absence of personal autonomy, which for all participants was viewed as the road towards institutional care. The concept of care raised mixed feelings amongst participants. Those with partners reported that they would be happy to care for them, if incapacitated, but did not want the same partners or children to act as their carers. Two participants caring for their mothers felt the quality of their lives enhanced by the experience; two others caring for their husbands, felt the quality of their lives diminished. A quarter of participants had never married, but only two participants lived on their own, and expressed some concern over who would care for them in older age.

Study participants tended not to project too far forwards into old age, possibly because what is perceived as being outside of one's control did not warrant finite time and energy. Most participants recognised that they did not have sufficient financial resources to pay for independent care, as a result of insufficient savings from low-income jobs, and thus tried to invest their resources into fostering social relationships that they felt may compensate. Few instances of proactive measures, such as regular physical activity and careful

nutrition were evidenced at mid-life that may help ensure good health in older age. This may be explained perhaps by limitations of financial resources, or on competing demands, or on an 'ignorance' of health's influences over the lifecourse.

This study of mid-life women is positioned within a rural context, with rurality being treated as a prime influencing factor in gendered ageing, and not simply a backdrop to the research. Gendered mid-life ageing within the rural context of Connemara has not been considered before, and thus this study is able to offer original insights that may be of significance for other rural studies. Participants were divided almost equally between those indigenous to the area and those who were in-migrants. Only two participants, Mhari and Síle, expressed a specific desire to leave the area, feeling that they had outgrown its aesthetic attractions; most believed that Connemara enhanced the quality of their lives through its natural features of scenery, unpolluted air, and tranquillity. Two other participants, Rachael and Sandra, reported being so highly attached to Connemara that they became unwell when forced to live outside of the area. This reflects studies by Carolan (2008) in which the author posits that rural, the 'sensuous moral landscape', is much more than a representation knowledge, but is embodied, and helps inform our understanding of the world.

Although the region's drawbacks, such as insufficient public transport and socio-economic infrastructure were acknowledged, these were compensated for by perceptions of community intimacy and support. Levels of attachment to Connemara were commensurate with perceived levels of quality of life. No radical differences were discerned amongst participants living within varying degrees of rurality: some of the most geographically isolated participants reported good social networks and strong place attachment; whilst others well connected by various supports, felt socially isolated and reported low place attachment. Literature on rural place attachment underscores the need to understand its multiple pathways (Degnen, 2016, Hayes-Conroy and Hayes-Conroy, 2016, Hennessy et al., 2014) in order to identify and address potential

threats in the form of emigration, reductions in access to and quality of rural services and support networks, or in rural development. Such concerns are mirrored in those participants of this study who reported low place attachment, and by default, lower quality of life, through enforced relocation to Connemara, or through poor service amenities, or on a personal level, through changing relationships with key players. Interestingly, a participant of this study, Betty, reporting low place attachment 'compensated' for this by increasing her levels of civic engagement, perhaps in an attempt to create social, and symbolic capital (Degnen, 2016, p. 44, Hennessy et al., 2014), and connect with the very community she struggled to find meaning in.

Mid-life rural women have hybrid identities that demand further exploration. They are not an homogenous group, and their diversities may only emerge in full through more intra-cohort research that allows us to consider rural in conjunction with other influencing factors of ageing, such as health, social connectivity, class, race, and income.

7.5 *Future research directions*

This study provides a credible foundation for understanding the lived experiences of mid-life women living in Connemara. Employing a version of constructivist grounded theory both demanded and afforded me the opportunity as a researcher to allow participants to dictate narrative, and suggest theory. As a contribution to the debate on gendered, rural ageing, this study suggests that more qualitative research from a lifecourse perspective is needed to fill existing gaps in knowledge. The lifecourse perspective provides for example a meaningful paradigm for examining and addressing socio-economic health disparities, which may benefit women as they age (Phillips et al., 2010, p. 143). Gendered, mid-life rural ageing is relatively under-researched, with data mostly coming from countries and cultures other than Ireland. Existing research is also dated, and with global ageing there comes an imperative to learn from new discourse on ageing.

Further research might explore more incisively any of the categories raised by participants. For example, a deeper analysis of the effects of place on the ageing process at mid-life; or on health behaviours, or on financial practices adopted at mid-life in preparation for older age. Regarding work and retirement, research increasingly points to the post-retirement phase as being dependent upon pre-retirement circumstance, with all its variations and inequalities (Phillips et al., 2010, p. 189). Social networks across the lifecourse are equally influential in safeguarding positive ageing experiences in old age. There is for example a projected escalation in the number of women living alone in older age, due to population ageing, and increased 'singleism' brought about by an increased incidence of divorce, separation, or widowhood (ILC-UK, 2014), or from choosing to not marry and to live alone. Such a change in lifecourse demographics is likely to have multiple and diverse implications, for example in caring for women in later life, and in addressing social exclusion (Kneale, 2012).

Longitudinal studies could also be undertaken to follow these, or different participants across later stages of the lifecourse. These findings could be contrasted with those of a different rural or urban area of Ireland, or within an international, cross-cultural context to examine emerging theory. Future research could also answer the call by Thurston and Meadows (2004) for an examination of the intersections between gendered, compositional and contextual variables in various rural settings. In this way, individual-level variables, including the socio-economic and educational, could be considered against contextual influences, including geographical areas and ecological attributes in order to assess their impact upon ageing. The perspectives on ageing amongst mid-life rural women could also be examined in relation to those of mid-life men in a search for areas of commonality that may better inform policy. One recent small-scale study of mid-life men in the UK (Vas et al., 2016) finds their experiences and concerns of middle-age to be both congruent and incongruent with those of this study. Findings show over-arching categories to include: gender ideals; body ideology; fatherhood, being busy and lost opportunities; and holistic and inward self-awareness.

The United Nations Programme on Ageing in its Agenda on Ageing for the 21st Century, 2007 Update (UNPF and International, 2012), asks what factors shape the transition from middle age to old age, and how this transition can be facilitated. The document further asks what is the interplay between individual choices and social forces in preparation for old age. This is supported by Cohen (2012), who suggests that perhaps the most constructive ways of adapting to an ageing society will emerge by focusing not on age at all, but on the more relevant dimensions of human needs, capacities, and diversities. These themes reflect findings from this study that suggest further research to examine mid-life in conjunction with old age, and in particular to identify the main transitional influences that are considered pivotal to a high quality of life in old age. New cohorts of older rural women, including those at mid-life, are exhibiting previously unwitnessed diversity due to increased heterogeneity and diverse life experiences. Ageing research must reflect such change through a multi-disciplinary, lifecourse perspective.

Addressing American ‘baby-boomers’, Crystal (2006) recognises a possible clash between the interests of those at mid-life and those in other age cohorts, and makes the case for addressing social issues at mid-life. Arguing that interventions aimed at reducing late life disparities should begin earlier than the standard 65 years of age, Crystal encourages more inter-generational protection policies, rather than pitting age-group interests against one another. More recent reports (International Longevity Centre, 2014) appear to concur with Crystal’s assertion, arguing the case for interventions in the influencing factors that begin at mid-life, yet dictate the quality of life enjoyed in old age. Such influencing factors include: feelings of social isolation brought about by adult children leaving the parental home, death, divorce or separation from partners, shrinking social networks, retirement from work, and relocation to smaller homes. Many influencing factors of quality of life begin at mid-life with changing personal circumstances. Support to help deal with such changes may result in positive feelings towards ageing in later life.

Overall, this study has striven to demonstrate the diverse nature of mid-life rural women, and their perceptions and attitudes surrounding gendered ageing. A lot has been learned that can inform academia and policy, but much more needs to be unearthed within this growing cohort in order for Ireland to become, as An Taoiseach Enda Kenny T.D. stated: ‘... *the best country in which to grow old with dignity and respect*’ (*thejournal.ie*, 2012).

REFERENCES

- ACKERMAN, R. J. & BANKS, M. E. 2007. Women Over 50: Caregiving Issues. In: MUHLBAUER, V. & CHRISLER, J. C. (eds.) *Women Over 50: Psychological Perspectives*. Israel, USA: Springer.
- ANDREWS, G. J., EVANS, J. & WILES, J. L. 2013. Re-spacing and re-placing gerontology: relationality and affect. *Ageing & Society*, 33, 1339-1373.
- ANDREWS, G. J. & KEARNS, R. A. 2004. Everyday health histories and the making of place; the case of an English coastal town. *Social Science and Medicine*.
- ANDREWS, G. J. & PHILLIPS, D. R. 2005. *Ageing and Place; Perspectives, policy, practice*, Abingdon, Oxon, Routledge.
- ANDREWS, M. 1999. The seductiveness of agelessness. *Ageing and Society*, 19, 301-318.
- ANDREWS, T. 2012. What is Social Constructionism? *Grounded Theory Review: in international journal*, 11.
- ANGUS, J. & REEVE, P. 2006. Ageism: a threat to 'aging well' in the 21st century. *Journal of Applied Gerontology*, 25, 137-152.
- ANTAI, D., OKE, A., BRAITHWAITE, P. & ANTHONY, D. S. 2015. A 'Balanced' Life: Work-Life Balance and Sickness Absence in Four Nordic Countries. *The International Journal of Occupational Environmental Medicine*, 6, 205-222.
- APPLETON, J. V. & KING, L. 2002. Journeying from the philosophical contemplation of constructivism to the methodological pragmatics of health services research. *Journal of Advanced Nursing*, 40, 641-648.
- APTER, T. 1995. *Secret Paths: Women in the New Midlife*, New York, London, W W Norton & Company.
- ARBER, S. 2004. Gender, marital status, and ageing: Linking material, health, and social resources. *Journal of Aging Studies*, 18, 91-108.
- ARBER, S., DAVIDSON, K. & GINN, J. 2003. *Gender and Ageing: Changing Roles and Relationships*, Philadelphia, OUP.
- ARBER, S. & GINN, J. 2004. Ageing and Gender: Diversity and Change. *Social Trends*, 34.
- ARBER, S. & TIMONEN, V. 2015. Grandparenting. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- ARENSBERG, C. M. & KIMBALL, S. T. 2001. *Family and Community in Ireland*, Ennis, Co Clare, Ireland, CLASP PRESS.
- ARNOLD, E. 2005. A Voice of Their Own: Women Moving Into Their Fifties. *Health Care for Women International*, 26, 630-651.
- ASANTE, S. E. M. 2015. *GRANDMOTHERS' LEADERSHIP ROLES AS REFLECTED IN THE LIVES OF HIGH-ACHIEVING WOMEN: A QUALITATIVE STUDY OF THE IMPACT OF GRANDMOTHERS ON GRANDDAUGHTERS DURING THEIR FORMATIVE YEARS*. Doctor of Philosophy, Antioch, USA.
- ATKIN, C. 2003. Rural communities: human and symbolic capital development, fields apart. *Compare: A Journal of Comparative Education*, 33, 507-518.

- AZIZ, S. & CUNNINGHAM, J. 2008. Workaholism, work stress, work-life imbalance: exploring gender's role. *Gender in Management: An International Journal*, 23, 553-566.
- BABCHUK, N. 1965. Primary Friends and Kin: A Study of the Associations of Middle Class Couples. *Social Forces*, 43, 483-493.
- BALLARD, K., ELSTON, M. A. & GABE, J. 2005. Beyond the mask: women's experiences of public and private ageing during midlife and their use of age-resisting activities. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 9, 169-187.
- BALTES, P. B. & MAYER, K. U. (eds.) 1999. *The Berlin Aging Study: Aging from 70 to 100*. Cambridge, UK: Cambridge University Press.
- BANDURA, A. 1977. Self-efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review*, 84, 191-215.
- BANISTER, E. M. 1999a. Evolving Reflexivity: Negotiating Meaning of Women's Midlife Experience. *Qualitative Inquiry*, 5, 3-23.
- BANISTER, E. M. 1999b. Women's Midlife Experience of Their Changing Bodies. *Qualitative Health Research*, 9, 52-537.
- BARHAM, C. & BEGUM, N. 2006. The new urban/rural indicator in the Labour Force Survey. In: STATISTICS, O. F. N. (ed.). London: Labour Market Trends.
- BARRETT, A., BURKE, H., CRONIN, H., HICKEY, A. & KAMIYA, Y. 2011. Fifty plus in Ireland 2011: First results from The Irish Longitudinal Study on Ageing (TILDA). In: BARRETT, A., SAVVA, G., TIMONEN, V. & KENNY, R. A. (eds.). Dublin: Royal College of Surgeons in Ireland.
- BELL, D. 2006. Variations on the rural idyll. In: CLOKE, P., MARSDEN, T. & MOONEY, P. (eds.) *Handbook of Rural Studies*. London: SAGE.
- BERNARD, M., PHILLIPS, J., MACHIN, L. & HARDING-DAVIES, V. 2000. *Women Ageing: Changing Identities, Challenging Myths*, London, Routledge.
- BIGGS, S. 1997. Choosing Not To Be Old? Masks, Bodies and Identity Management in Later Life. *Ageing & Society*, 17, 553-570.
- BIGGS, S. 1999a. The 'Blurring' of the Lifecourse: Narrative, Memory and the Question of Authenticity. *Journal of Aging and Identity*, 4.
- BIGGS, S. 1999b. *The Mature Imagination: dynamics of identity in midlife and beyond*, Buckingham, Philadelphia, OUP.
- BIGGS, S. 2004. Age, gender, narratives, and masquerades. *Journal of Aging Studies*, 18, 45-58.
- BIGGS, S. 2005. Beyond appearances: perspectives on identity in later life and some implications for method. *Journal of Gerontology: Social Sciences*, 69b.3, 11.
- BIGGS, S. 2007. Thinking about generations: conceptual positions and policy implications. *Journal of Social Issues*, 63, 16.
- BIGGS, S., PHILLIPSON, C., LEACH, R. & MONEY, A.-M. 2007. The Mature Imagination and Consumption Strategies. *International Journal of Ageing and Later Life*, 2, 31-59.
- BLAIKIE, A. 1997. Beside the sea: visual imagery, ageing and heritage. *Ageing & Society*, 17, 629-648.
- BLATTER, C. W. & JACOBSEN, J. J. 1993. Older Women Coping with Divorce: Peer Support Groups. *Women and Therapy: A Feminist Quarterly*, 14.

- BOND, J. & CORNER, L. 2004. *Quality of Life and Older People*, England, OUP.
- BOUDINY, K. 2013. 'Active ageing': from empty rhetoric to effective policy tool. *Ageing & Society*, 33, 1077-1098.
- BOURASSA, K. J., SBARRA, D. A. & WHISMAN, M. A. 2015. Women in Very Low Quality Marriages Gain Life Satisfaction Following Divorce. *Journal of Family Psychology*, 29.
- BOWLING, A. 2011. Good Neighbours: Measuring Quality of Life in Older Age. In: WATSON, J. & SINCLAIR, D. (eds.). UK: The International Longevity Centre - UK.
- BOWLING, A. & DIEPPE, P. 2005. What is succesful ageing and who should define it? *BMJ*, 331, 4.
- BOWLING, A. & ZAHAVA, G. 2007. Lay theories of quality of life in older age. *Ageing & Society*, 27, 827-848.
- BRERETON, F., BULLOCK, C., CLINCH, P. J. & SCOTT, M. 2011. Rural change and individual well-being: the case of Ireland and rural quality of life. *European Urban and Regional Studies*, 18, 203-227.
- BRYANT, L. & PINI, B. 2011. *Gender and Rurality*, New York, Routledge.
- BURHOLT, V., CURRY, N., KEATING, N. & EALES, J. 2014. Connecting with community: the nature of belonging among rural elders. In: HAGAN HENNESSY, C., MEANS, R. & BURHOLT, V. (eds.) *Countryside Connections: older people, community and place in rural Britain*. Policy Press, UK.
- BURKE, D. 1993. *On Women Turning 50: Celebrating Mid-Life Discoveries*, San Fransisco, HarperSanFransisco.
- BURNS, A. & LEONARD, R. 2005. Chapters of Our Lives: Life Narratives of Midlife and Older Australian Women. *Sex Roles*, 52.
- BUTLER, J. 1999. *Gender Trouble*, New York; London, Routledge.
- BUTLER, J. 2004. *Undoing Gender*, UK, Routledge.
- BUTLER, R. N. 1969. Ageism: another form of bigotry. *The Gerontologist*, 9, 4.
- BUTLER, R. N. 2009. Combating Ageism. *International Psychogeriatrics*, 21, 211.
- BYRNE, A. 2003. Developing a Sociological Model for Researching Women's Self and Social Identities. *European Journal of Women's Studies*, 10.
- CALASANTI, T. M. & SLEVIN, K. F. 2006. *Age Matters: Realigning Feminist Thinking*, New York, Routledge Taylor and Francis Group.
- CAPLAN, P. J. 1985. Single life and married life and women's sexuality. *International Journal of Women's Studies*, 8, 6-11.
- CARNEY, G., NÍ LÉIME, Á. & WALSH, K. (eds.) 2015. *Ageing through Austerity: Critical Perspectives from Ireland*, Bristol: Policy Press.
- CAROLAN, M. S. 2008. More-than-Representational Knowledge/s of the Countryside: How We Think as Bodies. *Sociologia Ruralis*, 48.
- CARROLL, M. & BARTLETT, H. 2015. Ageing well across cultures. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- CARVALHO WILKS, D. & NETO, F. 2013. Workplace Well-being, Gender and Age: Examining the 'Double Jeopardy' Effect. *Social Indicators Research*, 114, 875-890.

- CHARMAZ, K. 1983. The Grounded Theory Method: An Explication and Interpretation. In: EMERSON, R. M. (ed.) *Contemporary Field Research*. Boston, Toronto: Little, Brown and Company.
- CHARMAZ, K. 2002. Qualitative Interviewing and Grounded Theory Analysis. In: GUBRIUM, J. F. & HOLSTEIN, J. A. (eds.) *Handbook of Interview Research*. London: Sage Publications.
- CHARMAZ, K. 2006. *Constructing Grounded Theory: A practical guide through qualitative analysis*, London, SAGE.
- CHARMAZ, K. 2015. Teaching Theory Construction With Initial Grounded Theory Tools: A Reflection on Lessons and Learning. *Qualitative Health Research*, 25, 1610-1622.
- CHASTEEN, A. L., BASHIR, N. Y., GALLUCCI, C. & VISEKRUNA, A. 2011. Age and Antiaging Technique Influence Reactions to Age Concealment. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66, 719-724.
- CHATZITHEOCHARI, S. & ARBER, S. 2012. Class, gender and time poverty: a time-use analysis of British workers' free time resources. *The British Journal of Sociology*, 63, 451-471.
- CHONODY, J. M. & TEATER, B. 2016. Why do I dread looking old?: A test of social identity theory, terror management theory, and the double standard of aging. *Journal of Women and Aging*, 28, 112-126.
- CHRISLER, J. C. (ed.) 2007. *Women over 50: Psychological Perspectives*, New York: Springer.
- CHRISLER, J. C. & GHIZ, L. 1993. Body Images of Older Women. *Women and Therapy: A Feminist Quarterly*, 14.
- CHRISLER, J. C. & PALATINO, B. 2016. Stronger Than You Think: Older Women and physical Activity. *Women & Therapy*, 39, 157-170.
- CLARKE, L. H. & BENNETT, E. V. 2015. Gender, ageing and appearance. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- COHEN, P. 2012. *In Our Prime: the fascinating history and promising future of middle age*, New York, Scribner.
- CONDER, A., MIRFIN-VEITCH, B. F. & GATES, S. 2015. Risk and Resilience Factors in the Mental Health and Well-Being of Women with Intellectual Disability. *Journal of Applied Research in Intellectual Disabilities*, 28, 572-583.
- CONLON, C., TIMONEN, V., CARNEY, G. & SCHARF, T. 2015. Women (Re)Negotiating Care across Family Generations. *Gender & Society*, 28, 729-751.
- COOLEY, C. H. 1902. *Human Nature and the Social Order*, New York, Charles Scribner's.
- COWARD, R. T. & KROUT, J. A. (eds.) 1998. *Aging in Rural Settings: Life Circumstances & Distinctive Features*, New York: Springer Publishing Company.
- CRAIB, I. 1998. *Experiencing Identity*, London, Sage.
- CROTTY, M. 1998. *The foundations of social research: Meaning and perspective in the research process*, London, Sage.

- CRYSTAL, S. 2006. Dynamics of Late-Life Inequality: Modeling the Interplay of Health Disparities, Economic Resources, and Public Policies. In: BAARS, J., DANNEFER, PHILLIPSON, C. & WALKER, A. (eds.) *Ageing, Globalization and Inequality*. Amityville: Baywood.
- CSO. 2011. *Central Statistics Office* [Online]. Cork, Ireland. Available: <http://www.cso.ie> [Accessed].
- DANNEFER, D. 2003. Cumulative Advantage/Disadvantage and the Life Course: Cross-Fertilizing Age and Social Science Theory. *Journal of Gerontology*, 58B, 327-337.
- DAVEY, J. 2007. Older people and transport: coping without a car. *Ageing and Society*, 27, 49-65.
- DAYMON, C. & HOLLOWAY, I. 2002. *Qualitative Research Methods in Public Relations and Marketing Communications*, London, Routledge.
- DEGGES-WHITE, S. & MYERS, J. E. 2006. Women at Midlife: An Exploration of Chronological Age, Subjective Age, Wellness, and Life Satisfaction. *Adultspan Journal*, 5.
- DEGNEN, C. 2016. Socialising place attachment: place, social memory and embodied affordances. *Ageing and Society*, 1-23.
- DELORMIER, T., FROHLICH, K. & POTVIN, L. 2009. Food and eating as social practice - understanding eating patterns as social phenomena and implications for public health. *Sociology of Health and Illness*, 31, 215-228.
- DEMEY, D., BERRINGTON, A., EVANDROU, M., FALKINGHAM, J. & MCGOWAN, T. 2011. How has mid-life changed in Britain since the 1980s? In: MCGOWAN, T. (ed.) *ESRC Centre for Population Change, Briefing 2*. Southampton: University of Southampton.
- DENSCOMBE, M. 2003. *The Good Research Guide*, Maidenhead, Open University Press.
- DITTMANN-KOHLI, F. & JOPP, D. 2007. Self and life management: Wholesome knowledge for the third age. In: BOND, J., PEACE, S., DITTMANN-KOHLI & WESTERHOF, G. (eds.) *Ageing in Society*. London: SAGE.
- DODGE, R., DALY, A. P., HUYTON, J. & SANDERS, L. D. 2012. The Challenge of defining wellbeing. *Journal of Wellbeing*, 2, 225-235.
- DORNER, J., MICKLER, C. & STAUDINGER, U. M. 2005. Self-Development at Midlife. In: WILLIS, S. L. & MARTIN, M. (eds.) *Middle Adulthood*. California: SAGE.
- DU PLESSIS, V., BESHIRI, R. & BOLLMAN, R. D. 2001. Definitions of Rural. *Rural and Small Town Canada Bulletin*. Ottawa: Statistics Canada.
- DUMAS, A., LABERGE, S. & STRAKA, S. M. 2005. Older Women's Relations to bodily appearance: the embodiment of social and biological conditions of existence. *Ageing and Society*, 25, 883-902.
- DUVVURY, N., NÍ LÉIME, Á., CALLAN, A., PRICE, L. & SIMPSON, M. 2012. Older Women Workers' Access to Pensions: Vulnerabilities, Perspectives and Strategies. Galway, Belfast: NUI Galway; Queen's University Belfast.
- EDMONDSON, R. & SCHARF, T. 2015. Rural and urban ageing. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon; New York: Routledge.

- ELDER, G. H. J. & GIELE, J. Z. 2009. Life Course Studies: An Evolving Field. In: ELDER, G. H. J. & GIELE, J. Z. (eds.) *The Craft of Life Course Research*. New York; London: The Guilford Press.
- FALCUS, S. 2013. Addressing Age in Michele Robert's 'Reader I Married Him'. *Contemporary Women's Writing*, 7, 18-34.
- FURMAN, F. K. 1997. *Facing the Mirror: Older Women and Beauty Shop Culture*, New York, Routledge.
- GANNON, L. R. 1999. *Women and Aging*, London, Routledge.
- GEORGE, L. K. 2003. What Life-Course Perspectives Offer the Study of Aging and Health. In: SETTERSTEN, R. A. (ed.) *Invitation to the Life Course*. New York: Baywood Publishing Company.
- GIELE, J. & ELDER, G. 1998. *Methods of Life Course Research: Qualitative and Quantitative Approaches*, Newbury Park, CA, Sage.
- GILBERT, L. A. 1993. Women at Midlife: Current Theoretical Perspectives and Research. *Women and Therapy: A Feminist Quarterly*, 14.
- GILES, H. & REID, S. A. 2005. Ageism Across the Lifespan: Towards a Self-Categorization Model of Ageing. *Journal of Social Issues*, 61, 389-404.
- GILHOOLY, M., GILHOOLY, K. & BOWLING, A. 2005. Quality of Life: Meaning and Measurement. In: WALKER, A. (ed.) *Understanding Quality of Life in Old Age*. England: OUP.
- GILL, C. S., MINTON, C. B. & MYERS, J. 2015. Poor, Rural Women: Spirituality, Religion, and Wellness Across the Life Span. *Adulthood*, 14.
- GINN, J. & ARBER, S. 1996. Gender, Age and Attitudes to Retirement in Mid-Life. *Ageing & Society*, 16, 27-55.
- GLASER, B. G. & STRAUSS, A. L. 1967. *The discovery of grounded theory: strategies for qualitative research*, NY, Hawthorne: Aldine de Gruyter.
- GOFFMAN, E. 1959. *The Presentation of Self in Everyday Life*, New York, Anchor Books.
- GOFFMAN, E. 1963. *Stigma: Notes on the Management of Spoiled Identity*, USA, Prentice-Hall.
- GREENFIELD, E. A. & REYES, L. 2014. Continuity and Change in Relationships with Neighbors: Implications for Psychological Well-being in Middle and Later Life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 70, 607-618.
- GRUNDY, E., FLETCHER, A., SMITH, S. & LAMPING, D. 2007. Successful Ageing and Social Interaction - a Policy Brief. UK: ILC, UK.
- GRUNDY, E. & HENRETTA, J. C. 2006. Between elderly parents and adult children: a new look at the intergenerational care provided by the 'sandwich generation'. *Ageing and Society*, 26, 707-722.
- GUBRIUM, J. F. & HOLSTEIN, J. A. 2002. The Active Subject in Qualitative Gerontology. In: ROWLES, G. D. & SCHOENBERG, N. E. (eds.) *Qualitative Gerontology: A Contemporary Perspective*. 2nd ed. New York: Springer.
- GULLETTE, M. M. 1997. *Declining to Decline: Cultural Combat and the Politics of Midlife*, Charlottesville, London, University Press of Virginia.
- GULLETTE, M. M. 2015. Aged by culture. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.

- HAFFORD-LETCHFIELD, T., LAMBERT, N., LONG, E. & BRADY, D. 2016. Going solo: Findings from a survey of women aging without a partner and who do not have children. *Journal of Women and Aging* [Online], 0. Available: <http://dx.doi.org/10.1080/08952841.2016.1187544>.
- HALCYON 2014. Healthy Ageing across the Life Course. In: UCL, M. U. F. L. H. A. A. A. (ed.) *New Dynamics of Ageing; Medical Research Council; Age UK; UCL*. London, UK.
- HALFACREE, K. 1995. Talking About Rurality: Social Representations of the Rural as Expressed by Residents of Six English Parishes. *Journal of Rural Studies*, 11, 1-20.
- HALFACREE, K. 2006. Rural space: constructing a three-fold architecture. In: CLOKE, P., MARSDEN, T. & MOONEY, P. (eds.) *Handbook of Rural Studies*. London: SAGE.
- HALFACREE, K. H. 1993. Locality and social representation: space, discourse and alternative definitions of the rural. *Journal of Rural Studies*, 9, 23-37.
- HANSEN, T., SLAGSVOLD, B. & MOUM, T. 2009. Childlessness and Psychological well-being in Midlife and old age: an examination of parental status effects across a range of outcomes. Norway: Springer.
- HART, G. L., LARSON, E. H. & LISHNER, D. M. 2005. Rural definitions for health policy and research. *American Journal of Public Health*, 95, 1149-55.
- HAYES-CONROY, A. & HAYES-CONROY, J. 2016. Bodily Well-being and the Visceral Geographies of the Rural. In: SHUCKSMITH, M. & BROWN, D. L. (eds.) *Routledge International Handbook of Rural Studies*. London, New York: Routledge.
- HEALEY, S. 1993. Confronting Ageism: a MUST for mental health. *Women and Therapy: A Feminist Quarterly*, 14.
- HENDRICKS, J. 2012. Considering Life Course Concepts. *The Journals of Gerontology*, 67, 226-231.
- HENNESSY, C. 1992. Culture in the Use, Care, and Control of the Aging Body. In: GUBRIUM, J. F. & CHARMAZ, K. (eds.) *Aging, Self, and the Community*. Connecticut, London: JAI Press Ltd.
- HENNESSY, C., MEANS, R. & BURHOLT, V. (eds.) 2014. *Countryside Connections: Older people, community and place in rural Britain*, Bristol, Chicago: Policy Press.
- HENRETTA, J. C. & MCCRORY, C. 2016. Childhood Circumstances and Mid-Life Functional Mobility. *Journal of Aging and Health*, 28, 440-459.
- HERRICK, C. 2016. Global Health, Geographical Contingency, and Contingent Geographies. *Annals of the American Association of Geographers*, 106, 672-687.
- HIGGS, P., HYDE, M., ARBER, S., BLANE, D., BREEZE, E., NAZROO, J. & WIGGINS, D. 2005. Dimensions of the inequalities in quality of life in older age. In: WALKER, A. (ed.) *Understanding Quality of Life in Old Age*. England: OPU.
- HOCKEY, J. & JAMES, A. 2003. *Social Identities Across the Life Course*, Hampshire, UK, Palgrave MacMillan.

- HOGAN, S. 2016. "Age is Just a Number, Init?": Interrogating Perceptions of Age and Women within Social Gerontology. *Women's Studies: An inter-disciplinary journal*, 45, 57-77.
- HOOYMAN, N. R. & KIYAK, H. A. 2011. *Social Gerontology: a multidisciplinary perspective*, Boston, USA, Pearson.
- HOPKINS, P. & PAIN, R. 2007. Geographies of Age: thinking relationally. *Royal Geographical Society*.
- HOWELL, L., C & BETH, A. 2002. Midlife Myths and Realities: Women reflect on their experiences. *Journal of Women and Aging*, 14, 189-204.
- HOWELL, L., CALHOUN 2001. Implications of Personal Values in Women's Midlife Development. *Counseling and Values*, 46, 54-66.
- HUGHES, B. 1990. Quality of Life. In: PEACE, S. (ed.) *Researching Social Gerontology*. London: SAGE.
- HUNT, S. 2005. *The Life Course: A Sociological Introduction*, Hampshire, PALGRAVE MACMILLAN.
- HURD-CLARKE, L. 2000. Older Women's Body Image and Embodied Experience: An Exploration. *Journal of Women and Aging*, 12.
- HURD-CLARKE, L. & BENNETT, E. V. 2015. Gender, ageing and appearance. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- ILC-UK 2014. Growing number of 'Silver Separators' as divorce rates increase among older people. London: ILC-UK.
- INNOVATION, E. C. R. 2011. Toolkit Gender in EU-funded research.
- INTERNATIONAL LONGEVITY CENTRE, U. 2014. The Links Between Social Connections and Wellbeing in Later Life. UK: ILC, UK.
- ISOPAHKALA-BOURET, U. 2015. Graduation at 50+: Contested efforts to construct "third age" identities and negotiate cultural age stereotypes. *Journal of Aging Studies*, 35, 1-9.
- JAMIESON, A. 2002. Theory and Practice in Social Gerontology. In: JAMIESON, A. & VICTOR, C., R (eds.) *Researching Ageing and Later Life*. Buckingham, UK: Open University Press.
- JAQUES, E. 1965. Death and the midlife crisis. *International Journal of Psychoanalysis*, 46.
- JONES, D. A. & PETERS, T. J. 1992. Caring for Elderly Dependants: Effects on the Carers' Quality of Life. *Age and Ageing*, 21, 421-428.
- JOSEPH, A. E. & CLOUTIER-FISHER, D. 2005. Ageing in Rural Communities. In: ANDREWS, G. J. & PHILLIPS, D. R. (eds.) *Ageing and Place*. Abingdon, Oxon: Routledge.
- KAUFMAN, S. R. 1994. In-Depth Interviewing. In: GUBRIUM, J. F. & SANKAR, A. (eds.) *Qualitative Methods in Aging Research*. California: SAGE.
- KEARNS, R. A. & ANDREWS, G. J. 2005. Placing Ageing: positionings in the study of older people. In: ANDREWS, G. J. & PHILLIPS, D. R. (eds.) *Ageing and Place*. Milton Park, Abingdon, Oxon: Routledge.
- KEATING, N. (ed.) 2008. *Rural Ageing: a good place to grow old?*, Bristol, England: Policy Press.
- KEITH, J., FRY, C. L., GLASCOCK, A. P., IKELS, C., DICKERSON-PUTMAN, J., HARPENDING, H. C. & DRAPER, P. 1994. *The Aging Experience: Diversity and Commonality Across Cultures*, California, London, New Delhi, SAGE.

- KENNEDY, Q., FUNG, H. H. & CARSTENSEN, L. L. 2001. Aging, Time Estimation, and Emotion. *In*: MCFADDEN, S. H. & ATCHLEY, R. C. (eds.) *Aging and the Meaning of Time*. New York: Springer.
- KIVETT, V. R. 1988. Aging in a Rural Place: the Elusive Source of Well-Being. *Journal of Rural Studies*, 4, 125-132.
- KIVETT, V. R. 2001. Rural Older Women. *In*: COYLE, J. M. (ed.) *Handbook on Women and Aging*. Connecticut: Praeger.
- KLAUS, D. & SCHNETTLER, S. 2016 [in press]. Social networks and support for parents and childless adults in the second half of life: Convergence, divergence, or stability? *Advances in Life Course Research*.
- KNEALE, D. 2012. Is Social Exclusion still important for Older People? London: ILC-UK.
- KROUT, J. A. 1988. The Elderly in Rural Environments. *Journal of Rural Studies*, 4, 103-114.
- KUH, D., COOPER, R., HARDY, R., RICHARDS, M. & BEN-SHLOMO, Y. (eds.) 2014. *A Life Course Approach to Healthy Ageing*, Oxford: Oxford University Press.
- LACHMAN, M. E. 2004. Development in Midlife. *Annual Review Psychology*, 55, 305-331.
- LACHMAN, M. E., TESHAE, S. & AGRIGOROEI 2015a. Midlife as a pivotal period in the life course: Balancing growth and decline at the crossroads of youth and old age. *International Journal of Behavioral Development*, 39, 20-31.
- LASLETT, P. 1991. *A Fresh Map of Life: The emergence of the Third Age*, London, Weidenfeld.
- LAWRENCE, B. S. 1980. The Myth of the Midlife Crisis. *Sloan Management Review*, 21.
- LEVINSON, D. J. 1996. *The Seasons of a Woman's Life*, New York, Ballantine Books.
- LEVY, B. R. 2001. Eradication of Ageism Requires Addressing the Enemy Within. *The Gerontologist*, 41, 578-579.
- LEWIS, K. G. & MOON, S. 1997. Always Single and Single Again Women: a Qualitative Study. *Journal of Marital and Family Therapy*, 23, 115-134.
- LIANG, J. & LUO, B. 2012. Toward a discourse shift in social gerontology: From successful aging to harmonious aging. *Journal of Aging Studies*, 26, 327-334.
- LIEBLER, C. & SANDEFUR, G. D. 2002. Gender differences in the exchange of social support with friends, neighbors, and co-workers at midlife. *Social Science Research*, 31, 364-391.
- LIPPERT, L. 1997. Women at Midlife: Implications for Theories of Women's Adult Development. *Journal of Counseling and Development*, 76.
- LITTLE, J. 2006. Gender and sexuality in rural communities. *In*: CLOKE, P., MARSDEN, T. & MOONEY, P. (eds.) *Handbook of Rural Studies*. London: SAGE.
- LITTLE, J. & AUSTIN, P. 1996. Women and the Rural Idyll. *Journal of Rural Studies*, 12, 10.

- LOE, M. & JOHNSTON, D. K. 2016. Professional women “rebalancing” in retirement: Time, relationships, and body. *Journal of Women and Aging*, 28, 418-430.
- LOEWENSTEIN, S. F., BLOCH, N. E., CAMPION, J., EPSTEIN, J. S., GALE, P. & SALVATORE, M. 1981. A study of satisfactions and stresses of single women in midlife. *Sex Roles*, 7, 1127-1141.
- LUSZCZYNSKA, A. & SCHWARZER, R. 2005. Social Cognitive Theory. In: CONNER, M. & NORMAN, P. (eds.) *Predicting Health Behavior*. London: OUP.
- MACDONALD, M. 2001. Finding a Critical Perspective in Grounded Theory. In: SCHREIBER, R. S. & STERN, P. N. (eds.) *Using Grounded Theory in Nursing*. NY: Springer.
- MACDONALD, M. & SCHREIBER, R. S. 2001. Constructing and Deconstructing: Grounded Theory in a Postmodern World. In: SCHREIBER, R. S. & STERN, P. N. (eds.) *Using Grounded Theory in Nursing*. NY: Springer.
- MAHON, M. 2007. New populations; shifting expectations: The changing experience of Irish rural space and place. *Journal of Rural Studies*, 23, 345-356.
- MAHON, M., FAHY, F. & Ó CINNÉIDE, M. 2012. The significance of quality of life and sustainability at the urban-rural fringe in the making of place-based community. *GeoJournal*.
- MARSHALL, B. L. 2015. Anti-ageing and identities. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- MARSHALL, V. W. 1995. Social Models of Aging. *Canadian Journal on Aging*, 14, 12-34.
- MARSHALL, V. W. & MUELLER, M. M. 2003. Theoretical Roots of the Life-Course Perspective. In: HEINZ, W. R. & MARSHALL, V. W. (eds.) *Social Dynamics of the Lifecourse*. New York: Aldine De Gruyter.
- MARTENS, A., GOLDENBERG, J. L. & GREENBERG, J. 2005. A Terror Management Perspective on Ageism. *Journal of Social Issues*, 61, 223-239.
- MARTIN, B. S. 2000. Irish Rural Structure and Gaeltacht Areas. Centre for Local and Regional Studies, NUI Maynooth.
- MAXEY, L. 2009. Ageism in geographies of age. In: KITCHIN, R. & THRIFT, N. (eds.) *International Encyclopaedia of Human Geography*. Oxford: Elsevier.
- MCCULLOCH, B. J. & KIVETT, V. R. 1998. Older Rural Women: Aging in Historical and Current Contexts. In: COWARD, R. T. & KROUT, J. A. (eds.) *Aging in Rural Settings*. New York: Springer.
- MCFADDEN, S. H. & ATCHLEY, R. C. (eds.) 2001. *Aging and the Meaning of Time*. New York: Springer.
- MCNERNEY, C. & GILLMOR, D. 2005. Experiences and perceptions of rural women in the Republic of Ireland: studies in the Border Region. *Irish Geography*, 38 44-56.
- MCQUAIDE, S. 1998. Women at Midlife. *Social Work*, 43.

- MILLER, D. A. 1981. The 'sandwich' generation: adult children of the aging. *Social Work: a journal of the national association of social workers*, 26, 419-423.
- MILLIGAN, C. & BINGLEY, A. 2015. Gardens and gardening in later life. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- MILLS, J., BONNER, A. & FRANCIS, K. 2006. The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods*, 5.
- MILNE, M., DIVINE, A., HALL, C., GREGG, M. & HARDY, J. 2014. Non-Participation: How Age Influences Inactive Women's Views of Exercise. *Journal of Applied Biohavioral Research*, 19, 171-191.
- MITCHELL, V. & HELSON, R. 1990. Women's Prime of Life: is it the 50s? *Psychology of Women Quarterly*, 14, 451-470.
- MOEN, P. 2011. A Life-Course Approach to the Third Age. In: CARR, D. C. & KOMP, K. (eds.) *Gerontology in the Era of the Third Age*. New York: Springer Publishing Company.
- MOORE, S. 2009. 'No matter what I did I would still end up in the same position': age as a factor defining older women's experience of labour market participation'. *Work, employment and society*, 23, 655-671.
- MORSE, J. M. 2001. Situating Grounded Theory within Qualitative Inquiry. In: SCHREIBER, R. S. & STERN, P. N. (eds.) *Using Grounded Theory in Nursing*. NY: Springer.
- MUHLBAUER, V. 2007. The Well-being and Quality of Life of Women Over 50: A Gendered-Age Perspective. In: MUHLBAUER, V. & CHRISLER, J. C. (eds.) *Women Over 50: Psychological Perspectives*. Israel, USA: Springer.
- NATIONAL STATISTICS, O. F. 2016. At what age is Personal Well-being the highest? UK: Office for National Statistics.
- NEUGARTEN, B. L. & DATAN, N. 1974. *The Middle Years*, New York, Basic Books.
- NÍ LÉIME, Á. 2016. Older women public sector workers in Ireland; decisions about retirement timing. *Journal of Women and Aging*, 00, 1-13.
- NIEMELA, P. & LENTO, R. 1993. The Significance of the 50th Birthday for Women's Individuation. *Women and Therapy: A Feminist Quarterly*, 117-127.
- NOLEN-HOEKSEMA, S. 2010a. *The Power of Women: Harness Your Unique Strengths at Home, at Work, and in Your Community*, New York, Times Books.
- NOLEN-HOEKSEMA, S. D. 2010b. *The Power of Women*, Great Britain, Piatkus.
- OBERG, P. & TORNSTAM, L. 2001. Youthfulness and Fitness - Identity Ideals for All Ages? *Journal of Aging and Identity*, 6, 15-29.
- PAIN, R., BARKE, M., FULLER, D., GOUGH, J., MACFARLANE, R. & MOWL, G. 2001. *Introducing Social Geographies*, London, Hodder Arnold.
- PANELLI, R. 2006. Rural society. In: CLOKE, P., MARSDEN, T. & MOONEY, P. (eds.) *Handbook of Rural Studies*. London: SAGE.

- PARRY, D. C. & SHAW, S. M. 1999. The Role of Leisure in Women's Experiences of Menopause and Mid-Life. *Leisure Sciences*, 21, 205-218.
- PEACE, S., HOLLAND, C. & KELLAHER, L. 2003. Environment and Identity in Later Life: A cross-setting study. Swindon: ESRI (Economic Social Research Council).
- PEACE, S., HOLLAND, C. & KELLAHER, L. 2005. Making Space for Identity. In: ANDREWS, G. J. & PHILLIPS, D. R. (eds.) *Ageing and Place*. Abingdon, Oxon: Routledge.
- PEACE, S., HOLLAND, C. & KELLAHER, L. 2011. 'Option recognition' in later life: variations in ageing in place. *Ageing and Society*, 31, 734-757.
- PEARLMAN, S. F. 1993. Late Mid-life Astonishment: Disruptions to Identity and Self-Esteem. *Women and Therapy: A Feminist Quarterly*, 14.
- PEARSON SCOTT, J. 1998. Family Relationships of Older, Rural Women: Stability and Change. *Journal of Women and Aging*, 10, 67-80.
- PHILLIPS, J., AJROUCH, K. & HILLCOAT-NALLETAMBY, S. 2010. *Key Concepts in Social Gerontology*, LA, London, SAGE.
- PHILLIPSON, C. & SCHARF, T. 2005. Rural and urban perspectives on growing old: developing a new research agenda. *European Journal of Ageing*, 2, 67-75.
- PHOENIX, C. & GRIFFIN, M. 2015. Sport, physical activity and ageing. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- PHOENIX, C. & ORR, N. 2014. Pleasure: A forgotten dimension of physical activity in older age. *Social Science and Medicine*, 115, 94-102.
- PIETILA, I. & OJALA, H. 2011. Acting age in the context of health: middle-aged working-class men talking about bodies and aging. *Journal of Aging Studies*, 25, 380-389.
- PINQUART, M. 2002. CREATING AND MAINTAINING PURPOSE IN LIFE IN OLD AGE: A META-ANALYSIS. *Ageing International*, 27, 90-114.
- POWER, M. & KUYKEN, W. 1998. THE WORLD HEALTH ORGANIZATION QUALITY OF LIFE ASSESSMENT (WHOQOL): DEVELOPMENT AND GENERAL PSYCHOMETRIC PROPERTIES. *Social Science and Medicine*, 46, 1569-1585.
- RAUP, J. L. & MYERS, J. E. 1989. The Empty Nest Syndrome: Myth or Reality. *Journal of Counseling and Development*, 68, 180-183.
- RICHARD, V. M. & LAHMAN, M. K. E. 2014. Photo-elicitation: reflexivity on method, analysis, and graphic portraits. *International Journal of Research & Method in Education*, 38.
- ROSE, S. M. 2007. Enjoying the Returns: Women's Friendships After 50. In: MUHLBAUER, V. & CHRISLER, J. C. (eds.) *Women Over 50: Psychological Perspectives*. Israel, USA: Springer.
- ROSS, C. E. 1991. Marriage and the Sense of Control. *Journal of Marriage and Family*, 53, 831-838.
- ROUNTREE, C. (ed.) 1993. *On Women Turning 50: Celebrating Mid-Life Discoveries*, San Fransisco: HarperSanFransisco.
- ROWE, J. W. & KAHN, R. L. 1987. Human Aging: Usual and Successful. *Science, New Series*, 237, 143-149.

- ROWLES, G. D. 1978. *Prisoners of Space? Exploring the geographic experience of older people*, Boulder, CO, Westview.
- ROWLES, G. D. 1988. What's Rural About Rural Aging? An Appalachian Perspective. *Journal of Rural Studies*, 4, 115-124.
- ROWLES, G. D. 1993. Evolving Images of Place in Aging and Aging in Place. *Generations*, 17, 6.
- ROWLES, G. D. & BERNARD, M. (eds.) 2013. *Environmental Gerontology: Making Meaningful Places in Old Age*, New York: Springer.
- ROWLES, G. D. & CHAUDHURY, H. (eds.) 2005. *Home and Identity in Late Life: International Perspectives*, New York: Springer Publishing Company.
- ROWLES, G. D. & SCHOENBERG, N. (eds.) 2002. *Qualitative Gerontology: a contemporary perspective*, New York: Springer Publishing Company.
- RUBINSTEIN, R. L. 2002. The Qualitative Interview With Older Informants: Some Key Questions. In: ROWLES, G. D. & SCHOENBERG, N. E. (eds.) *Qualitative Gerontology: A Contemporary Perspective*. 2nd ed. New York: Springer.
- RUBINSTEIN, R. L. & DE MEDEIROS, K. 2015. "Successful Aging," Gerontological Theory and Neoliberalism: A Qualitative Critique. *The Gerontologist*, 55, 34-42.
- RUBINSTEIN, R. L. & PARMELEE, P. A. 1992. Attachment to place and the representation of the life course by the elderly. In: ALTMAN, I. & LOW, S. M. (eds.) *Place Attachment*. New York and London: Plenum Press.
- RUSSELL, H., QUINN, E., O'RIAIN, R. K. & MCGINNITY, F. 2008. The Experience of Discrimination in Ireland. Dublin: The Equality Authority; The Economic and Social Research Institute.
- SADLER, E. & BIGGS, S. 2006. Exploring the links between spirituality and 'successful ageing'. *Journal of Social Work Practice*, 20, 13.
- SAUCIER, M. G. 2004. Midlife and Beyond: Issues for Aging Women. *Journal of Counseling and Development*, 82.
- SCHARF, T., WALSH, K. & O'SHEA, E. 2016a. Ageing in Rural Places. In: SHUCKSMITH, M. & BROWN, D. L. (eds.) *Routledge International Handbook of Rural Studies*. London, New York: Routledge.
- SCHREIBER, R. S. 2001. The 'How To' of Grounded Theory: Avoiding the Pitfalls. In: SCHREIBER, R. S. & STERN, P. N. (eds.) *Using Grounded Theory in Nursing*. NY: Springer.
- SETTERSTEN, R. A. & MAYER, K. U. 1997. THE MEASUREMENT OF AGE, AGE STRUCTURING, AND THE LIFE COURSE. *Annual Review Sociology*, 23, 233-261.
- SHAPIRO, A. & COONEY, T. M. 2007. DIVORCE AND INTERGENERATIONAL RELATIONS ACROSS THE LIFE COURSE. *Advances in Life Course Research*, 12, 192-219.
- SHAPIRO, P. G. 2001. *Heart to Heart: deepening women's friendships at midlife*, New York, Berkley.
- SHERGOLD, I., PARKHURST, G. & MUSSELWHITE, C. 2012. Rural car dependence: an emerging barrier to community activity for older people. *Transportation Planning and Technology*, 35, 69-85.

- SHERMAN, S. R. 2001. Images of Middle-aged and Older Women: Historical, Cultural, and Personal. In: COYLE, J. M. (ed.) *Handbook on Women and Aging*. Westport, Connecticut: Praeger.
- SHERRY, A., TOMLINSON, J. M., LOE, M., JOHNSTON, K. & FEENEY, B. C. 2017. Apprehensive about retirement: Women, life transitions, and relationships. *Journal of Women and Aging*, 29, 173-184.
- SHORT, B. 2006. Idyllic ruralities. In: CLOKE, P., MARSDEN, T. & MOONEY, P. (eds.) *Handbook of Rural Studies*. London: SAGE.
- SHORTALL, S. 2016. Gender and Identity Formation. In: SHUCKSMITH, M. & BROWN, D. L. (eds.) *Routledge International Handbook of Rural Studies*. London, New York: Routledge.
- SIEGEL, R. J. 1993. Between Midlife and Old Age: Never Too Old to Learn. *Women and Therapy: A Feminist Quarterly*, 14.
- SILVERMAN, D. 2010. *Doing Qualitative Research: a Practical Handbook*, London, SAGE.
- SIMON, R. J., CROTTS, G. & MAHAN, L. 1970. An Empirical Note about Married Women and Their Friends. *Social Forces*, 48, 520-525.
- SINNOTT, J. D. 2002. Developmental Models of Midlife and Aging in Women: Metaphors for Transcendence and for Individuality in Community. In: COYLE, J. M. (ed.) *Handbook on Women and Aging*. Connecticut: Praeger.
- SKUCHA, J. & BERNARD, M. 2000. Women's work and the transition to retirement. In: BERNARD, M., PHILLIPS, J., MACHIN, L. & DAVIES, V. H. (eds.) *Women Ageing: changing identities, challenging myths*. London, New York: Routledge.
- SONTAG, S. 1972. The Double Standard of Aging. *Saturday Review of Literature*, 39, 29-38.
- STERN, P. N. & COVAN, E. K. 2001. Early Grounded Theory: Its Processes and Products. In: SCHREIBER, R. S. & STERN, P. N. (eds.) *Using Grounded Theory in Nursing*.
- STERNS, H. L. & HUYCK, M. H. 2001. The Role of Work in Midlife. In: LACHMAN, M. E. (ed.) *Handbook of Midlife Development*. Nw York: John Wiley & Sons.
- STEWART, A. J., OSTROVE, J. M. & HELSON, R. 2001. Middle Aging in Women: Patterns of Personality Change from the 30s to the 50s. *Journal of Adult Development*, 8.
- STOWE, J. D. & COONEY, T. M. 2014. Examining Rowe and Kahn's Concept of Successful Aging: Importance of Taking a Life Course Perspective. *The Gerontologist*, 55, 43-5-.
- STRAUSS, A. & CORBIN, J. 1990. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, London, SAGE.
- STRAZDINS, L., WELSH, J., KORDA, R., BROOM, D. & PAOLUCCI, F. 2015. Not all hours are equal: could time be a social determinant of health? *Sociology of Health and Illness*.
- STREIB, G. F. 1972. Old Age in Ireland: Demographic and Sociological Aspects. In: COWGILL, D. O. & HOLMES, L. D. (eds.) *Aging and Modernization*. New York: Appleton-Century-Crofts.

- STRNADOVA, I. & EVANS, D. 2015. Older Women With Intellectual Disabilities: Overcoming Barriers to Autonomy. *Journal of Policy and Practice in Intellectual Disabilities*, 12, 12-19.
- SUGAR, J. A. 2007. Work and Retirement: Challenges and Opportunities for Women Over 50. In: MUHLBAUER, V. & CHRISLER, J. C. (eds.) *Women Over 50: Psychological Perspectives*. Israel, USA: Springer.
- SWEIRY, D. & WILLITTS, M. 2010/2011. Attitudes to Age in Britain. *In-House Research No 7*. Department of Work and Pensions.
- TANG, K.-L. 2000. Ageism and Sexism at Work: The Middle-Aged Women of Hong Kong. *Gender, Technology and Development*, 4.
- THEJOURNAL.IE 2012. Department of An Taoiseach Fine Gael Ard-Fheis: thejournal.ie.
- THURSTON, W. E. & MEADOWS, L. M. 2003. Rurality and Health: perspectives of mid-life women. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy* [Online], 3 (online). Available: <http://rrh.deakin.edu.au>.
- THURSTON, W. E. & MEADOWS, L. M. 2004. Embodied minds, restless spirits: mid-life rural women speak of their health. *Women and Health*, 39, 97-112.
- TIMONEN, V. 2016. Beyond successful and active ageing: a theory of model ageing. Bristol, UK: Policy Press.
- TORNSTAM, L. 1997. GEROTRASCENDENCE: The Contemplative Dimension of Aging. *Journal of Aging Studies*, 11, 143-154.
- TUAN, Y.-F. 1979. Space and Place: Humanistic Perspective. Netherlands: Springer.
- TWIGG, J. & MARTIN, W. (eds.) 2015. *Routledge Handbook of Cultural Gerontology*, London: Routledge.
- UNPF & INTERNATIONAL, H. 2012. Ageing in the Twenty-First Century: a Celebration and a Challenge. New York, London.
- VALENTINE, G. 2001. *Social Geographies: Space & Society*, England, Pearson Educational Ltd.
- VAS, S., FORSHAW, M. & GROGAN, S. 2016. Men's experiences of middle-age: an interpretative phenomenological analysis. *NORMA: International Journal for Masculinity Studies*, 11, 71-88.
- VICKERSTAFF, S. 2015. Retirement. Evolution, revolution or retrenchment. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- VICTOR, C. & SCHARF, T. 2005. Social isolation and loneliness. In: WALKER, A. (ed.) *Understanding Quality of Life in Old Age*. England: OPU.
- WALKER, A. (ed.) 2005. *Understanding Quality of Life in Old Age*, England: OUP.
- WALKER, H., GRANT, D., MEADOWS, M. & COOK, I. 2007. Women's Experiences and Perceptions of Age Discrimination in Employment: Implications for Research and Policy. *Social Policy and Society*, 6, 37-48.
- WALSH, K., CONNOLLY, S., GAVIN, M., MACUIRE, C., MCDONAGH, J., MURRAY, M., O'SHEA, E. & SCHARF, T. 2010. Older people in rural communities: exploring attachment, contribution and diversity in rural Ireland and Northern Ireland Galway.

- WALSH, K., O'SHEA, E. & SCHARF, T. 2012. Social Exclusion and Ageing in Diverse Rural Communities: Findings of a cross-border study in Ireland and Northern Ireland. *HARC Research Network*. Irish Centre for Social Gerontology, National University of Ireland Galway: Irish Centre for Social Gerontology, NUIG.
- WANG, C., QUDDUS, M. A., ENOCH, M. P., RYLEY, T. & DAVISON, L. Exploring the propensity to travel by demand responsive transport in the rural area of Lincolnshire in England. *Case Studies on Transport Policy*, 3 (2), pp. 129 - 136. 2015 Loughborough University Institutional Repositor. © The authors. World Conference on Transport Research Society. Published by Elsevier Ltd.
- WARD, K., HOARE, K. J. & GOTT, M. 2015. Evolving from a positivist to constructionist epistemology while using grounded theory: reflections of a novice researcher. *Journal of Research in Nursing*, 20, 449-462.
- WARD, R. 2015. Hair and Age. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.
- WARD, R. & HOLLAND, C. 2011. 'If I look old, I will be treated old': hair and later-life image dilemmas. *Ageing & Society*, 31, 288-307.
- WATSON, D., MAITRE, B., WHELAN, C. T. & RUSSELL, H. 2016. Measurement of Multidimensional Quality of Life in Ireland. In: PROTECTION, D. O. S. (ed.). Dublin Department of Social Protection.
- WENGER, G. C. 2001. Ageing without children: rural Wales. *Journal of Cross-Cultural Gerontology*, 16, 79-109.
- WENGRAF, T. 2001. *Qualitative Research Interviewing*, London, SAGE.
- WESTERHOF, G. J. & TULLE, E. 2007. Meanings of ageing and old age: discursive contexts, social attitudes and personal identities. In: BOND, J., PEACE, S., DITTMANN-KOHLI & WESTERHOF, G. (eds.) *Ageing in Society*. London: SAGE.
- WHISTON, S. C., FELDWISCH, R. P., EVANS, K. M., BLACKMAN, C. S. & GILMAN, L. 2015. Older Professional Women's Views on Work: A Qualitative Analysis. *The Career Development Quarterly*, 63.
- WIGGS, C. M. 2010. Creating the Self: Exploring the Life Journey of Late Midlife Women. *Journal of Women and Aging*, 22.
- WILES, J. L., LEIBING, A., GUBERMAN, N., REEVE, J. & ALLEN, R. E. S. 2011. The meaning of 'Aging in Place' to Older People. *The Gerontologist*, 52, 357-366.
- WILLIS, S. L. & MARTIN, M. (eds.) 2005a. *Middle Adulthood: A Lifespan Perspective*, California: SAGE.
- WILLIS, S. L. & MARTIN, M. (eds.) 2005b. *Middle Age and Identity in a Cultural and Lifespan Perspective*, California: SAGE.
- WOLF, N. 1991. *The Beauty Myth*, Vintage.
- WOODS, M. 2011. *Rural*, Abingdon, Oxon, Routledge.
- WRAY, S. 2007. Women making sense of midlife: Ethnic and cultural diversity. *Journal of Aging Studies*, 21, 31-42.
- YLANNE, V. 2015. Representations of ageing in the media. In: TWIGG, J. & MARTIN, W. (eds.) *Routledge Handbook of Cultural Gerontology*. Oxon: Routledge.

APPENDIX 1

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Application Form Version 4.0/13.08.2009 NUI Galway Research Ethics Committee



Participant Information Sheet

Introduction

Title of Study: *What are the perspectives on ageing of mid-life women in rural Ireland?*

This study aims to add to the body of knowledge on gendered rural ageing by exploring perceptions of ageing among mid-life women in Connemara.

Invitation to take part in the Study:

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. This Participant Information Sheet will tell you about the purpose, risks and benefits of this research study. If you agree to take part, I will ask you to sign a Consent Form. If there is anything that you are not clear about, I will be happy to explain it to you. Please take as much time as you need to read it. You should only consent to participate in this research study when you feel that you understand what is being asked of you, and you have had enough time to think about your decision.

Purpose of the Study / Research Question:

What is it like to age as a mid-life woman in rural Ireland?

Background

Researchers in Ireland acknowledge that work on the middle years of the life-course has been neglected, perhaps due to the belief that this life-course period had nothing new to say. However, by considering ageing as something that

spans one's entire life, rather than just the senior years, it becomes clear that every stage in the ageing process has something new and valid to say.

This particular doctoral project chooses to research mid-life women in rural Ireland to uncover data not previously researched, and to offer new insights into what mid-life women think of ageing and of growing older.

Why you have been asked to participate

You have been asked to participate in this research as you are a woman aged between 45 and 64 years of age, living in a rural setting. You have been selected as a possible participant through contacts made with women's representative groups. Up to thirty people will take part in this study. You may be asked to take part in a focus group (5-9 participants).

Duration of Study:

If you participate in a one-to-one interview, or as part of a focus group, you can expect that this will take with the principal researcher or as part of a focus group, you can anticipate a 60-90 minutes of your time.

The entire research study may last up to six years.

Taking part – what it involves

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your rights in any way.

If you agree to take part, I will contact you to organise a suitable date, time and location for a one- to-one interview, or as a participant in a focus group. At this point I will again explain what is involved in your participation, so that you are aware of what the study entails, and to ensure that you are entirely comfortable in participating.

Principal topics for discussion will include: your views on ageing at mid-life, on growing older, on old age, and on ageing within a rural context. One-to-one interviews are anticipated to last from 60-90 minutes, and focus groups for 60 minutes. As the entire research project lasts for up to six years, you may be asked to participate more than once in the research process; and you may accept or decline this invitation.

All research sessions will be audio-recorded, and written notes will be taken. As a mid-life woman your contribution to this research would be valuable; however, it is important to recognise that discussing 'ageing issues' may cause some participants some degree of upset.

Confidentiality

Your privacy and confidentiality will be protected at all stages of the research process. Pseudo names to protect your identity will be used on all material gathered from the research; all information that might be used to identify you will be removed from notes and files; no information gathered will be shared with anyone else; the audio recordings will be transcribed for analysis; the original recordings and all material gathered will be stored securely for a period of five years, after which they will be destroyed. Results from the study will be reported as group data and will not identify you in any way.

Furthermore, I will not use any information gathered from interviews or focus groups without your permission. You must also give your written consent to be a research participant (consent form included).

Summary

You may end your participation at any time with no effect on your entitlements. You may contact me at any time for further clarification.

Please note that you will be given a copy of the Information Sheet and a signed consent form to keep.

Thank you for reading this Information Sheet. My contact details:

Alison Herbert c/o Irish Centre for Social Gerontology, ILAS Building, Corrib Village, NUIG, Galway

E-Mail: alison.herbert@nuigalway.ie Tel: 091-770522 / 087-2830757

If you have any concerns about this study and wish to contact someone independent and in confidence, you may contact: Chairperson of NUI Galway Research Ethics Committee, c/o Office of the Vice President for Research, NUI Galway; e-mail ethics@nuigalway.ie.

Date:



Participant Consent Form (non-medical research)

Centre Number: Study Number: Participant Identification
Number:

Title of Study:

What are the perspectives on ageing of mid-life women in rural Ireland?

Name of Researcher: Alison Herbert

Please initial boxes

1. I confirm that I have read the Information Sheet for the above study, and
have had the opportunity to ask questions []

. I am satisfied that I understand the information provided and have had
enough time to consider the information []

. I understand that my participation is voluntary and that I am free to withdraw
at any time, without giving any reason, without my legal rights being
affected []

4. I agree to take part in the above study []

Name of participant

Signature of participant

Signature of researcher

Date

NB: participant to retain one copy; researcher to retain one copy; one copy to
be kept with research notes

APPENDIX 2

PARTICIPANT RECRUITMENT MEDIA RELEASE (i)

Dear Editor

I am searching for participants for my PhD research study of mid-life women in Connemara.

I am a part-time PhD student within NUIG's Irish Centre for Social Gerontology (www.icsg.ie), a research centre dealing with rural and ageing social issues across the life-course.

My research thesis title: *What are the perspectives on ageing of mid-life women in rural Ireland?* examines specifically in what ways the lived experiences and the rural environment of Connemara influence mid-life women's perceptions of their age, ageing and old age? For the purposes of this study mid-life is defined as those between 45 years and 64 years.

Although my research requires me to interview women of any ethnic origin between these ages, living anywhere in Connemara, at this stage I am particularly interested in targeting women who have never married; or who act as carers; or who have a disability; or are widowed; or are unemployed, or are non-nationals.

I will travel to the home or other designated venue of each participant to interview her, and the audio-taped interview lasts roughly 90 minutes. All names and places are changed, and all information gathered is confidential and will be used solely for the purpose of this thesis.

If you would like to share your thoughts with me on being middle-aged and on growing older in Connemara, I would love to hear these.

Whilst this is not a medical research project, its findings are of great importance to social science and will serve to inform those who make policy decisions on women's lives.

Please contact me for further information or to book a date and time at:

Alison Herbert M.A.
C/O Irish Centre for Social Gerontology
J E Cairnes Building
National University of Ireland, Galway
E-Mail: alison.herbert@nuigalway.ie / Tel: 091-770522 / 087-2830757

PARTICIPANT RECRUITMENT MEDIA RELEASE (ii)

Dear Editor

I continue to look for appropriate participants for my PhD research study of mid-life women in Connemara. My previous response from the 'Connemara Journal' was very good and I hope that this letter will prompt some other women to come forward and share their wisdom with me.

I am a part-time PhD student within NUIG's Irish Centre for Social Gerontology (www.icsg.ie), a research centre dealing with rural and ageing social issues across the life-course.

My research thesis title: *What are the perspectives on ageing of mid-life women in rural Ireland?* examines specifically in what ways the lived experiences and the rural environment of Connemara influence mid-life women's perceptions of their age, ageing and old age? For the purposes of this study mid-life is defined as those between 45 years and 64 years.

Whilst this is not a medical research project, its findings are of great importance to social science and will serve to inform those who make policy decisions on women's lives.

Although my research requires me to interview women of any ethnic origin between these ages, living anywhere in Connemara, at this stage I am particularly interested in targeting women who have never married; or who act as carers; or who have a disability; or are widowed; or are unemployed.

I will travel to the home or other designated venue of each participant to interview her, and the audio-taped interview lasts roughly 90 minutes. All names and places are changed, and all information gathered is confidential and will be used solely for the purpose of this thesis.

If you would like to share your thoughts with me on being middle-aged and on growing older in Connemara, I would love to hear these.

Please contact me for further information or to book a date and time at:

Alison Herbert M.A.
C/O Irish Centre for Social Gerontology
J E Cairnes Building
National University of Ireland, Galway
E-Mail: alison.herbert@nuigalway.ie
Tel: 091-770522 / 087-2830757

APPENDIX 3

PUBLIC NOTICE TO RECRUIT PARTICIPANTS

CALLING ALL MID-LIFE WOMEN IN CONNEMARA

Would you like to help me with my research?

I am interviewing women aged 45-65 years of age who live anywhere in Connemara to discuss their thoughts on being middle-aged, ageing, growing older, and on old age. Topics discussed can include anything and everything that comes up: everyone is different.

All information gathered is completely confidential and will be used solely for the purpose of my research thesis.

Interviews can take place in your home or a neutral venue if you prefer, will last for around one hour and will be tape-recorded.

I would like a wide diversity of women in this age range: employed, unemployed, Irish, non-Irish, married, widowed, divorced, separated, single, able-bodied or otherwise, living in any part of Connemara.

The title of my research thesis is: *What are the perspectives on ageing of mid-life women in rural Ireland?*

This is not a medical research project, but a social studies project in the area of social gerontology, or the social study of ageing, taking place within NUIG's Irish Centre for Social Gerontology (www.icsg.ie).

If you would like more information, or would like to be interviewed, please either phone, email or write to me at the addresses below.

Alison Herbert M.A.
P/T PhD Student
C/O Irish Centre for Social Gerontology
J E Cairnes Building
National University of Ireland, Galway
E-Mail: alison.herbert@nuigalway.ie
Tel: 000353-091-770522 / 00353-087-2830757

APPENDIX 4

PARTICIPANT INTERVIEW QUESTIONS (version 15)

Preamble

Everybody ages from the day they are born, but nonetheless people may not think about ageing until later in their lives.

I am particularly interested in finding out what aspects to mid-life and growing older matter to women living in Connemara, as I feel that society can benefit from this knowledge.

To this end, I am especially interested in hearing about what mid-life and ageing mean to you at your stage in life. So ...

AGEING

- 1a. How would you describe your life as a middle-aged woman?
- 1b. What life conditions/events do you think have helped shape the way you are now?
- 1c. What is important to you now, what are your priorities in life?
[eg. family, work, yourself]
- 2a. When do you consider you became middle-aged and why?
- 2b. Do you feel younger, older, or about the same age as your actual age?
In what ways?
- 2b. What mid-life changes do you like, and why?
- 2c. What mid-life changes do you dislike, and why?
[eg. physical, emotional, ageism, menopause]
- 3. As you think about your life now at (current age) compared to your life in your mid-forties, in what ways, if any has it changed?
- 4. Have you ever been conscious of ageism?
- 5a. How much influence or control do you feel you have over your own ageing?
- 5b. How much influence or control do you feel you have over your own life?
- 6. What role does religion or spirituality play in your life?

GROWING OLDER

- 7a. What are the best things about growing older? What do you gain?
[eg. wisdom, sense of well-being]
- 7b. What are the worst things about growing older? What do you lose?
[eg. physical appearance, health, menopause]
- 7c. What are your biggest fears about growing older?
- 7d. What do you think would make you feel old aged? At what age do you believe someone to be old?

QUALITY OF LIFE

- 8a. What does 'quality of life' mean to you? What is it that makes your life good?
- 8b. What is it that makes your life bad? What things reduce your quality of life?
- 8c. What single thing would improve the quality of your life?
- 8d. What single thing would improve the overall quality of life, in your opinion, for all mid-life women?

RURAL

- 1a. Living in a rural place, what does rural mean to you?
[eg. what is the essence of rural?]
- 1b. Do you consider yourself a rural person? In what ways?
- 2a. What's it like for you to live and grow older here?
- b. In which ways do you feel geographically or socially isolated or connected?
- c. In what ways do you feel this place influences your ageing?
[eg. better or worse to age in a rural area?]
- d. In what ways do you think you might be ageing differently here to an urban area?
- e. In what ways do you feel you are treated differently in this rural area than you might in an urban area?
- f. How closely attached are you to this place?
- g. What would make you leave here?
3. In what ways, if any, do you think men and women age differently in rural areas and why?
4. What role do neighbours play in how you are ageing here?
5. What role does family play in how you are ageing here?
6. What role do friends and/or workmates play in how you are ageing here?
7. What advice would you have for other mid-life women in Connemara as they grow older?

Closing Questions

8. Tell me a little bit about yourself and your background.

[Prompts: age, marital status, children, education, work, migration history, class, why you live where you live, areas of caring, volunteering, personal interests, priorities in life]

9. Is there anything I haven't yet asked you, which you think is relevant to our topic?

10. Is there anything you'd like to ask me about what we have discussed?

APPENDIX 5

DEMOGRAPHIC PROFILE OF PARTICIPANTS

| PROFILE | NO. PARTICIPANTS |
|---------------------------|------------------|
| Indigenous | 11 |
| In-migrant | 14 |
| PLACE OF RESIDENCE | |
| Village | 10 |
| Townland | 8 |
| Town | 6 |
| Island | 1 |
| EDUCATIONAL LEVEL | |
| First level | 2 |
| Second level | 12 |
| Third level | 8 |
| Fourth level | 3 |
| NATIONALITY | |
| Irish | 19 |
| English | 4 |
| German | 1 |
| French | 1 |
| MARITAL STATUS | |
| Married / Partner | 16 |
| Single | 5 |
| Divorced / Separated | 3 |
| Widowed | 1 |
| NO. CHILDREN | |
| 0 | 8 |
| 1 | 0 |
| 2 | 5 |
| 3 | 6 |
| 4 | 4 |
| 5 | 1 |
| 6 | 1 |
| AGE PROFILE | |
| 45-49 years | 4 |
| 50-54 years | 8 |
| 55-59 years | 5 |
| 60-65 years | 8 |

APPENDIX 6

PEN PROFILES

1. ÁINE

‘Well now, there’s a plan A and a plan B. If I keep going the way I am now, I think I’ll die slowly before I’m 65. Plan B, I could be very lively, a great 65 year old, really active’

Personal

Áine is a 52 year-old single woman who lives on one of Connemara’s islands. Although never married, Áine had a son in her twenties, whom she raised with her widowed mother and aunt. Tragically, Áine’s son died suddenly in his mid-twenties, leaving Áine grieving and confused. She has a male friend who lives on the mainland, and who appears to offer a strong source of support. She is also supported by her siblings, neighbours and friends.

Áine reports that prior to her son’s death she was outgoing and engaged in the island’s social life. She speaks of her son often, and since his death, Áine feels she is treading water, feels old, and on bad days would be happy to join her son. Much of Áine’s narrative contains contradictions, which may be attributable to her state of mind in which she is up one day and down the next. She genuinely does not know whether she will grow old, or even if she wants to. Feeling a lack of closure on her son’s death is having a detrimental effect on her physical and mental well-being:

‘Well now, there’s a plan A and a plan B. If I keep going the way I am now, I think I’ll die slowly before I’m 65. Plan B, I could be very lively, a great 65 year old, really active’.

Whilst not being particularly religious, Áine is strongly spiritual and believes herself to be psychic. This offers her a great comfort, and her own parish priest appears to have no issue with Áine’s beliefs, which he sees as a source of consolation to her.

Ageing

In her early 50s Áine feels old aged since the death of her son: *‘Physically and mentally I feel old, when I’m walking I feel I’m full of aches and pains, it’s the grieving’.*

Furthermore, she appears to welcome ageing as it takes her closer to death, and a time when she believes she will be re-united with her son in the next life:

'With every day that goes by I'm getting closer to be with him, so that's why I'm not worried about getting older'.

Place

As an indigenous islander, Áine is proud of her island, appreciates its beauty, and would never leave to live elsewhere. She feels the island is well resourced with social amenities that include primary schools, secondary school, nursing home, grocery shops, GP, Garda, and ferry and airplane services to the mainland. She also acknowledges the island's limitations, such as a lack of public transport, and an absence of some health professionals like dentists and opticians.

Whilst emotionally attached to the island, Áine does feel somewhat emotionally isolated too: *'At 5 pm in the evening when the last boat leaves the island, that's it. And then if it's windy or foggy you feel worse ...'* Áine lives with her older brother in the original family home, as her own home holds too many memories for her: *'I find the island lonely, as I have a lot of thoughts of him (son) on the island, and I cannot go into my own house, the one we both lived in. I'm not strong enough'.*

Áine regularly travels to mainland Connemara and to Galway City where she can access a full range of social services. She is not unduly worried about how such services will serve her in her old age if she is unable to travel to the mainland. The island has a GP, and Áine is confident that if she became very sick that the GP would organise hospital services.

Áine claims that island life has changed considerably since she was a child, that everyone is better off financially, and that in many ways, today's islanders are no different to those who live on the mainland. She is aware of Ireland's previous economic boom, of its current recession, and of what she sees as an unhealthy pre-occupation with materialism: *'There is more competition now. We all had the same, because we were poor, but now they have their play-stations, and different things and there is a lot of stress on parents now'.* Nonetheless; Áine appears to approve of the new diverse mix of islanders: *'There's no divide. Sometimes you get people who keep themselves to themselves, and others coming in to find themselves, but all are welcome and they mix in and have family there. They learn the language too'.*

Health

Áine believes her physical health to be generally good at 52, although she does admit suffering from terrible fatigue and lack of energy. She also admits to suffering from what she determines to be depression, although she is receiving no medical aid in this regard. She states that she has always been a little sad all her life, a feature that she feels she may have passed onto her late son. Áine believes she has suffered from SAD (Seasonal Affective Disorder) all her life.

She acknowledges that she must take care of her mental health, but as she has sought no professional help in this regard, may well be vulnerable in this regard:

'There are no grievance counsellors on the island, but I could go to one on the mainland, but I don't go, because I feel that the only thing I want is my son back, and nobody can give me that'.

With no car and unable to drive, Áine walks and cycles around the island, both of which tire her out, due to her lack of energy. Repeatedly referring to her depleted energy, it would appear that Áine is still very much grieving her son, is depressed, although not on medication, and is not following a healthy eating or exercise regime. She reports having increased her weight by a stone since her son's death, which she attributes to comfort eating and reduced walking. Áine reports having stopped taking vitamins since her son's death, implying that she has lost interest in her general health. However, she is conscious of the need for good nutrition to maintain good health.

Work/Finance

Áine works casually two days a week, housekeeping. The flexible arrangement suits her current needs, as she feels unable to commit to fixed days and times. Money is not her main motivation for working.

Social Relationships

Áine worked as an unofficial carer for most of her life, minding older family members. She sees caring as her profession, and expresses a willingness to care again for her older brother, should that be required. Interestingly, she herself would be happy to go into the island's nursing home, should she become infirm. Áine claims to have access to a number of close friends on the island who understand her position, and would offer support to her, should she wish.

Quality of Life

With no serious physical ailments, Áine feels that her quality of life is reasonable, and would have considered it good prior to her son's death. Áine considers good health, friendship, and the ability to lead one's chosen life to be the key elements of a good quality of life. Although surrounded by family members and neighbours, Áine finds life on the island very lonely.

2: JANE

'The excitement of wondering what I'm going to be doing ... what I've planned might not necessarily come to fruition, but it's like an adventure to me, everything is like an adventure to me at the moment'

Personal

Jane is a 54 year-old English woman, married with three children, two of whom live at home. Her husband is Irish and from the area in which they have been living for the past 20 years. Although only a recent driver, Jane now owns her own car and hopes that she never has to give up this means to independence. Her husband appeared to be reluctant to allow Jane to drive on her own, but she insisted and now finds this *'exhilarating'*.

Reporting contentment at mid-life, Jane appears to be an optimist, refusing to dwell on the negative. Her facial expressions however are far from happy, and her words at times sound scripted, perhaps suggesting a 'public masque'. Jane has never returned to England since she left, initially for fear of being too homesick, and now her mother visits her regularly. It has been some time since Jane has met with her siblings.

Ageing

Jane feels ten years younger than her biological age; her husband by contrast feels older, complaining about minor aches and pains. She does not appear to be overly-concerned about ageing and in fact is looking forward to embracing new ventures.

Place

Jane states that Connemara is her home now, not England. She now loves where she lives, although she felt very homesick in her earlier lifecourse. Now, she displays a strong attachment to place, and in particular to her garden, which is her pride and joy:

'I've got my dream cottage really. I'm trying to get roses around the door ... my little bit of England. It's stone faced, an old Irish cottage which my husband re-built from ruins. He made me a garden and we've an orchard at the bottom of the garden and he's made me raised beds and stuff and we've created it how we want it. It's my bit of heaven'.

Jane would only consider leaving her place to meet the needs of her three children: *'If they need money to educate themselves or are God forbid unwell, sentimentality, it's just bricks and mortar'.*

Health

Physically, Jane is very well presented. She has though suffered some mental health problems for a number of years, although only alludes to the period during which she has been married and living in Connemara. However, one gets the impression that such problems may have existed throughout her lifecourse.

Education / Work / Finance

Jane received second-level education in England, before taking up a nursing course. She subsequently but dropped out of this course, worked in a variety of jobs, including that of a residential nursing home.

At mid-life Jane is keen to pursue her educational opportunities and is currently following an art and design course, which she embarked upon to help her mental health issues. She has also availed of a number of short skills-based courses in areas such as weaving. She enjoys working with older people and would ideally like to return to some form of nursing in which she can apply her newly-learned art therapy skills. Jane has been exclusively a housewife since her arrival in Ireland 20 years ago, and her husband, as an artist, earns money only sporadically from painting. Thus, they both depend upon state benefits to live. All income appears to be pooled and its expenditure controlled by Jane's husband.

Jane seems unaware of any personal limitations to attaining a dream career, although she is conscious of gendered ageism within the workplace:

'I feel definitely 10 years younger than what I am, but I feel it could be a handicap my age for what I want to do, but I'm not going to let that happen, I'm going to keep positive about it. By the time I finish up employers might be biased for somebody younger, but I could work at whatever, I'm capable. I think everything's possible'.

Although recognising her limited personal income, Jane does not feel poor. She has had to 'make do' all her married life, carrying out alterations on family clothes, buying some of her own clothes from charity shops, and never having had a family holiday abroad. Jane repeatedly states how much she is looking forward to the life before her, even though she has no idea what form this will take. She hopes that the educational courses she is undertaking will lead ultimately to a paid job in which she will have her own income for the first time since coming to live in Ireland.

Social Relationships

Jane openly speaks of her husband's controlling attitude towards her, and of how she feels he resents her constructing an independent life through education and even driving her own car.

Despite his drawbacks, Jane asserts that she adores her husband: *'I've a mortgage free house by the sea, three lovely children, a mad husband who I adore, and what more could I wish for? I've a lot to look forward to.'*

Nonetheless, Jane attributes her mental health issues to her husband's controlling attitude, and at one point in the recent past spent some time in hospital being treated for her mental health problems.

Jane views her active mother as a positive role model, and still misses her father, who died over 20 years ago, feeling that he was responsible for her positive attitude to life.

Feeling that she has always put others' needs before those of her own, Jane now consciously tries to consider her own needs first, but this is hard for her after a lifetime of feeling at the bottom of the family tree. She believes she is now looking after herself, as advised by psychotherapists. Jane still tempers her ambitions with the needs and wants of her family: *'Unless the children or he (husband) is ill, nothing is going to stop me now. I'm not going back, I'm going forward now'.*

Quality of Life

Jane feels that she enjoys a good quality of life, and has everything to look forward to. Her physical health is good, although she does have some mental health issues. She loves where she lives; she adores her family, and is enjoying pursuing educational courses. Though having very little money, Jane is very optimistic about her future and hopes to gain qualifications and work that will ensure her autonomy.

3: LELIA

'The more positive connections in our brain, the longer we will live. Any bad or wicked thoughts or bad deeds make negative connections in our brains and destroy us from the inside out'

Personal

62 year-old Lelia is German, and living in Connemara for the past 25 years. Lelia's three children from her first two marriages have all left home, leaving her with her third husband, some years her junior.

Although raised a Catholic, Lelia became a Jehovah's Witness some 22 years ago. Her husband shares her faith, and the couple regularly call to homes in Connemara to share their religious beliefs. Lelia's religion is not an 'add-on' to her identity, rather it is her identity, from which the rest of her life flows.

Ageing

'I think I am ageing well. You kind of slow down a little more since 60 – I just listen to my body and it tells me to sit now and again and not lift that or dig that'.

Lelia believes her peak age was at 25 years, and would love to be that physical age again, if she could retain her present wisdom. Her religion tells her that the time is coming when humans will be transformed to their younger physical selves, living on forever. She hopes to witness that day.

Lelia believes that living with a younger husband helps to keep her young at heart, and has the added bonus of having able-bodied help available in her older age: *'They [her sons] are happy because he [husband] can look after me, instead of them. I am very happy for myself that my sons don't have to look after me, that my husband can do that'.*

Place

Although from different countries, Lelia and her husband appreciate the beauty of their location by the sea. With a strong attachment to nature, Lelia enjoys and feels connected to the land: *'I love nature; I am part of it. I'm very attached to where I stay, I talk to my plants and flowers and birds and ducks and chickens'.* She states however that home is where the heart is, and that she could feel equally at home anywhere she is surrounded by loved ones. She has though, no plans to leave Connemara.

Health

Lelia enjoys reasonable health, speaking only of general arthritic aches and pains, and reduced energy: *'Every morning you wake up and something pains you, but you get used to it'*.

Young volunteers from overseas work with her on her organic farm and carry out much of the heavy work that she finds increasingly challenging. She is also conscious that in her old age she may have to leave more and more of the heavier farm work to her younger husband. Lelia and her husband joke about their relationship in future old age:

'I say to him, what happens when I am 70 or 80 and I am becoming incontinent, what will you do then? ... he doesn't want me to go into a nursing home, and he says, he will go on drugs'.

Firmly believing in the mind's power to influence health and ageing, Lelia considers it best to adopt an optimistic outlook on life: *'The more positive connections in our brain, the longer we will live. Any bad or wicked thoughts or bad deeds make negative connections in our brains and destroy us from the inside out'*.

Work

Lelia and her husband are self-employed, farming organically, and selling their produce around Connemara: *'We're not in the business though to get rich, just to sustain ourselves'*.

Working the land, growing organic vegetables and fruit, Lelia's business receives a small government grant-aid, but does not produce an income to get rich on. What she misses in money, she gains in job satisfaction:

'I say to people, use what you have, every bit of land, use it wisely, get advice, and enjoy it. Grow flowers and vegetables, trees. It's all part of our life. Wild food too, at the moment there are blackberries everywhere, and we were out in the forest yesterday and picked mushrooms, which were wonderful, and we made a beautiful omelette'.

Lelia also supplements her income by selling home-made jams and knitwear. Thus, she leads a busy, physically active life: *'I am working longer hours and harder now than ever before and with less energy than when I was younger'*.

Social Relationships

Lelia feels that she has finally found her soul mate in her third husband. She seldom sees her adult children, two of whom live overseas, and one in Ireland. Her friendships are formed through her religion and sustained through shared beliefs.

Quality of Life

Lelia loves her life, her religion, her husband, and her location by the sea, and believes she enjoys a high quality of life. She feels confident and wise at mid-life, and enjoys the generativity of passing on her craft skills to younger people.

4: LISA

'I don't feel 60, but then I don't know how you are meant to feel. I still think I can do a lot of the things I did at 40. I can do as much, but not as fast. I can still get down on the floor and play with my grandchildren and sit on their little cars'

Personal

Lisa is a 60 year-old English woman, married with three grown up children. She has lived on her husband's family land in a very rural part of South Connemara since moving to the area in 2001. Although her three children and three grandchildren do not live in the family home, they do live in the area, which has helped Lisa assimilate to living in a different country. Her husband tends to his land, working on a casual basis; two of her family members work in the same nursing home she does.

Ageing

The main positive to ageing for Lisa is her new sense of freedom, in that she feels less tied than in her earlier child-rearing years. She feels that she can go where she wants, when she wants, but she seldom does. She also recognises that she is more self-confident than in her younger years, which she attributes to the experience of growing older:

'I think my 60th birthday was the big one. Up till then I didn't think I was old. I didn't feel old, but when you're 60, you think 'I'll soon be a pensioner'. My 60th was just one of those things, you can't hold it back, but it does kind of make you think 'where have the years gone?'

Lisa believes that activity keeps one young, and although she recognises that her body is slowing down at 60, and that she cannot carry out all her activities as quickly as she could ten years ago, she nonetheless continues to take on work in and outside of the home. Feeling younger than her years, she does not dwell on what she cannot do, but focuses on what she can:

'I don't feel 60, but then I don't know how you are meant to feel. I still think I can do a lot of the things I did at 40. I can do as much, but not as fast. I can still get down on the floor and play with my grandchildren and sit on their little cars'.

She does not worry much about ageing, but in spite of her positive comments on nursing homes and the high quality of care received in these, she would prefer not to live out her final years in one. She does recognise though that ageing at home is not always ideal:

'Nursing homes do give good quality care and it's their home, and there are more people to look after them, not just one at home ... I wouldn't like to be left at home with just one person minding me, even if it was my own family. Sometimes you just can't do it alone'.

For Lisa, old age is not a number, but a state of physical or mental dependency:

'Like what is old age? Is it when you can't do what you can now, or when you don't feel well, I don't know. I know you put a number on it, but if you were not feeling well or able, then you'd think you were old then, wouldn't you?'.

Place

Lisa still considers England to be home, but she does enjoy Connemara life, appreciates its beauty and safety, and would not leave, unless to follow her family. She feels that where she lives offers her a higher quality of life than where she lived in England.

Lisa considers she has no aptitude for languages and has no great interest in trying to learn Irish, which would improve communications for her, living in a Gaeltacht area:

'I still feel a little bit of an outsider, and part of that is my own fault cos I never made a big effort to learn the Irish, I'm lazy like that. But I have just started learning about an hour a week at work, somebody is coming in teaching us'.

Recognising that private transport is essential to where she lives, she hopes she will always be mobile enough to drive, as she does not want to rely on family members. Lisa acknowledges that improvements in technology, such as high-speed broadband, have helped to lessen her sense of geographic isolation, although she herself has no interest in becoming computer literate.

Health

Lisa reported no health problems, and continues to follow a very active life. Her only concern for the future is in losing personal autonomy through illness.

Work

Lisa has worked in the local nursing home for eight years, a job that though physically demanding, she enjoys. She works for more than financial reasons, and gains great satisfaction from her job:

'If I'm needed I'll go in. Things happen. The people have to come first. If you care about your work you go in and do a bit extra. Like I went in

today to take in some flowers from my garden for the remembrance service in there today'.

As Irish is the first language in her Gaeltacht area, Lisa's main difficulty is in communicating informally with colleagues:

'You feel a little bit out of it. You miss out a lot on information and stuff. They forget to pass on stuff to you in English, informal stuff.'

Lisa has worked all her life since leaving school. Whilst rearing her children in England she took on casual work for additional income. Lisa continues to work hard in Connemara at the nursing home, gardening, and minding her grandchildren, when needed. She also runs an advocacy group at work, which takes up more of her free time.

A keen gardener, Lisa has a dream of re-training as a florist. However, she recognises that she may equally work in the nursing home for years to come. Although Lisa thought she would be retired from work at 60, she has no plans to do so, and is unsure of what she would do with herself post-retirement:

'Sometimes I think retirement means slowing down and taking things easy but I can't see that yet. Like I've a big garden at home and I love gardening, so maybe I'd have more time to do that, so maybe it's not all gloom and doom when you retire'.

She considers herself fortunate to have work in an area blighted by youth emigration: *'There's a lot of young folk from this area who went to school with my daughters and they have all gone to Australia and Canada in the last six months'.*

Social Relationships

Lisa loves having her family living near to her, and she still keeps contact with her friends from England. She has formed some friendships within her local area, but focuses on the needs of her family.

Quality of Life

Lisa reports a good quality of life. She accepts that she does not have all the money she would like in order to travel back more frequently to England, and that she lives in a part of Connemara that is quite far from the main transport hubs, but is generally content at mid-life.

5: MAEBH

'You pace yourself with age – that's control. More people in their 50s are more inclined to be saying what can I do now? It's not the end'

Personal

Fifty-three year old Maebh lives in a rural area of Connemara with her husband who is 12 years her senior. They have no children. Maeve met her husband at work, from which he retired five years ago. Since retiring, her husband has suffered ill health and now is immobile and dependent on Maebh within the home. This situation restricts Maebh's freedom of movement, causing her some stress. Maebh is outgoing and knows many people in Connemara due to the nature of her work; nevertheless, she states that she needs her own space and needs to be on her own to re-charge her batteries.

Ageing

Maebh feels younger inside than her 53 years, but expresses surprise that she cannot physically do as much as she did in her thirties and forties. She does not appear to consider the impact of her physically and mentally demanding job and lifestyle on her ageing process. She does worry about who will care for her in her old age, as clearly her husband cannot, and her siblings live in a different county.

Maebh's life changed over the few years from her late forties to her early fifties. She now feels her life to be deteriorating in quality. Maebh speaks of feeling physically attractive and of missing feelings of passion from her earlier years: *'It's hormonal I suppose really, but I think that's something you have to contend with, and I think it's probably not the end of the world, but you still you kind of feel, I'd love to feel that again'.*

Place

Whilst appreciating the physical beauty of her area and of her house and garden, Maebh dislikes what she perceives as a lack of privacy in rural life, as well as parochialism:

'Like you could in rural Ireland, become subsumed in the rural thing. I mean you'll have a core church-going group who are fairly influential, and there's nobody more influential than the priest and the garda in a village I can tell you ...'

Although she has a full-time job and is well connected, Maebh feels socially isolated, with no extended family around her. Nonetheless, she is most reluctant to leave her home or the area. She and her husband considered moving closer to medical facilities and to her husband's family in the city when he got sick, but decided against it for aesthetic reasons: *'What would we be exchanging our home for? A beautiful place where's there's peace and calm and we'll get a house on an estate, attached to someone else, or barely detached ...'*

Maebh does appreciate the diversity of people that Connemara tends to attract. She speaks of art festivals and artisans and feels that she has like-minded people available for friendship in the area. She also appreciates the inter-generational aspect to life in Connemara, in which people of different ages appear to socialise more readily than might be the case in an urban area. She believes this helps one to maintain a youthful outlook:

'I think it's a good place to age in really because I don't know that you would be confined within your own age group. You have a greater chance of mixing and being with different age groups, and you don't feel like you're ageing'.

Health

A sporty person by nature, Maebh has been involved in athletics all her life and still runs to keep fit. She feels she is in good shape, other than minor aches and pains. That said, she spoke of a knee problem, and did suffer an unexplained hand injury for two years, before it disappeared as quickly as it appeared. Maebh considered that the complaint was related to stress at work.

Mentally, Maebh is fully alert due to her job and her appreciation of what she calls the 'aesthetic domain', but admits she is suffering from stress, which she attributes to her husband's situation and to a certain amount of perceived pressure at work from management regarding taking days off to attend to her husband's needs.

Work / Education / Finance

Maebh works full-time, but still misses her original workplace, which closed down. She reports suffering work stress as a result of her changed working conditions, and her role as informal carer to her husband.

Although she would love to retire now, Maebh needs to work for another five years to help build up her pension. Finding her work physically demanding, Maebh is drained at the end of a working day, and can only tolerate the continuation of her career due to the lengthy holidays allowed.

Maebh now lacks job satisfaction, but has continued to enhance her learning, recently acquiring a Master Degree. She has other interests and speculates on perhaps starting a new career in the future.

Maebh is concerned over finance, as she has to pay for much of her husband's medical care. She recognises that his medical condition will worsen with age, and wonders how she will finance external help in the years ahead.

Social Relationships

Maebh speaks highly of her husband, praising his intellect and companionship, as well as his tolerant nature: *'We'd be very close friends, friendship wise, and we would get on very well. He's a great person to live with and I have always loved living with him, it just works perfectly'*.

Maebh and her husband do not socialise together, particularly since his illness, and she misses the companionship of her friends. She describes herself as a gregarious woman, who enjoys a good social life, and regrets that she is now restricted in this regard.

The eldest of nine children, Maebh feels that she has taken care of and worried about her siblings long enough, and is now learning to ignore their needs in favour of her own at mid-life. She feels that neither her own family, nor her husband's appreciates how ill he is, and of how much help he needs.

Maebh talks extensively on the positive role her maternal grandmother played in her life by singling her out for cultural initiation and for guiding her towards her present career.

Quality of Life

Maebh enjoys a mixed quality of life. She likes where she lives, and is relatively healthy, but she is frustrated at work and stressed from her domestic difficulties. She is worried about what quality of life she will enjoy in older age, as she anticipates reduced finances, and being left on her own. She feels her ageing is being negatively affected by her circumstances, and wants and hopes for better in later years.

6: MARY

‘I don’t like the idea of first the wrinkles, then the not being able to get around’

Personal

Mary is a 62-year old Irish, married woman who has lived for ten years in a small town-land, comprising a few houses and a school, along with her husband and one adult daughter. Her two adult sons have left home. Mary and her husband moved to this area from another county for both work and family reasons. Mary enjoys taking part in activities, looking after her family, and helping neighbours in her community. A natural leader, as evidenced in her younger years as a Girl Guide leader, Mary enjoys being productive.

Ageing

Her constant activity helps to keep Mary feeling young. Mary makes no bones about disliking ageing, which in general she associates with declining health and looks, and increased boredom: *‘I don’t like the idea of first the wrinkles, then the not being able to get around’*. Keeping her biological age mostly private, she nonetheless takes a pragmatic approach to ageing, not spending time agonising over what may never happen, but making the most of living in the present.

Place

Mary reports being a country and town person, which partly explains her ambivalence towards rurality. Acknowledging the limitations to rural living, including the lack of social amenities and public transport, she nonetheless enjoys the space, clean air, and scenery. Mary feels some attachment to where she lives, but family ties are stronger, and she would consider moving in the future to live near to her children.

Health

Mary speaks only of a serious knee problem, which holds her back in certain activities. She grows some of her own vegetables and tries to eat well. She minds her health, takes moderate exercise, and goes for regular medical check-ups.

Work/Finance

Mary has two part-time jobs, one within a golf club as an administrator and one as an invigilator at two third-level colleges. Strongly identifying with ‘productive ageing’, Mary needs constant stimulation, and feels most useful when she is working outside or inside the home.

Never wanting to retire, Mary is identified by strong organisational skills, is impulsive by nature, and volunteers for responsibilities or activities quickly.

Entrepreneurial by nature, she seizes opportunities to expand or improve her work or home life, as exemplified by her leaving a full-time pensionable, public-sector job in her younger years to take up self-employment with her husband.

Mary minds summer students in her home both for money and for enjoyment. Conscious of finance, Mary acknowledges the importance of saving for future eventualities and has ensured that she will be cushioned in this regard in later years. Already, both she and her husband have invested a great deal of money into their three children's education, which they see as of paramount importance.

Social Relationships

Mary has a strong bond with her children, and in general prefers the company of younger people such as students, nephews and nieces to that of older people. Nevertheless, she does spend social time helping an elderly neighbour. Referring often to her children, much more so than to her husband, she is ambitious for them rather than for herself. Being in charge of the household finances and decisions, Mary is concerned over her husband's quality of life if he should be widowed.

She enjoys socialising, preferring at mid-life to spend time with friends and family rather than doing what she perceives as boring housework. Mary quotes her late mother as a positive influence in her life, believing she has inherited many of her positive traits.

Quality of Life

Mary enjoys life to the full, always being on the go. She is currently happy where she lives, loves her family and her work, enjoys reasonable health, and is happy helping out neighbours and others in the community. She hates growing older and looking older, but is determined not to allow ageing to interfere with her quality of life.

7: MAY

'It's a terrible lonely existence, and for your children too. My daughter got engaged and the first thing she said was: 'I have nobody to give me away at my wedding', so then she asked me to do it, but it's not the nature of things. You're alone. I knew the moment he (husband) died, it started immediately, the second he died, the aloneness – 'I'm on my own now'

Personal

May is a 65 year-old widow living in a town-land comprising a few houses and a pub. From a family of eight children herself, May was widowed at the age of 50 with six children. Ten years later, a son died suddenly in his thirties, leaving behind a wife, and two young children, one of whom has diabetes. One of May's brothers also died suddenly. A sister died from breast cancer, and her best friend died from lung cancer. Her 53 year-old sister-in-law has advanced Multiple Sclerosis and is being admitted to a nursing home.

Mary's life is defined by death and illness. She claims to lack the motivation to change her life, even though she says she is desperate for such change.

Ageing

Feeling dissatisfied with her life, May claims to feel old aged, not middle aged. She puts this down to her chronic pain and her constant feeling that life is passing her by. Her own mother died at 79 after spending seven years in a wheelchair due to muscle deterioration, and May feels that she is heading in the same direction: *'Sometimes I'd think in 10 years I'll be 75, and everyone around here at 75, they're fit for nothing, no good'*.

Place

May enjoys the countryside where she lives, and although she daydreams of living elsewhere, has no intention of leaving her place. She has a car, but only a provisional license, which limits her discretionary travel. Where May lives requires a car to reach the nearest main village, although she could walk to the main road and access Galway City by bus. However, she prefers the autonomy that a car provides. Thus, it would be beneficial for May to try to pass her driving test, but she lacks the motivation to take lessons. As a consequence of this, she will only drive locally by day, and this limits her social life further. May regrets how run down her area has become and of the closure of nearby shops and services.

Health

May suffers serious chronic pain as a result of musculo-skeletal disorders. She also suffers from what appears to be, depression.

'It (pain) holds you back, like we did a tour last year on the boat to Cong and we had a great day, a fine day, but getting off the boat was so difficult. That kind of thing now. I felt it, I thought 'is this what I've come to?'

Work and Finance

May ran the local post office for a number of years before it was closed down in 2008, the same year her son unexpectedly died: *'Sometimes when it (sadness) comes it comes so bad and there is no choice but to sit and say 'this too will pass' or pray for it to pass and it does pass. It is huge'.*

She has no desire to work full time, but feels the need to undertake some form of paid employment part-time to re-build her self-esteem and for additional income. However, she has taken no action to find such work, citing poor health. May has been living her own personal recession all her life. She states that she never had much money coming into the home, and now depends upon the Widow's Pension.

May has been volunteering since 2004 as a facilitator with a group helping the bereaved and separated. She derives satisfaction knowing that she is helping others with the grieving process, but is at the stage now where she feels it is depressing her and hindering her own progress: *'When you're listening to others' grief, you'd be surprised how fast the feelings kick in ...'*. She is thus considering taking a break from the group.

Social Relationships

Of her five adult children two are still living at home, so May has company in the evenings, but this alone does not satisfy her. Neither does she gain any satisfaction from daily visits spent in the company of her 96 year-old father, who has prostate cancer and lives with one of May's brothers. No other sibling offers to help out with May's father, so she will not go away for a holiday or take a break. May attends a nearby resource centre that offers help to carers.

She claims to enjoy her own company and is not afraid of being alone, but misses having someone special to share life with. With her husband and best friend dead, May feels that she is geographically and socially isolated and does not enjoy going to social events without a partner. May regrets that neighbours do not pop into visit her, but simultaneously does not want people turning up unexpectedly. The death of her son seems to have impacted more on her than that of her husband, and with the death coming in the same year as she was made redundant from work, May feels that she has never fully recovered from the joint trauma.

Quality of Life

Highly self-critical, May blames only herself for her stagnant lifestyle. She appreciates that there are others worse off than she is, and that life is not going to come knocking on her front door, but she totally lacks the motivation to follow through on any of her daydreams.

To May, a good quality of life would be to have peace of mind and to be productive: *'... to plan something and do it, to want to do it'*.

May is confused, and has many contradictory emotions. Until she realises some form of internal happiness, it seems unlikely that she will enjoy any good quality of life.

8: MORAG

'It's nice to get out the house and have a chat. Terrible being in all the time. You get fed up and depressed'.

Personal

Morag is a 53 year-old single woman with an intellectual disability, living with her sister just outside a Connemara village. Her parents are both dead, and she states that she still misses her mother. Morag appears not to attend church, but does have belief in an after-life, stating that both her mother and father spoke to her after they had died.

Ageing

Morag appears to accept growing older, often quoting: *'You can't turn the clock back'*. She says she feels younger than her age, but cannot define what age that is. Morag equates old age with physical infirmity and disability, making no connection with positive ageing: *'It's sad when they get older with sticks and walkers'*.

She appears to consider 60 the watershed to old age: *'No one likes to be 60, so they don't. You feel terrible in yourself at 60. Once you're past 60 you're really old'*. Morag believes that men age better than women do.

Place

Morag can access her local village on foot, and Galway City by public transport, as she does not drive. Morag likes where she lives and would never consider leaving. She appreciates her neighbours and visits them socially: *'I don't like being on my own, so I go to the neighbours. It's terrible being on your own in the house with no-one to speak to'*. She also visits her local pub to socialise with members of the local community. Although she likes her location, she does not like being at home alone, feeling somewhat fearful and lonely: *'It's nice to get out the house and have a chat. Terrible being in all the time. You get fed up and depressed'*.

Health

Morag has some musculo-skeletal problems for which she receives physiotherapy. She is encouraged by Rehab Care to maintain a healthy food regime, and is doing so: *'I drink a lot of water now and eat a lot of fruit, and eat sardines and fish. I try to stay healthy to age better'*.

Work and Finance

Morag attends a Rehab Care centre four days a week, where she learns computing skills, cooking, and arts and crafts. She is also the Rehab Care representative at the NRAC (National Rehabilitation Advocacy Centre). She holds down no paid employment, but receives disability benefit. Morag worries about cuts in disability allowance, and is somewhat concerned about her financial future. She is unsure of whether she will receive a State pension, as well as her disability payment, and is also concerned about the cost of physiotherapy treatments going into older age.

Social Relationships

Morag's closest relationship is with that of her sister with whom she shares the family home. She speaks of fellow Rehab Care friends with whom she socialises in a semi-formal way. Morag spoke of an unfortunate incident with a neighbour, which has left her scared to be at home alone. However, she does consider having neighbours an asset.

Quality of Life

Morag appears to be relatively happy with her quality of life. She enjoys learning at the Rehab Care Centre, and enjoys socialising with friends and neighbours. However, her health is not great, and she misses her mother still.

9: CAROLE

'It's been a very painful process taking over the process of looking after mum, but I know I have become a much better person since mum came to live here'

Personal

Carole is 51 years of age, and lives with her partner outside one of Connemara's main villages. They have no children. Also living with Carole is her 86 year-old mother, who developed vascular dementia at the end of 2010 just after Carole's father died. Carole acts as her mother's informal carer.

Ageing

Whilst being surprised at finding herself middle-aged, Carole associates mid-life positively with increased self-confidence. Carole feels she has become much more ambitious for herself as she ages, and now feels capable of tackling whatever life throws at her in the years to come.

She is highly critical of the medical profession's attitude towards her mother and towards older people in general, believing that self-empowerment is the only way to ensure a quality of life in one's older years.

Place

Although a native of the area, Carole lived in Dublin for a number of years, as well as short spells abroad. She appreciates the natural beauty of the area but does not display strong place attachment, and claims that she would have no problem moving if and when her personal circumstances change:

'I wouldn't think this is my home and I'll die here. And there was a time when I thought I'd put so much into this house that I wouldn't move, but I wouldn't have any such qualms now. I wouldn't think twice about selling'.

In particular, Carole believes that it is wiser to live closer to an urban centre as one ages, believing it impossible to have a good quality of life in older years if one is deprived of one's car. Carole's perspective on rural living is generally not positive. She considers the indigenous members of her own community to be narrow-minded, insular, and cliquish: *'You forget that small town rural negative horrible back-biting bitching that goes on, still to this day'.*

She believes that it is only the incomers to the area who have any 'get up and go' in them, and that the native locals are responsible for the degradation of the village. Yet, she believes community work is highly important and is actively involved with local decision-making groups as she is passionate about improving facilities in her local community.

Health

Carole reports being over-weight, and states that she has battled with her weight for most of her life. She recalls how as a child, her mother, as a confectioner, indulged her too much with the wrong types of food. Her fatigue and lack of energy, she attributes to middle-age, but does not allow this to stop her leading a very busy life.

Work/Education

Carole and her partner's home is a bed and breakfast guesthouse. Her partner works outside of the home as well as helping out with the B/B, and Carole is following an educational course, as well as undertaking voluntary work in the community.

Carole had just finished the first year of a Diploma course, which she loves. A late entrant to third level education, Carole feels she has found a new vocation in life, that of educating others on the financial practicalities of ageing. To this end, she wants to use the participants of the community group she belongs to in the nearby village as her audience. When Carole finishes her educational course, she hopes to find an opening in an organisation that will allow her to pass on her knowledge of being a carer. For someone who worked in retail all her life, Carole is adamant that she wants a change of direction and is not afraid to go where the openings are. She has no interest in retiring.

Social Relationships

There was little bonding reported between Carole and her three sisters. Carole claims to be the closest to her mother, and she has invested a huge amount of energy into caring for her mother's well-being. Carole is her mother's main carer, although she gets some additional carer assistance from support bodies such as the HSE. Carole claims that caring for her mother has improved her quality of life:

'I'm absolutely delighted; it's been the best thing that ever happened to me. It's been a very painful process taking over the process of looking after mum, but I know I have become a much better person since mum came to live here in December 2010'.

Carole acknowledges that she has put her life on ice to a degree to care for her mother, neglecting her business somewhat, but realises that it is short-term and that her life will change once her mother dies.

Carole is very open regarding the failings within her family, revealing that her father was an alcoholic, her own partner is an alcoholic, and that her youngest

sister, she believes has psychological problems. She considers it ironic that she has chosen a partner with the same addiction as her father:

'A horrendous life my mother had, but everybody knew it, but nobody talks about it. 'I used to ask her why she didn't leave him (the father) and she said, "where would I have gone?" 'And where would she have gone, she had nothing. How many women were like that? Pensions and finances should be taught in schools'.

Carole has a high regard for close friends, who she regards as more supportive than members of her family. She has one particular friend/community worker who mentors Carole, encouraging her ambition.

Quality of Life

Despite her heavy caring duties, Carole feels she has a good quality of life. She enjoys relatively good health, has some close friends, enjoys caring for her mother, enjoys certain aspects of country living, and loves her educational course. She is optimistic about her future, either alone or with her partner, and either in her present location or elsewhere.

10: HILARY

'I went away, but you have to leave to appreciate what you have at home'

Personal

Hilary is a 61-year old married woman living in a coastal Connemara village with her husband and three adult children. Another son lives nearby with his partner, and Hilary was shortly due to become a grandmother.

Hilary had taken time out from work to care for her younger sister who died recently from cancer. Her own mother had also died from cancer, and Hilary had again taken care of her for a while. Caring for others comes naturally to her.

Ageing

Claiming not to give much thought to ageing or being old, Hilary did not particularly like turning 60. She states that she feels much the same now as she did 20 years ago, and doesn't expect to feel much different in 20 years time.

Although many people worry about developing dementia in older age, working with people with Alzheimer's has reduced any fear of the condition for Hilary:

'There's only one thing I'll ever be afraid of and that's Motor Neurone Disease. I think that's the most terrible, as your brain is with it, but you're just literally dying. Everything is just giving up. Whereas with Alzheimer's you don't know what's happening, and you don't care'.

Hilary feels that older people are reasonably well catered for in Connemara through the state agencies, and that there is no need for anyone to be living in total isolation.

Place

Freedom, the sea, and fresh air are what Hilary states she loves best about living in her location. She is attached to where she lives, would not readily leave the area, and would definitely miss the sea most if she had to leave: *'I went away, but you have to leave to appreciate what you have at home'*.

Although there is a bus service between her village and Connemara's main town, and also to Galway city, she sees her car as being vital to her well-being, and she would never give it up: *'If I couldn't drive that would kill me, I think I would pack it in then and would go down to the bottom of the pier'* [laughs].

Health

Hilary was the only participant who acknowledged that she smoked. She neither engaged in regular exercise nor was overly concerned about nutrition, but her work is physically demanding, requiring a level of fitness.

Like most participants in this study, Hilary was emphatic that women need to get out of the house to maintain good mental health:

'Get up and get out and get a job. It doesn't matter if it's voluntary or not, because staying at home is gonna kill you. If I had to sit at home I'd be dead years ago. By getting up and going out you're meeting people and talking to people and that means an awful lot besides talking to yourself or your husband at home'.

Work

Hilary is the only adult in her home of five adults who is in paid employment. Her husband has not worked for many years due to ill health and a lack of suitable employment, and the two daughters and son living at home do not work either. One of these daughters had recently begun work on government scheme, which Hilary hoped would manifest into a permanent position.

Hilary repeatedly commented on the lack of work opportunities in Connemara, particularly for males. Many of the adult males would be fishermen, and there appears to be no work available outside of the summer season. Her own adult son living at home is a qualified tradesman but cannot find work. Her husband worked a trade in England, but has not worked at his trade since returning to Connemara, although he has done some casual work.

Hilary appears to need to work and be busy. She moved to England at 16 to work in hotels and shops, returning to Ireland to live and work when her father died. She worked for many years in one of her village's local pubs before becoming a carer.

As both an employed and voluntary carer, her own working life is very busy. Hilary is employed by a State agency in Connemara to visit Alzheimer's patients in their own homes, for which she has received some specialised training. Hilary enjoys working with Alzheimer's patients, who she feels are special. She acknowledges that the job can be difficult, and that patients can be abusive, but accepts that this is part of the job, and that the benefits outweigh any negatives: *'You do get attached to them, I mean they're like part of your family'.*

Hilary also visits older people in their homes on a voluntary basis, for which she receives a little extra money in her State allowance. Her work involves evenings and mornings, so she feels that she has very little time left over to pursue any personal interests. Hilary does not ever want to retire from work, and will continue to work until she is let go or until she is not physically able to do so: *'If I'm still able to drive and walk, I'll continue on working. Jesus, what would I do at home?'*

Social Relationships

Neighbours and friends are important to Hilary, and she enjoys living in what she sees as a close-knit community where people still leave keys in their doors. Nonetheless, Hilary spends more time talking to friends and neighbours on the phone rather than in person.

Quality of Life

Hilary has no hobbies or activities to pursue outside of work hours, and spends her time off either relaxing at home or visiting her older sister in another county. Superficially, it could appear that Hilary did not enjoy a good quality of life, but she has job satisfaction, she likes where she lives, and she enjoys having her family, friends, and neighbours around her. Good quality of life to Hilary is time alone at home with her feet up, but she states that those opportunities are rare as she does the bulk of the domestic chores.

11: MANDY

'My roots are here - I want to die here'

Personal

Mandy is 54-years old and lives in a small village within a Gaeltacht area along with her husband, adult daughter and teenage son.

Ageing

Mandy is not overly concerned with age and ageing, other than her determination never to end up in a nursing home. She recognises that exercise and nutrition influence ageing, and regrets that she has neglected these in recent years.

Place

Mandy worked abroad for a number of years, but has lived most of her life in and around a Gaeltacht village in which she has very strong place attachment: *'My roots are here - I want to die here'*. She believes herself to be a naturally rural person, and she wants to improve her rural community: *'Gratitude to God is massive and I believe very strongly that He is guiding me to do his work'*.

Mandy loves where she lives, but nonetheless, does not have a huge regard for the rural people in her community, considering them too conservative and narrow-minded. She regards herself as a risk-taker, outspoken, and unafraid to challenge the status quo. This would not be the 'normal' rural way, in her opinion.

Nonetheless, Mandy was born in this area, and reports high place attachment. She has no plans to leave her village.

Health

Mandy does have some health problems, brought on by anxiety. A 'doer' at work and at home, Mandy loves physical activities such as running and walking, but feels that she has badly neglected this area of her life due to work pressures. Consequently, she complains of excess weight, but is determined to begin an exercise regime.

Being independent, Mandy is distraught at the prospect of ever developing Alzheimer's disease, as her father did, or indeed any condition that might limit her physical ability to get outside and live her life to the full. She repeatedly stresses that she would never go into a nursing home, as she feels that these are places to go to die.

Thus, Mandy has instructed her children to sell their second home abroad and use the money to pay for expert care that would allow her to stay within her own home.

Work

Work is Mandy's biggest driver, forming a strong part of her identity. She describes herself as being a bit of a 'workaholic', bringing work home with her and even taking work on holiday. Holding a senior management position within a State international charitable organisation, she works very hard, and sets high standards for herself and work colleagues. A natural leader, she feels that she is not always popular, but is ethically driven to do what she sees as the right thing, irrespective of consequence.

Whilst she loves her work, she would also love to retire early, as work stress has taken its toll on her health. A perfectionist by nature, she has given work her all from the age of 18 years when she began training as a nurse in Galway. Once fully qualified and whilst still single, Mandy nursed for a year abroad, a year she still looks back on as one of the best in her life: *'I loved that lifestyle, working hard, but enjoying it – the freedom side of it and choices'*.

Some of Mandy's work pressure can be self-induced as she constantly strives to innovate. Her husband is self-employed, her children well educated, and Mandy now feels she is at the stage of her life when she would like to take things a bit easier and follow unattained goals. However, being the main breadwinner, she cannot see a way out of paid work until she reaches retirement age.

Mandy is now at mid-life trying to save more money for herself and her family's future, as she feels that she has wasted a good deal of money throughout the years. As an investment she and her husband had already bought a second home abroad, which she would like to use more in the future, or sell, if funds are needed.

Social Relationships

Mandy's main motivation is to be of service to people: *'I feel I pay forward while I can to help others who are not as fortunate as me, and all the gifts I have'*.

Strongly active within her local community, Mandy has volunteered throughout her adult life to improve what she can, and help whoever she can, a trait she believes she inherited from her parents. She has also helped out members of her extended family over the years with work and finance, but feels that it has been resented and has made her unpopular within her family circle. Consequentially, she puts more store on friendship and highly values her close friends with whom she holidays or engages in activities such as cycling or hillwalking.

Her priorities at mid-life are her family, her friendships, and her ability to serve the community.

Quality of Life

Mandy has a mixed quality of life. She has a solid family, a job that offers her financial fulfilment and job satisfaction, and lives in an area she loves. However, she admits a work/life imbalance that has taken its toll on her health over the years, and she now regrets spending so much time and energy on both her paid and voluntary work.

She feels burnt out from overworking and would love to retire and take life easier, but is not in a financial position to do so. Alternatively, she states that she would love a career change, as she feels she has little left in her to give to her work.

12: MHARI

'You don't see anybody, just the mountains and sheep and sea, which is a beautiful view but it's not enough, it's not enough to keep you connected'

Personal

Mhari is a 46-year old married woman, living with her husband in a small town-land, just outside of Connemara's main town. Her own parents live in the area, as well as her in-laws. Two of her siblings live in a different county. The eldest of seven children, Mhari has four siblings who live in America, where Mhari herself was reared until primary school age, before the family returned to Ireland. She still does not feel settled in Ireland.

Ageing

Mhari began to feel middle-aged when she got sick in her early forties, which coupled with missing her children greatly, and not liking her location, are not helping her recovery process. She loathed turning 30 and reacted quite negatively for some time, but has accepted turning 40 better.

She believes that women are better at ageing than men in rural settings: *'I think that women generally can sort of get better involved in social activities than men. I think I'd rather be an ageing woman than man'.*

Place

Originally running their own B&B business, once their sons left home, Mhari and her husband downsized by building a smaller home on land belonging to her parents-in-law, a home that she took pleasure designing.

A lover of the Arts, she supports everything that her nearby tourist town has to offer, but she stresses the 'schizophrenic' nature of the town being half the year frenetic and half the year dead. This does not suit Mhari's personality, and with her sons away from home, she feels isolated and lonely.

Mhari still considers herself an 'outsider' in her place, and of having nothing in common with the locals, even though she has lived there for 40 years. She perceives her American siblings' lifestyles as dynamic compared to her own, and while she has no notion of emigrating, she would readily leave Connemara if she had independent means to do so in favour of being nearer to major medical services, as well as culture. However, her husband is closely attached to place, is *'embedded in this area'* and will not contemplate moving.

She appreciates the beauty of where she lives but feels that it is not enough for her: *'You don't see anybody, just the mountains and sheep and sea, which is a beautiful view but it's not enough, it's not enough to keep you connected'.*

Health

Mhari took part in lots of physical activities such as yoga, swimming, and walking, before she got ill. She contracted a serious viral infection that left her immune system compromised, and is thus having difficulty acclimatising to her state of near non-activity.

Mhari speaks openly of some mental health issues, exacerbated by her frustration at not being able to return to work full-time, and to her schedule of activities.

'My well-being, including my mental well-being, it would be down to me. There were days when I could have chosen to lie in bed and feel miserable and sad and depressed and upset, but you have to turn it around and get up and do a little bit today, and maybe you can do a bit more tomorrow, and do different things'

Work

As a result of her illness Mhari had to take a year's leave of absence from her public sector work, returning only on a part-time basis, though she is hopeful of one day returning to work full-time for social and monetary reasons.

In her early forties she undertook a 3rd level degree course that she successfully completed, which is somewhat useful in her area of community-based work. Her real passion is for writing and she would love to be able to give up her public sector job to earn a living full-time from writing: *'I'd start tomorrow and go till I kicked the bucket'*. As it stands she must make do with writing for the local free newspaper, which she enjoys.

Social Relationships

Mhari's two adult sons have now left home for college and work, which she encouraged, but she reports suffering from 'empty-nest' syndrome: *'We had a few years of getting ready and still looking after them, and all of a sudden it was all gone'*. She loves both her sons, but particularly admires her younger son who she stresses was a greater help to her than any other person when she was ill.

Contrasting the ageing process of her own parents with that of her in-laws, Mhari's in-laws in their eighties are described as *'very old in attitude'*, whilst she sees her own parents, in their early seventies as being proactive in attitude, particularly her mother who teaches dancing, and swims every day in the sea.

Her mother is a positive role model for Mhari, a woman who has integrated well into her community, and with an active social life. Mhari worries that she herself will not be as physically able to enjoy old age as her mother does.

Mhari has maintained a few friends, but shares few common interests, other than their children, with her husband, describing him as inflexible and a 'traditionalist' and herself as 'quirky'. Acknowledging his hard work as a self-employed man, she regrets his inability to support her emotionally: *'If I was to burst out crying for no reason it would freak him out completely.'*

Quality of Life

Mhari currently feels her quality of life to be poor, but she is optimistic about her future. She misses the company of her sons, feels at odds with her husband, and misses engaging in all her activities. If she manages to return to full health it will go some way in improving her overall quality of life. However, she does not feel connected at all to where she lives, and feels that this issue will need to be addressed before a good quality of life can be achieved. She feels that she should be able to turn her life around: *'Overall, I would accept that I would have pretty much full responsibility for my own happiness'.*

13: PAULINE

'You shouldn't be told that you can't work any longer at 65 or 66 or whatever – why the hell should you? If you can do the job, do it'

Personal

A 58-year old woman living alone in a small town-land at the heart of Connemara, Pauline is separated from her husband, and has four adult children, all of whom have left home. At the time of interview she had one grandchild and another on the way from two of her children.

A strong-minded, determined woman, Pauline describes herself as a feminist, a description she also attributes to her late mother and to her daughter. Religion plays a role in Pauline's life as she ages, providing emotional support. She is outspoken on some Church practices, as is her daughter: *'I would have problems with the Church, but I'm able to separate it and say that bit is rubbish but this is my church, and they're not running me out of my church'*.

Pauline believes in volunteerism, in particular in helping youth, and she organises an annual charity event in her area.

Ageing

Pauline has a positive approach to ageing: *'I have a good attitude towards getting older, and I don't meet many who are as open about it as me, I think it's great that I have made it this far'*.

Pauline began to feel middle-aged in her late forties when she saw no social outlets for her age group. Ageing is also tied up closely with living alone for Pauline, making it more difficult to separate which has the greater impact. She appears to enjoy being at mid-life: *'O my God I'd hate to be young again, to have to go through all that again, there's the good but also the bad, it's quite exhausting really'*.

Old age for Pauline is not a fear unless she is unable to manage physically. She strongly believes that older people should be assisted to continue to live in their own homes at all costs, and expressed a hope that her children would mind her if needs be, as she and her sisters had done for their mother.

Place

Whilst Pauline loves the peace and beauty of her environment, and much prefers rural to urban living, she recognises the downsides of rural living:

'Ageing in the area, the negative for me is the lack of a social life, as I don't do the pub scene any more. I might pop in during the day, but not at night. But I really love the cinema and the theatre, and I have to drive 100 miles round trip for that'

She also acknowledges the difficulties of keeping one's life private in a small rural area: *'... the bitching in rural areas isn't nice, and everyone knows everyone's business'*

Health

Pauline reported no health problems, and her only concern about future ageing is that immobility prevents leading an independent life.

Work

Self-employed and also working within the public sector, Pauline needs and wants to work, but she also wants more personal time: *'I need to work, I suppose I'd get bored if I hadn't things to do ... it's like a battle within yourself, saying I'm too busy, but I want to be busy'*

After separating from her husband, and with her children having left home, Pauline undertook an Arts degree for self-development.

Pauline has no desire to retire from work until she wants to, and is critical of what she sees as ageism against older people: *'You shouldn't be told that you can't work any longer at 65 or 66 or whatever – why the hell should you? If you can do the job, do it'*

Social Relationships

After her separation Pauline embarked on another relationship for a few years, which she thought was problematic for her children, but is now on her own, and loves it:

'I'm so content and have come to the realisation that I didn't realise how wonderful it would be to be on my own, and I remember thinking that I must be meant to be on my own because it really works for me, you know'

Pauline reports being close to her sisters since the death of their mother. The youngest of her sisters, Pauline was on her own much of the time as a child growing up. Because of this she enjoys her own company, and believes that learning to live alone is a necessary life skill for women:

'I really learned to be on my own, and I think it's a great thing to learn, 'cos it comes to everyone at some point unless they die before their partners'

Quality of Life

Pauline has a quality of life of her own choosing. She is educated, provides for herself, and provides employment for her daughter. She enjoys good health, and appreciates where she lives, even with its social drawbacks. She has good relations with her four children, her sisters, and friends, gets holidays, and takes a positive approach to ageing.

14: RACHAEL

'Better to live one day as a tiger than a thousand years as a sheep'

Personal

Rachael is a 45-year old divorcee living on the outskirts of Connemara's main town. A mother of two young boys, she now lives with a new partner, the father of her children.

From a divorced home herself, Rachael feels that she was pre-disposed to divorce from the day she married. It was she who ended the marriage to return to live in Connemara. A self-described 'maverick', Rachael feels completely responsible for her own life and that of her children. She feels completely autonomous, and in control of her own lifecourse: *'Better to live one day as a tiger than a thousand years as a sheep'*

Ageing

Rachael and her friends, mostly male, do discuss ageing, saying that they have no real problem with ageing, other than its perceived futility. She claims that she and her 40-something friends all feel 'at sea' regarding their age, unsure of age-appropriate behaviour: *'What am I going to do? Who am I? What is there left? There's nothing left. What can I do now? It's so boring. How can you continue? Where's the spark?'*

Rachael considers that she and her friends are no longer physically beautiful in their mid-40s, and that she has become 'invisible', to men in particular, and society in general, and is quite despondent about this.

Rachael believes herself capable and able to look after herself and her family, and wants only to grow old Connemara. To age well, Rachael believes: *'You have to keep swimming, not stand still. You have to keep pushing on and re-invent yourself'*

Place

Extremely attached to place, although she has travelled extensively and worked abroad, she constantly pines for home – Connemara: *'I have a complete and utter obsession with Connemara'*.

This attachment, which is to place rather than people, she attributes to her perception that one can be anyone one wants to be in Connemara: *'You can re-invent yourself easily here'*.

Rachael has led a very colourful life personally and workwise.

She has worked abroad in a variety of jobs – from travel to equestrian - living life to the full: *'I've done all the travelling, I've had the money, the glamour, led the high life, been in all the places', but was always homesick every single day of my life'*.

Health

Healthy, and active physically, Rachael exercises every day and believes herself stronger and fitter in her mid-40s than at any earlier life stage: *'I don't feel anything like the way I think I should feel at my age. I don't, I feel about 25'*.

Work

Rachael does not look for financial support from her partner, but did get help from her mother's divorce settlement. Rachael claims to be disinterested in money, and expresses faith in always being able to provide for herself and her children: *'I can always manage to make ends meet 'cause I'd do anything, I'd clean toilets if I had to'*.

Rachael loves the nature of her current equine work, even though it is neither lucrative nor glamorous.

Social Relationships

Rachael is close to her younger sister, somewhat removed from her mother, and has no relationship now with her father. Rachael considers her old-aged employer to be a positive role model, more so than her own mother: *'She has invented herself decade after decade. She's still working manually. Staggering on her feet, but she's still pushing herself'*.

Regarding her future, Rachael is focusing entirely on her two children, spending every spare minute with them: *'I'm keeping the head down for the next ten years, so I don't let myself visualise what I'd be doing in ten years time'*.

Quality of Life

Rachael's quality of life is of her own making. She adores where she lives, and loves her children and her work. She is healthy and has good relationships with her friends and sisters. Whilst not being financially well off, neither is she overly concerned about future finances, as she feels able to provide for herself. In early mid-life, she finds it difficult to envisage old age and what that may be like for her, but is despondent about the ageing process, believing that perhaps only boredom lies ahead.

15: SÍLE

'If my husband dies before me I would not stay here, I'd move. We have no public transport at all here and if I could no longer drive, I'd be trapped'

Personal

Síle is a 61-year old married woman with three adult children, all of who have left home. She lives with her husband in a relatively remote part of Connemara, which holds family connections for them. Reared in England, Síle completed her second and third level education in Ireland, met her husband at university and married. They moved to their rural location whilst their three children were young, seeing it as a perfect place for children and for their self-employment.

Ageing

Not unduly worried about growing older, Síle began to feel middle-aged at 35, once her three children were born. Throughout her lifecourse Síle worried about the opinion of others. This was particularly the case during her fifties when her self-identity was confluent with the success of her business. Now, she feels more confident and relaxed.

Síle has no direct fears for old age other than losing her sight, preventing her from reading, or driving in particular, which she considers a lifeline. Síle recognises that her body is slowing down with age, but she cites a number of older positive role models people in her life who are very active, and who confirm her belief that old age does not equal infirmity.

Place

Although both Síle and her husband had strong connections to their place, these are largely gone now and Síle feels little attachment. Her husband however adores the area for fishing and is highly attached. Síle enjoys walking in the countryside, affording her the chance to exercise as well as enjoy the clean air and natural beauty.

In earlier years, Síle found solace in the church, where she developed a social life, but this was in a different parish some distance away. Síle's town-land lacks social amenities: a basic pub and community hall, neither of which offers any attraction to her. To access activities she would be interested in, such as a library, theatre or cinema, requires considerable driving, a concern for her regarding old age.

Although over 20 years in her location, Síle still feels like an incomer, not a local.

This feeling of being an ‘outsider’ was enforced during the ‘Foot and Mouth’ outbreak of 2001 in the UK, when neighbours demanded that she and her husband stop taking in visitors from the UK to their guest-house: *‘It hurt us terribly and as a result it changed our attitude towards people’*.

Síle is attached to people, rather than places and would leave her locale if she had a choice: *‘If my husband dies before me I would not stay here, I’d move. We have no public transport at all here and if I could no longer drive, I’d be trapped’*.

Health

Síle speaks of her own and her family’s health a good deal, as some family members had cancer scares, and she herself goes for regular check-ups.

However, her greatest health threat came from her business. The long hours of running their guesthouse took its toll on Síle’s health, she became burnt out and had a minor breakdown. This resulted in her turning to medication for depression, which she states she will be on for life:

‘It was like a fog came over me, I could see no joy in anything, the joy went out of my life. My general anxiety was increasing, and I’d have thought I could cope with change, but I wasn’t coping’

Work

For over 20 years Síle and her husband have run a fishing guesthouse. Though very hard work, the lifestyle suited both their needs for a long time, but not since their three children left home.

Coupled with the economic downturn, a consequence of which means fewer visitors, the couple now find making ends meet a challenge. Always looking for ways to make money and keep busy, Síle fills the winter months when the guesthouse is closed by taking care of her brother-in-law’s business correspondence, and by domestic interests such as jam making from her fruit trees.

Social Relationships

Síle began to suffer from ‘empty nest syndrome’ as soon as her children all left home. She is very close to each of them, misses them, and intends to move closer to them, should she be widowed.

Síle feels ‘put upon’ by the demands of others, in particular those of her husband, and feels determined to follow her own path now that she is in her sixties:

'But now it's me, what am I going to do? Will I have the freedom? For a long time I put my husband's needs, wants, desires first, as well as family. Now I want to go to visit the grandchildren, he doesn't want to go because there's nothing for him to do – he doesn't do anything, but I'm sorry I'm not staying at home for this, I'm going'

Quality of Life

Whilst Síle recognises that she cannot come off medication for her mental health problems, she instinctively feels that she would not need medication if she could just break free of the commitment she feels towards her guesthouse business. She no longer wants to work at this, preferring instead to spend much more time with her children and grandchildren. This goal though is at odds with those of her husband who is quite happy continuing to live their present lifestyle.

With these issues unresolved, Síle's quality of life is compromised. She is though optimistic for the future. She is a hard, skilled worker, and if she is able to create a life for herself, following her own path, she feels she will enjoy a better quality of life in older years.

16: TINA

‘Make sure you’re not defined as just the woman picking up the kids from school, or the person who has the dinner on the table’

Personal

Tina is a 46 year-old married woman with four children, living just outside a Connemara village. Brought up in England, Tina has lived in her present rural location since 1999 when she arrived with her husband, who is from the area. Tina and her husband chose to re-locate from urban England for lifestyle reasons. Tina’s two older daughters have now left home for college and work, and the two younger ones are still at school.

Ageing

Tina does not think too deeply about ageing, although she admits that she felt middle-aged at 39 years when she had her fourth child. Tina was a little concerned at leaving her twenties to turn 30, but had no issue with turning 40, and expects none at the turn of 50. Tina regrets gendered ageism, citing societal intolerance towards public female mis-behaviour.

Tina is conscious of not planning too far ahead, which she sees as tempting fate, and quotes an example of an uncle who died before realising his life-long dream of returning to Connemara.

She regards positive ageing as looking forward to what the day brings and enjoying the quality, not quantity of one’s life. To illustrate, Tina cites an older aunt who has very poor quality of life within a nursing home, an institution she hopes to avoid.

Place

Tina does not miss England, and only returns to visit her mother. She loves rurality and Connemara, commenting on its beauty and of how safe she feels it is for her two youngest children.

Tina’s husband’s suffered two heart attacks, which prompted them to discuss moving closer to a better-serviced place in older age. She feels that where she lives is somewhat too remote infrastructurally to allow for a quick response to any medical emergency.

Tina appreciates the importance of community in her rural area, as evidenced at funerals and in the inter-generational mixing that she claims would not be found in urban areas: *‘The kids here would sit around the table and join in with the adult conversation, and talk about quite adult topics’*.

Health

Tina reports no health issues for herself, except a smear test scare in earlier years, which has ensured that she takes regular testing. She is concerned about dementia or immobility in older age, and would hate to have to move to a nursing home.

Being an older mother has also prompted her to mind her health, and she does walk whenever she can:

'You are that bit older and you do think 'God forbid if anything happened'. But you would like to see them grow up at least to their early twenties. You're going to be more conscious of that in your forties than I was in my twenties with the older two, because nobody thinks of dying at that age'

Work

Tina is the main household earner and works full-time in the public sector, a job she enjoys. Work and children leave Tina no time for activities, but she still feels she enjoys a good work/life balance. She declined an early retirement package, feeling too young. Tina intends to work till retirement age for financial and social reasons, but has no great plans for her post-retirement years, other than possibly travelling with her husband, and maybe getting a part-time job.

Feeling the need to be constantly busy, Tina began a 3rd level degree by distance learning whilst pregnant with her youngest child. She completed the degree, enjoyed the experience and has felt it useful in her work. She strongly feels that work is an opportunity for women to own a different identity to that of wife or mother, something she feels is essential to all women's self-esteem: *'Make sure you're not defined as just the woman picking up the kids from school, or the person who has the dinner on the table'*.

Work, ageing, and education also seems to have given her a confidence in her decision-making skills, helping her to raise her children more easily: *'If you didn't have work, and your child challenged you, you might start to doubt yourself a little bit'*.

Social Relationships

Tina's husband suffered two heart attacks, and her eldest daughter had mental health issues, which has prompted her to prioritise the family's health above all other matters. Thus, she leaves herself little time to socialise outside of the home with friends or work colleagues. Tina appreciates her husband's hands-on involvement with their two youngest children, due to his sporadic employment, an experience missing from their earlier marriage years.

Quality of Life

Tina considers she has a good quality of life. Her priority is her family, and she feels grateful for what she has, and makes a point of enjoying the simple things in life. She has a good job, loves her rural location, and is upbeat about life. Quality of life for Tina is having her family around her, all healthy.

17: PENNY

'I think when you're content in yourself you can be happy anywhere'

Personal

Penny is a 59 year-old married woman who moved to Connemara's main town 30 years ago with her husband to accommodate his work.

Some seven years ago Penny's husband suffered a severe stroke and can no longer work. Penny is now her husband's full-time informal carer, their three adult children having all left home. Penny feels very sorry for her husband, whose life is now restricted, as is hers. Penny's social life now comprises an evening dance class and an educational course for carers.

Ageing

Penny states that she does not think about growing older, although she was not particularly looking forward to turning 60 later in the year. She acknowledges increased fatigue with ageing, but this may well be concomitant with her caring duties.

She remembers her own mother as being very old at 60, but does not feel old herself as she nears this age. She feels that Connemara people look older than their years in general, something she suggests could be weather related. She can see few positives about getting older, but has no desire to be any younger either: *'It's an ageing thing I think that the older you get, the less you worry about things'*.

Regarding older age, Penny's only concern is who will care for her husband if she becomes incapacitated. She does not fear nursing homes for herself, and praises the standards in one nearby. Penny sees no merit in dwelling on or planning for old age: *'I don't think you can plan for anything. Just let it happen. Plans always go astray I think'*.

Place

Thirty years ago Penny considered where she lives as rural, but not now, although she feels that the town maintains some of its traditional qualities, such as leaving the key in the door. She is attached to where she lives: *'It's a lovely spot, beautiful scenery, and even if you go out to a beach on a Sunday walking, it's different all the time, it never gets boring'*. Despite some place attachment, Penny concedes that she could settle anywhere: *'I think when you're content in yourself you can be happy anywhere'*.

Penny's husband is a regular visitor to Galway's hospital, which makes her life more complex, travelling in and out to visit.

Although public transport is reasonable between this town and Galway City, Penny insists on having a good quality car in case an ambulance is unable to transport her husband. The couple considered moving into Galway to be closer to hospital services, but decided that their quality of life would be better staying within their own community.

Health

To maintain her own physical and mental health Penny walks a lot with her dogs, dances once a week and keeps herself looking well: *'I think when you dress yourself up you feel better in yourself'*.

She also believes in the merit of group activity for good mental health, and believes that women in particular should get out of the house as much as possible and make a life for themselves.

Work

Penny has kept up her local part-time domestic work in order to get out of the house, something her husband initially wanted her to give up. Her doctor however encouraged Penny to keep up her outside interests.

Social Relationships

Her husband is now Penny's main priority in life. Having improved from his original stroke when he was wheelchair-bound, he now walks with a stick and enjoys a degree of independence, going for short strolls around town. Penny says that she enjoys caring for her husband, despite the extra stress she is under.

Penny considers contact with friends and neighbours to be vital to long-term quality of life, and regularly visits her own contacts. She states though that there is no culture of informal visiting in her location; people only visit if invited to do so.

She misses her three children, who she says are a tremendous support to her. Her daughter visits her father when he is in hospital, and her son in Dublin does all the cooking when he visits for weekends. She Skypes her son who is working abroad every Sunday, and hopes that he can find work one day in Ireland. A private person by nature, Penny keeps her emotions to herself, but does admit to confiding in her doctor or a good friend when she is over-tired and things get on top of her: *'It takes a lot for me to talk to someone about it, but I know that when I do I will feel better afterwards'*.

Penny states that she would love if her husband's siblings would take him more often to give her a break, but they realise what hard work it is looking after him.

When Penny got such respite from her care duties, it allowed her to take a break in England for a week with her sister-in-law. She was also planning a weekend away in Ireland with some other carers from the local business organisation. Penny restricts her holidays, as she feels guilty being away from her husband, and he cannot be left alone at home for any length of time, as he can prove a danger to himself and the house.

Quality of Life

Penny has a mixed quality of life. Her own health is fine, she enjoys her part-time work, she keeps contact with friends and neighbours, enjoys learning new skills, and likes where she lives. Her life though did change forever when her husband got ill, and as his main carer, she does have practical concerns over not only his future, but hers too.

18: PETRINA

‘Planning ahead ... the computer is part of my social life. When I go to use a service down the line, it should be set up for the needs of the people, I.T. should be there to improve our quality of life and become a part of our quality of life’

Personal

48 year-old Petrina lives with her husband and two teenage daughters, just outside Connemara’s main town. She is currently working part-time and studying part-time. Her husband is doing likewise, and thus they support each-other.

Ageing

Petrina believes society demands more of ageing women than of ageing men:

‘Women I think have a harder time ageing because there is more emphasis on a woman to look well and to put on a bit of make-up. I’ve never worn it, but now I’m putting on a small bit, I need it now, I have to, and if it makes me look better then I’ll feel better’.

Her greatest fears of ageing are physical immobility and dementia. Working within elderly care, she is aware of how quality of life is dependent upon personal autonomy. Although Petrina speaks highly of nursing home care, she neither wants to live in one, nor have her daughters care for her or her husband in old age. Instead, Petrina would like to see more supported housing in which people can live semi-independent lives. She believes institutional care should be technology-enabled to allow people to use I.T. to their advantage:

‘Planning ahead ... the computer is part of my social life. When I go to use a service down the line, it should be set up for the needs of the people, IT should be there to improve our quality of life and become a part of our quality of life’

Place

Petrina is native to Connemara, and appreciates its beauty and lifestyle. She feels that despite its political neglect, it is a good place in which to raise a family and to grow old in. Although emotionally attached to where she lives, Petrina would not rule out leaving the area for work purposes or to be close to her daughters in the future.

Petrina believes positive employment initiatives are necessary to ensure the region's economic survival: *'... bringing in a technical college that would teach something different to younger people, or adult education'. 'Things like, say factories, or I.T., setting up businesses here that could be world-based, like computer industries'.*

Health

Petrina's only concerns are a knee complaint, which she imagines will have to be replaced in years to come, and in losing some weight to avoid obesity-related diseases in older age, such as diabetes and stroke. To this end, she is currently embarking upon a fitness regime with a friend of hers.

In early mid-life, Petrina, although active, is aware of slowing down physically, particularly in relation to her knee complaint:

'Years ago I could run into Galway and go to the cash and carry, fill the car, go to 3 or 4 more different places, come back, probably cook a dinner, and it wouldn't knock a feather out of me. Today it would – it really would'

Work/Finance/Education

Petrina and her husband ran a guest-house for a number of years before deciding on a lifestyle change that would afford them more personal time. Consequently, they left the hospitality industry, and Petrina took up work in the caring profession, working in a nursing home and privately in people's own homes. This type of full-time work proved to be almost as time-consuming as her previous work, and when Petrina suffered a recurring knee complaint, preventing her from standing for long periods, she used the opportunity to change to part-time administrative work.

Petrina is highly critical of governments in Ireland for not supporting the hospitality industry or the self-employed:

'The farming industry was the same as us to me, but they got grants to put up fences, but we would not get a grant. There's discrimination there, yet tourism nationally is one of the biggest income earners'

Education features highly in Petrina's life. Both she and her husband are now following distance-learning degree courses. Petrina is also undertaking skills courses relating to her employment. Having done a lot of poorly paid casual work in her life, Petrina hopes that her degree will allow her to secure stable, well-paid employment:

'I look at it [education] as a path that will take me down other paths, hopefully with the skills I learn and new abilities and take me in different directions, and I am really looking forward to that'.

Social Relationships

Despite her studies and her work, Petrina is making time to connect more with her husband, daughters, sisters, and especially her friends, who are important to her. She hopes that her two daughters can benefit from further education, but is allowing them to make their own choices. Aware of the paucity of employment opportunities within Ireland, Petrina feels that her daughters will be educated for export:

'I'm rearing them to be independent and to travel. I don't see them getting a life that they would like ... I'd like them to travel to see what is out there, and at the moment with the recession here, there is no opportunity, and I certainly wouldn't tell anyone at the moment to be self-employed in this country, as I believe the policies in place at the moment are contra to being self-employed'

Quality of Life

Petrina feels that her life is coming together at mid-life. She is now pursuing education, a lifelong dream, and is not spending every waking hour working. Although she has a number of commitments, she is enjoying more personal time at mid-life to enjoy her family and friends. She no longer puts herself last in her personal life, and is making plans to be fitter and healthier as she ages:

'Now I am at the stage when I am done with that (rushing) and I am going to take an hour in the evening and go for a walk or do my yoga, I am making time for me now, whereas before I would (just) have thought about it'.

19: SUSAN

'Everybody worries about getting older, I don't know why, It bothers me a bit'

Personal

Susan is a 64 year-old single woman, living with her brother in a sparsely populated region of South Connemara. Irish is her first language, and our interview was conducted with the help of an interpreter.

As she has an intellectual disability, Susan attends a support centre once a week, at which she learns photographic skills, a hobby she enjoys. She also bakes at the centre for other attendees.

Susan takes part in activities within a local nursing home and enjoys playing cards, and singing: *'I play bingo and cards and bowling. We go out for a meal or sandwich to the pub every week. And dancing too - Sean Nós, I watch them'*

Susan is also a regular church attender: *'I like it on a Sunday, saying prayers for somebody who is sick and things like that'*.

Ageing

Susan has no real concept of her age or the ageing process, and expressed few tangible views on growing older: *'Everybody worries about getting older, I don't know why, It bothers me a bit'*

Place

Susan lives in a remote Gaeltacht region of South Connemara, which is poorly serviced. With no public transport to speak of, she is driven to the support centre once a week only, as funding is not available to take her every day, as she would like.

She enjoys the tranquility and beauty of where she lives, and enjoys walking and gardening. Susan appears to be somewhat geographically and socially isolated.

Health

Susan is diabetic, for which she takes medication, and has intellectual learning difficulties for which she receives help from a State-run support organisation.

Work

Susan held down some work locally in the past in a garden centre, where she learned about plants, but not now.

Social Relationships

Susan lives with her brother, who helps care for her. She appreciates the role of good neighbours within a close-knit community, seeing them as friends who offer security in her older years.

She keeps in contact with siblings and extended family members living in America, has visited them, but has no desire to live there.

She is bonded to her own place within South Connemara, through good relationships with neighbours: *'[I like] the people, going into houses, the neighbours, sometimes chat, I don't go in, but they come to me, we talk about anything'*

Quality of Life

Quality of life for Susan is continuing her present lifestyle. She did not report being in poor physical health, other than her diabetes; she likes where she lives and how she lives, and expressed no expectations or fears for older age.

20: SANDRA

'I am a million times happier than when I was 20 or 18 or 30 or even 40, you get happier and happier'

Personal

Sandra is a 57 year-old French woman, living in Connemara with her partner. Both she and her partner have grown-up children from previous marriages, but all have left home, leaving Sandra and her partner space and time to plan their future together on their own.

Living in Connemara for 25 years, Sandra spent seven of those years living on a small island off the Mayo coast with her second husband, an Irishman, and two children; one child from her second husband and one from her first, French husband.

Unconventional by nature, Sandra prefers to work and live outside of society as far as possible. She lived at subsistence level on the Mayo island, growing her own vegetables, until her marriage broke up on account of her husband's alcoholism.

With very strong views on society, politics, and the medical profession, Sandra feels that finally, at mid-life she can enjoy freedom of expression to publicly say what she has thought all her life: *'I open my mouth and say what I think without any consequence. I notice that I am starting to say more and more things to people and I don't give a damn'*.

Ageing

Sandra is content at mid-life: *'I am a million times happier than when I was 20 or 18 or 30 or even 40, you get happier and happier'*.

She also feels considerably younger inside: *'Inside I feel about 12 – seriously. My interests are the same as a child, I like to play on the beach, make sandcastles, I dance, play games, (enjoy) my knitting'*.

Her only fears of ageing are related to possible physical dependency and a possible lack of money in old age. She is emphatic that she does not want to be a burden to either her family or society: *'I'm open about euthanasia, I'm completely in favour of people who want to take their own lives'*. Sandra is now more conscious of her own mortality and of moving into old age. She and her partner plan to marry, and have pledged to look after each-other in their older years.

Place

Stating that Ireland, not France is home, Sandra's attachment to place is strong. She feels that she needs to live in low population areas for her well-being. Connemara suits her: *'The local people are very cosmopolitan, with extremely multi-cultural experiences'*.

At the time of interview Sandra was in the process of moving from one Connemara location to another, something which caused her a good deal of emotional upset. She loved the scenic, close-knit community in which she and her partner lived for ten years, but had been offered the opportunity to build and own her own home in an equally lovely, but less close-knit location elsewhere in Connemara.

Health

Somewhat prone to mood swings, Sandra still suffers from occasional panic attacks and periods of despondency, but has learned how to deal with these herself. She limits the number of hours she works in order to maintain her energy, and she does not visit cities or crowded areas, as these seem to induce great anxiety.

Work

Sandra feels unable to physically or mentally work long hours at mid-life and makes sure that she allows herself personal time to enjoy the age she is and the life she has created for herself.

Trained as a medical consultant in France, Sandra has added to her medical skills in Ireland, and now runs a women's health clinic as well as working as a locum in Connemara and Galway city.

She uses her respected position within the community to educate and help the marginalised in society. As a feminist she is particularly keen to help women progress, as she sees this as good for all society:

'I work on the edge of the system in medicine, I have no trust for the medical profession or council or people in power but I have trust for some lovely colleagues that I know as individuals'

Sandra displays mixed emotions regarding retirement. Recognising that she needs to work to earn an income, she states that money means nothing to her, and would prefer to become self-sufficient in her new home and give up her medical career for a second time, and live at subsistence level as she did previously on an island.

Social Relationships

Sandra's priorities at mid-life are primarily herself, then her partner, followed by her children and grandchildren. Whilst she enjoys her own company and increasingly seeks solitude as she ages, Sandra values highly the wide range of friends she has, and is always conscious that too much time on her own may not be good for her mental health. She keeps in touch with her siblings in France, and her adult children, who live in Galway. She adores her partner, and plans to spend the rest of her life with him.

Quality of Life

Sandra enjoys diverse interests:

'There are so many things I want to do, like I am learning Arabic and I want to have more time to do that. I've got a list of books to read, so many, I've so many different things to do, I cook a lot, I knit, I need another three or four lives to do all the things I want to do'

For Sandra, good quality of life comes with tranquility, peace of mind, and good health, acquired by good nutrition and plenty of sleep. Poor quality of life results from being in crowded, noisy places, such as cities or congested areas, and eating and sleeping poorly. Sandra's personal definition of quality of life is: *'To be authentic. And that is a lifelong thing, but it can be a bit daunting at mid-life to conform, but that is it – be yourself'*.

21: BETTY

'I think it (life) is mysterious more than anything as one never knows what is ahead'

Personal

Betty is a 61 year-old retired member of a religious Order, living alone in Connemara's main town. Through her work Betty has travelled extensively throughout America, and the Middle-East, teaching mainly English. She is an accomplished teacher, speaking several languages, but is nonetheless a shy, retiring woman. Betty has no social life as such, although she does some voluntary work and visits her family who live in a different county.

Ageing

Although just turning 61 years of age, Betty feels older, although she considers that old age does not start until the mid-70s. Inside, she feels as if she is in her late twenties or thirties, but then sees her grey hair in the mirror:

'I think I felt younger when I was on the Mission as I was with young people, children. I'd play basketball with them, or holding the rope for skipping, but I think I've aged since I came here'

On mid-life women, Betty implies that Western women are perhaps too demanding, which can lead to unhappiness, and that women should perhaps learn to be happier with their lot: *'... to be more patient and let life flow, otherwise there will be a complete rat race'*.

Place

Still considering the Middle-East to be home, Betty is finding it difficult settling back in Ireland. Betty does not drive, which disadvantages her, but has no interest in learning. She says she would return abroad in a heartbeat if asked. However, at this stage in her life, Betty feels it unlikely to ever be offered a teaching position anywhere.

Feeling lucky to have been given an apartment in a complex for returned emigrants, Betty nonetheless feels that living alongside older people is ageing her. It may be some time before Betty considers where she lives as home, although she does appreciate the physical beauty of Connemara: *'We are so close to the hills here and I can see them from my window and I can hear sheep bleating and can see horses passing'*.

Health

Betty's physical health is good and she reported no complaints. She did however raise on numerous occasions her 'nervous disposition', which was at the root of her leaving her work abroad. She also express some concern about who will take care of her in old age, although her Order is likely to continue to care for her needs. Betty emphasises that she does not want to be a burden to anyone in her old age, and would happily go into a nursing home.

Not dealing well with pressure at mid-life, Betty perceives her earlier life as being relatively pressure-free. She feels now that work and life present too many pressures. She also feels prone to despondency: *'Sometimes I get ... I feel down, because I said I will never be able to teach again. But to keep my spirits up ... but to answer whatever call comes to me'*.

Work/Finance

Betty's 25year career as a teacher was spent abroad in service within a large girls' school. Betty misses both teaching and the Middle-East badly. Leaving the region due to political instability, Betty is at a loss in Ireland, with no teaching work and a diminishing Order. She believes one needs computer skills now to secure employment, but has no interest in learning these.

Betty clearly had a positive impact on her educational charges: *'There's a crop of past pupils across the globe touched by Irish culture through me'*. Needing to continue to feel productive, she volunteers in a local centre for people with mental health issues, but on her own admission, has too much time on her hands, in contrast to her earlier working life.

Her career has ended at mid-life, through no fault of her own, whilst for some other mid-life women, their careers may only be starting:

'My longing for [there] was overpowering and I thought I've made a mistake coming home, I'll have to go back, but that's beginning to wear away a bit. I still feel [there] is my home, I do'.

Betty emphasises that the Order she chose as a young woman was one of service, rather than contemplation, and she does want to actively serve people for the rest of her days. She also chose her Order for its respect for animals and was known for her love of cats whilst living in the Middle-East.

Social Relationships

Being shy, Betty finds relationships difficult to establish, but she enjoys her voluntary work helping residents of her housing complex with reading and basic life skills. Her best friend is an elderly neighbour whom she visits daily to discuss current affairs.

'I kind of – I like to be alone, I'm not outgoing and I find it hard to blend in and then I think maybe the people as well they might not know how to take me – a Sister. I try to be as outgoing as I can but it's not easy for me. I cope I think'

Despite living alone, Betty does not feel lonely, which she considers to be a blessing.

Quality of Life

Betty's quality of life is mixed. She enjoys good health, but no job satisfaction. She has few social relationships, but does not feel this to be a disadvantage. She is not old, but feels old because of her circumstances. She misses her previous lifestyle hugely, but is beginning to consider Connemara home.

Five years short of the official retirement age in Ireland, Betty feels in a sort of age limbo, in which she qualifies for few financial benefits, but neither is looked upon as being productive, which she feels is reducing her quality of life.

22: CHRISTINE

'You only get one chance at life, it's an adventure, so do what you want to do'

Personal

50 year-old Christine is married with six children, ranging from 18 years to 18 months. Christine is taking late motherhood in her stride, and looks on life as an adventure: *'You only get once chance at life, it's an adventure, so do what you want to do'*.

Ageing

Christine has not thought much about ageing, being too busy at work and home. She is conscious that having a young family, including a baby, keeps her young in outlook: *'I'm not going to stress about age. I do feel a bit middle aged sometimes. But the baby and the kids keep you younger in attitude'*.

Place

English by birth, Christine has lived in Connemara for most of her life, her father's home area, considering it to be home, and a good place in which to grow old. She loves the peace and quiet of the area, but is aware that if one lived alone without a network of family or friends, that Connemara could be very isolating: *'The older ones go to the active ageing and seem to have great old craic, so there's an effort for them. But if you are under 65 and not working – there's not much for you'*. As a family, they make a point of taking a winter holiday to escape the worst of Connemara's weather, which they find depressing.

Health

Apart from her eyesight getting poorer with age, Christine has no physical complaints, and keeps herself fit by running, cycling, as well as running her home. She is now more conscious than ever about staying healthy for the sake of her youngest child: *'I try to stay fit and healthy, especially for her (baby daughter) sake, as I am going to be an old parent. I'll be in my seventies when she is in her twenties'*.

Work

Christine holds a degree and post-graduate qualification, which helps her in the family business. She also expresses a desire to study more in the future.

Christine and her husband run a holiday home business as well as an English language school. Her husband built the holiday homes himself, and the family lives in one of these. She is particularly interested in building up the language school as an investment for her children's future, so that they may not feel they have to emigrate from an area that offers few employment opportunities.

Being self-employed is hard work and Christine and her husband run two businesses, both of which are largely seasonal, creating extremely busy summers and quieter winters. Nonetheless, she loves her lifestyle: *'Being self-employed is hard going but I'd hate to have to get up every morning and have to work in the stress and hassle at a desk 9-5'*.

Due to her large family, Christine is conscious that retirement may be a luxury neither she nor her husband can afford: *'Like the kids will be going to college and they will all need support through college, so we'll need to keep working for the kids to have an income till we are at least 75 I think'*.

Social Relationships

Christine appears to be very competent and clearly enjoys having lots of family around her. Her domestic family is supplemented by numerous pet animals, including ponies, pigs, hens, dogs and cats.

Christine does not feel burdened by a large family, rather considering them to be an asset. She shares the workload with her husband, and the children also help out with domestic tasks. Christine especially enjoys doing things together as a family, particularly travel, and intends to do more of this. Her parents live in the area, offer support when needed, and Christine considers them to be active, positive role models.

Quality of Life

Christine enjoys a good quality of life and good health. She, and her husband work hard at their business and at home, but she enjoys her large family and her location.

23: DENISE

'At 27 I would not want to keep a child, but at 57 I would. I don't think I was born with the right chip for kids. But there are very few women I have met in my life who seem completely at ease without having kids ...'

Personal

57 year-old Denise lives alone by choice in a dispersed area close to the sea. As an artist, the landscape is important to her work, and acts as a source of inspiration. Although not from Connemara, Denise has chosen to live there for the past 12 years and maintains a dual relationship with the location.

Denise exudes 'joie de vivre', perceives the world through an artistic lens, and considers herself something of a bohemian.

Ageing

Rejecting an image-conscious world, Denise prefers to age naturally without recourse to cosmetic aids, but does not look any older than her 57 years, helped by her high level of physical fitness. She feels healthy, but is conscious of her ageing body:

'I have seen my body get worse over the years ... I do a lot of swimming naked in the end of the field with friends and stuff. Now I am more aware of my body and other bodies around me. Maybe I need to do something about that, but it's so much like hard work'

Denise is only conscious of ageing and death within a context of living alone. Whilst she claims not to fear these, she is concerned about the practicalities of living alone in older years.

Place

Whilst being known within the community, Denise keeps her work and personal life relatively private, as she is conscious of rural gossip: *'From a single woman's perspective, everybody would know your business, so my advice would be to be really careful of how you project yourself or live your sexual life in the community'*.

Strongly connected to place, Denise does not foresee leaving her area:

'When I moved down here they accepted me very much, as I was this strange woman who bought five acres and lived on the beach in boots and bikinis, and they must have thought what the hell is she doing'.

She travelled abroad extensively for a number of years, and feels that there is very little new left of the world for her to explore. However, she hugely appreciates the beauty of Connemara: *'Nature for me has always been a balm. Whether it's swimming in the sea, or diving and meeting a conger eel – actually that is Heaven for me'.*

Health

A lifetime of swimming, diving, gardening, and working have afforded Denise a healthy level of fitness, although she is conscious that her strong body is beginning to age and may prevent her from doing everything she desires, such as travel.

Work/Finance

Working from home, Denise is a self-confessed workaholic. She does not cater for the commercial art market. Her work is different and her artistic pieces unique: *'I'm very opposed to dogma, so I love trying to flummox and ascertain new territory or new ways of looking at things'.*

Although she enjoys great freedom of expression through her work and feels no compulsion to be commercial, she does worry about present and future finances, particularly with regard to paying her recent mortgage:

'I have worried recently about having no money in case I can't function properly - If I can't buy a can of beans. I guess if I was completely bereft and I had paid my mortgage off I would get some kind of pension, if it still exists. And maybe some kind of social security – and I had never worried about all of that before. That is a vulnerability for me'.

Social Relationships

Denise's siblings and extended family live in a different county; she has chosen to live alone with her dog in a secluded Connemara beach location.

As her work requires her to travel a good deal, Denise asserts that she never gets lonely. Although never married, Denise has had a number of relationships throughout her lifecourse, and is open to the possibility of a future one who meets her standards: *'But what do I want from someone else? Just a little love affair? No, I'm too old for that now, I don't do the old fling thing any more, I'm just not interested'.*

Quality of Life

Denise enjoys a good quality of life: one of her own design. Her health is good, her work is in demand, she loves where she lives, and enjoys her own company. Her only concern for her future is financial, due to the precarious nature of her work. She is a little concerned about living alone for practical reasons, but does not see a partner as being essential to a good quality of life.

24: KATHY

'I've no family to mind me, so give me 70 or 80 and I want to be gone'

Personal

Kathy is a 58 year-old married woman with no children, living in a popular village in Connemara. Kathy and her husband renovated a period house in the village, from which they run a bed & breakfast business. Kathy loves her location, work, and life, and appears to be optimistic regarding her future, even though she had breast cancer, and also had to undergo a hip replacement.

Her husband appears to be highly supportive of her, co-sharing the business and personal workloads. They work as a team and whilst not planning to retire, consider that they may move onto other pursuits once Kathy's mother is no longer with them. Kathy's mother is a positive role model to her, has lived with her and her husband for 20 years and takes an active interest in the business and in Kathy's leisure activities. Her mother helped out in the B&B until becoming incapacitated.

Ageing

Longevity runs in Kathy's family, but Kathy herself has no desire to live to the same age as her mother (97 years) and aunts because she perceives that with no children to rely on, she would be disadvantaged: *'I've no family to mind me, so give me 70 or 80 and I want to be gone'*.

Positive ageing to Kathy is having the health and financial resources to enjoy one's life. Asserting that she is not particularly conscious of ageing, or old age, she nonetheless is paving the way for a comfortable old age by building up her business. She believes that positive mental attitude is crucial to positive ageing.

Place

Kathy has close attachment to the place where she lives, although she has only resided there for 20 years of her adult life. With good public transport links to Galway, adequate local medical services and shops, she sees no need to travel into the city, other than for leisure purposes. She prefers rural to urban living, having been reared within a farming family in East Galway, and equates quality of life with the aesthetics of her present location: *'... to hear the donkey braying, the birds singing, the dog barking'*.

Health

Kathy strongly feels that keeping active and having hobbies and interests is crucial to good physical and mental health, and believes that this should be taught in schools, particularly to teenage girls.

Kathy does however feel let down by the medical profession, as she attributes her hip replacement to deficits in bone density caused by chemotherapy and radiation treatment for breast cancer, which she feels could have been avoided by taking medicine or natural supplements, had she been advised.

What Kathy is especially fearful of is developing Alzheimer's disease, which both her father and uncle had before they died, and ending her days in a nursing home.

Work/Finance

Self-employed by choice, having previously taught secondary school, Kathy feels that her lifestyle choice affords her freedom that is unattainable elsewhere. She left teaching to open a youth hostel in Galway City, before moving on to run her guest-house, so she is not averse to risk-taking. She views retirement as freedom, and intends to enjoy it fully by travelling, and following her favourite leisure pursuits. She fully appreciates the importance of having sufficient financial resources to lead a full life and thus is conscious of financial planning at mid-life.

Social Relationships

Looking after her elderly mother within the B&B, Kathy nevertheless finds the time to engage in activities such as golf, Bridge, and gardening. Having no children, she believes these help her make social connections, which she deems as important to positive ageing.

Kathy took leave of absence from teaching for a year to look after her uncle, highlighting her value of minding people. She also looks out for her elderly next-door neighbour. Kathy leads a busy life and enjoys connecting with people: *'The older you get the more people you need around you'*.

Kathy values the role of her husband as a partner in life and business, and values her relationship with her mother, friends and neighbours.

Volunteering also comes naturally to her and she intends to volunteer in her community in later years when she is less busy with her business and domestic duties.

Quality of Life

Kathleen reports a good quality of life. She works long hours, along with her husband, and although not free to come and go as she wishes, due to caring for her mother and the nature of her work, she makes time for sport and leisure pursuits, and has plans for her older years.

Quality of life to Kathy is health first and foremost. Coming through breast cancer and a hip replacement, with the possibility of a second replacement, and having osteoporosis makes her appreciate every day.

She loves where she lives, but does intend to travel or even change business, once free of commitments, and to this end, is planning financially.

25: MARGARET

'I was thinking they're nearly grown up now, they're grand, and I'll have more time, and then to find out you're back to national school again'

Personal

Margaret is a 50 year-old married woman living in a relatively remote part of Connemara with her husband, a sheep farmer, and one young teenage son. Her other three adult sons have all left home. The house Margaret lives in was built 31 years ago on land belonging to her parents-in-law. She herself was reared in a small town-land nearby.

Ageing

Margaret acknowledges that she is middle-aged, but feels younger than her biological years: *'I feel 30 most of the time'*.

At mid-life Margaret perceives that time is speeding up, leaving her less time to meet commitments: *'I find time has started to go much quicker as I get that little bit older, it's Monday, and next thing it's Friday again'*.

Whilst Margaret fears developing Alzheimer's or any condition that reduces her personal autonomy, she is optimistic about growing older and old age, and intends to stay positive:

'I'm not dreading anything, nobody can look into the future, nobody knows what's on hold for anybody ... I don't see any point in worrying about things I have no control over, and I've always been a bit like that. I don't know if it's just me being 'feather-headed' or what, but I don't know what's going to be ten years down the road, so I'm not going to worry about it at the moment'

Place

Margaret has strong place attachment and knows many of the neighbours very well - some are related. There is an informal culture of 'chatting over the wall', or 'popping in and out' of one another's homes by day for a coffee and a catch up. Margaret is very aware of the importance of good neighbours as one ages.

Having had a knee operation, which required her to use crutches for a short while, she recognises how dependent one can become on others. However, she is not unduly pessimistic about growing older in her location as she is well connected.

She recognises though that driving is essential to where she lives off the road, but more important than owning a car, is to be mobile on one's feet, as she feels that neighbours would offer her lifts into town when necessary.

She adores the physical beauty of her location, particularly the lake views from her windows, and along with the peace and tranquility cannot imagine living elsewhere.

Health

Margaret's husband, being a full-time farmer, with some part-time occasional work, is depleted of energy at the end of the day, whereas Margaret is not. A keen walker and a woman who loves being outdoors, she encourages her husband to join her in walking, but he is usually too tired to do so.

Margaret highlights activity and positive mental attitude as being necessary to keeping young and healthy and she golfs when she can, as well as walking every day. She recently went abroad on a walking holiday, and expressed a desire to do much more of that once she regains her independence 'post-child rearing'.

Work

Margaret helps with farming affairs when necessary, such as during the lambing season, but otherwise is a homemaker with a few days part-time casual work in a café within the nearest village. She works mainly for social reasons and for a bit of 'pocket money', rather than from necessity.

Margaret and her husband also receive income from a holiday home nearby that is rented out to fishing tourists, although business from this is becoming increasingly sporadic.

Social Relationships

Margaret perceives that her earlier married life, whilst stressful raising small children, was more spontaneous and enjoyable than her life at present. Margaret's youngest son was a surprise birth, and she somewhat resents the time she has had to re-invest into a domestic area of her life that she thought she had left behind. Several times she refers to the restrictions on personal freedom from having to become a mother all over again.

Margaret lost her own mother and father within the last four years, and in particular she misses her mother very much: *'I can kind of think in your late forties you're not an orphan, but you feel like it'*.

She is also very close to her sister who lives relatively nearby and they meet up regularly to walk and chat.

Having one grandchild now, Margaret recognises shifting priorities at mid-life, happily putting aside household tasks to concentrate more on enjoying her family:

'As you get older your priorities do change, because before now when I was at home, and you'd be pulling out presses and tidying and the whole thing, now you might do that once in awhile, but before you constantly blitzed everything, but now I'd throw it all in again and leave it'.

Quality of Life

Margaret feels she enjoys a good quality of life: she has her health, her family, her neighbours, her work, her walking and golfing, and her home. She feels she has great personal freedom, but due to her husband's work schedule, feels she cannot make best use of this freedom to enjoy a good quality of life together.

Appendix 7

Thesis Activity Schedule

| Date | Activity | Outcome |
|----------------------|--|---|
| Sep 2010 - Dec 2011 | Developed research proposal Preliminary literature review ICSG monthly seminars Library training sessions: Research and Endnote referencing Business of Ageing Conference, Dublin | Graduate research committee (1), Nov 2011 |
| Jan 2012 – June 2012 | Approval granted from NUIG Ethics Committee ICSG monthly seminars Constructivist grounded theory training workshop, (Kathy Charmaz, Dublin) Social science narrative workshops, NUIG Developed fieldwork plan: recruitment, data gathering Conducted pilot study of 3 participants Develop literature review | Graduate research committee (2), July 2012 |

Thesis Activity Plan

Date

Activity

Outcome

July 2012 – Dec 2012

Phase I of fieldwork completed with 10 participants
Analysis of participant narrative
Participated in 2-day workshop on methodological approaches to ageing, NUIG
ICSG monthly seminars
Social science narrative workshops, NUIG
In-depth analysis of phase I transcripts to identify patterns and gaps

Graduate research committee (3), July 2013

Jan 2013 – Mar 2013

Apr 2013 – Dec 2013

Phase II of fieldwork completed with 12 participants
Further in-depth analysis of transcripts
Began writing up Findings
Presented and postered at International Cultural Gerontology Conference, NUIG
Participated in 2-day Writing workshop

Graduate research committee (4), July 2014

Jan 2014 – May 2014
June 2014

Thesis Activity Plan

| Date | Activity | Outcome |
|----------------------|---|--|
| July 2014 – May 2015 | On-going write-up, editing, and analysis of Findings | Graduate research committee (5), July 2015 |
| Sep 2014 – June 2015 | Reviewed Method & Methodology chapter On-going development of literature review Presented Findings at Irish Gerontological Society Conference, Galway Presented Findings at Irish Gerontological Society Study Day, Dublin | |
| Sep 2015 – Dec 2015 | Final literature review | Year (6) |
| Jan 2016 – May 2016 | Draft completion of all thesis sections | |
| June 2016 – Aug 2016 | Prepared plan for journal articles Prepared for presentations to British Society of Gerontology, and Irish Gerontological Society conferences | |
| July 2016 – Sep 2016 | Revisions to thesis | |
| Sep 2016 – Nov 2016 | Preparation for Viva Writing journal articles | |