



Coping strategies used by the elderly during stressful life events
by Jerri Sigety Bedell

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

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Abstract:

Twenty-five percent of all suicides in the United States are attributed to the age 60 and over population. Specific factors identified that place the older adult at risk for suicide include retirement, bereavement, isolation, chronic physical illness, low income, depression, and hopelessness. Statistics demonstrate that the majority of elderly with numerous risk factors present in their life situation are not resorting to suicide. No research could be found which examined the successful coping strategies used by this group of older adults. The purpose of this study was to have a group of older adults describe the strategies they used to cope with life situations perceived as stressful.

A qualitative research design was used to interview ten older adults ranging in age from 63 to 85 years and living with the three risk factors of retirement, isolation, and bereavement. This purposive sample was obtained from the Area Agency on Aging in a north central Montana city. Informants were asked to describe situations they perceived as stressful, their emotional and physical response to those situations, and the strategies they used to successfully cope with the stress of those situations.

Physical illness, death, arguments, and paying bills were the four situations described by the informants as stressful. The identified coping strategies formed a pattern of four categories with subsequent subcategories: faith (outer and inner resource), relationships (confidant, support, and comfort), attitudes (toward problems and toward life), and activities (environmental -distraction, avoid rumination, and avoid isolation).

The results of this study indicate that older adults are able to describe the specific strategies they use to successfully cope with stressful life situations. Further research is needed with groups having other risk factors to validate and expand the data obtained in this study.

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This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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Jerri Sigety Bedell was born the daughter of Alexander and Lillian Sigety on May 5, 1953. She spent her youth in South Florida, graduating from North Miami High School in 1971. She received her Bachelor of Science in Nursing from Florida Atlantic University in 1984.

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ABSTRACT

Twenty-five percent of all suicides in the United States are attributed to the age 60 and over population. Specific factors identified that place the older adult at risk for suicide include retirement, bereavement, isolation, chronic physical illness, low income, depression, and hopelessness. Statistics demonstrate that the majority of elderly with numerous risk factors present in their life situation are not resorting to suicide. No research could be found which examined the successful coping strategies used by this group of older adults. The purpose of this study was to have a group of older adults describe the strategies they used to cope with life situations perceived as stressful.

A qualitative research design was used to interview ten older adults ranging in age from 63 to 85 years and living with the three risk factors of retirement, isolation, and bereavement. This purposive sample was obtained from the Area Agency on Aging in a north central Montana city. Informants were asked to describe situations they perceived as stressful, their emotional and physical response to those situations, and the strategies they used to successfully cope with the stress of those situations.

Physical illness, death, arguments, and paying bills were the four situations described by the informants as stressful. The identified coping strategies formed a pattern of four categories with subsequent subcategories: faith (outer and inner resource), relationships (confidant, support, and comfort), attitudes (toward problems and toward life), and activities (environmental distraction, avoid rumination, and avoid isolation).

The results of this study indicate that older adults are able to describe the specific strategies they use to successfully cope with stressful life situations. Further research is needed with groups having other risk factors to validate and expand the data obtained in this study.

CHAPTER 1

INTRODUCTION

National suicide statistics indicate that approximately 25% of all suicides each year are attributed to the age 60 and over population (CDC, 1985). The accuracy and completeness of these statistics is compromised by the fact that a number of suicides go unrecorded annually. Since suicide statistics are based on death certificates, they are probably low estimates because suicide is only recorded when suicide as the cause of death is certain (CDC, 1985). Many suicides may be disguised as auto accidents or the failure to follow a prescribed drug regimen (Bennett, 1967). Family members and professionals may also attempt to hide suicides because of social stigma, insurance and legal factors (Bennett, 1967; CDC, 1985). Several authors estimate that there are four to eight times more suicide attempts than actual deaths from suicide and most attempts are not officially recorded (Bennett, 1967; Fitzpatrick, 1983; McIntosh, 1985).

Research to date concerning suicide and the elderly has focused on the study of survivors of suicide attempts and relatives of those who have committed suicide. As a

result of these studies, certain factors have been identified which can be used to assess levels of risk for suicide. Three specific risk factors included depression, bereavement, and chronic physical illness. Statistical estimates of the 26 million persons 65 years and older show that five to eleven percent are depressed, 66 percent are widowed, and 86 percent suffer with at least one chronic physical illness (Grauer, 1977; Butler & Lewis, 1982). However, statistics also demonstrate that less than one percent of that population commit suicide. Even though the elderly suicide rate is high as compared to other age groups, the majority of elderly with numerous risk factors for suicide are not resorting to suicide.

The three identified high risk factors in the elderly relate to stressful life events. Depression is a reaction to events that are happening in one's life while bereavement and the development of chronic illness are events representing losses. Hendin (1986) suggests that all older people confront stressful life events; however, the meaning and personal significance placed on those events by the individual determines his or her capacity to cope with such events. Since statistics show that the majority of elderly with numerous risk factors identified with suicide are not committing suicide, this group of elderly must be coping with their stressful life situations. A review of the selected literature to date

(November, 1987) revealed no published research which specifically examined elderly at high risk for suicide and their successful coping strategies used during stressful life events.

Studies conducted with rural elderly examining the relationship of coping strategies on stressful life events and health status have shown that the way individuals cope with stress moderates the relationship between stress and illness and that certain coping strategies may be more effective for the elderly when dealing with stressful life events (Preston & Mansfield, 1984; Simons & West, 1985).

While the number of elderly suicides presently accounts for less than one percent of the total elderly population, this number has been projected to increase significantly as the large cohort group of individuals currently age 30 to 34 enter old age (Haas & Hendin, 1983). Large birth cohorts tend to have higher levels of stress and higher rates of suicide possibly due to social and economic competition. Currently, individuals 30 to 34 years of age make up a large cohort group as a result of the postwar baby boom. Suicide is the third leading cause of death in this age group (CDC, 1985). Thirty years from now this group is predicted to be the largest group of elderly, approximately twice the current elderly population and having twice the number of elderly suicides (Haas & Hendin, 1983). Elderly suicide will continue to

exist unless intervention methods are developed to help the elderly adopt alternative strategies to cope with stressful life situations. But, prior to developing intervention methods, knowledge of the coping strategies being used by those elderly with numerous risk factors identified with suicide but not resorting to suicide needs to be investigated.

Purpose of Study

The purpose of this study was to determine the coping strategies used by the elderly experiencing numerous risk factors identified with suicide. Knowledge of effective coping strategies would assist health professionals in helping the elderly at risk for suicide to cope with stressful life events without succumbing to suicide as the only alternative. Since the majority of elderly with numerous risk factors are not resorting to suicide, identifying their successful coping strategies would be beneficial for intervention with those elderly who are contemplating suicide.

Definition of Terms

The following terms are defined for the purpose of this study.

1. Elderly - persons 60 years of age and older, including both male and female. The minimum age of 60 was

selected because in 1980 there were 141 more suicides in the 60 to 64 age group than in the 65 to 69 age group (CDC, 1985). Also, the Area Agency on Aging uses the minimum age of 60 to define eligibility for services.

2. Suicide - "the act of taking one's own life intentionally and voluntarily" (Hatton & Valente, 1984, p. 33).

3. High risk factors - those factors which place an elderly individual at risk for suicide. From the literature review, the following factors were identified for use in this study.

- a. retirement - a life event characterized by the transition of role change.
- b. bereavement - a life event resulting from the loss of a spouse or confidant viewed as a significant other.
- c. chronic physical illness - any nonreversible physical illness which may limit physical activity, which does not involve mental impairment.
- d. isolation - living arrangements that accommodate one person.
- e. low income - a fixed amount of money derived from social security or any other governmental assistance used to financially support oneself.

- f. depression - a syndrome characterized by "feelings ranging from unhappiness and dejection to deep despondency and despair" which may include physical characteristics such as "disturbance in sleep patterns, changes in appetite, loss of interest in pleasurable pursuits, uninterest in sexual activity and a marked slowing of physiological processes" (Hatton & Valente, 1984, p. 38).
- g. hopelessness - "negative expectations" for one's life situation (Beck, Kovacs, & Weissman, 1975, p. 1147).

4. Coping - an active process involving specific thoughts and behaviors of an individual intended to protect one's self from physical and emotional harm by taking control of physical, psychological, and environmental resources to affect a positive outcome to a stressful life situation.

5. Coping resources - psychological, social, and environmental characteristics from which the individual draws upon to assist him or her in the coping process.

6. Coping strategy - the specific thought or action taken by an individual to reduce the stress of a situation.

7. Stress - personal, social and environmental influences which have a negative emotional and physical impact upon an individual.

Assumptions

Two assumptions were made about the group selected for this study. First, some elderly do commit suicide; second, the elderly are capable of thinking about suicide and acting or choosing not to act on those thoughts.

Two assumptions were made about the method selected for this study. First, the qualitative research approach would elicit the data needed to describe the results of this research study; second, the informants selected would be willing and able to give information on their coping strategies.

CHAPTER 2

LITERATURE REVIEW

Three areas of literature were identified for review to gain information pertaining to suicide and the elderly. The first area selected for review was epidemiological data pertaining to incidence and distribution of suicide among the elderly. Assessment of risk for suicide represented the second area. The third area of literature reviewed was that of the concept of coping. These areas were selected to give a background on elderly people at risk for suicide to demonstrate the critical need for the examination of coping strategies which could be utilized for the prevention of suicide.

Incidence and Distribution of Elderly Suicide

Data from the Center for Disease Control Suicide Surveillance Report (1985) show that there are approximately 26,000 suicide deaths in the United States each year. In 1980, approximately 6,200 of the above suicides occurred in persons age 60 and over. Of these over age 60 deaths, 4,800 were attributed to males and 1,400 were attributed to females.

According to the National Center for Health Statistics (1986) the 1984 suicide rate per 100,000 population in the United States was 12.4. The 1984 suicide rate per 100,000 population among persons age 65 and older was 19.7 (NCHS, 1986).

In 1985 there were 144 total suicides in the state of Montana, which is a suicide rate of 17.4 per 100,000 population (Montana Vital Statistics Report, 1986). Of that number, 11 suicides (13.7 per 100,000 population) were committed in Cascade County. According to the Cascade County Coroner's Office five of the eleven suicides were attributed to persons age 60 and over (Noel Light, personal communication, November 6, 1987). These statistics indicate that the suicide rate for persons 60 and over in Cascade County, is 41.6, which is twice the national rate of suicide for the elderly population.

Among the 60 and older population the older white male has been identified as having consistently higher rates of suicide than older white females (CDC, 1985; Jarvis & Boldt, 1980; McIntosh, 1985; NCHS, 1986; Sainsbury, 1962). According to Weed's (1985) 25 year study of suicide from 1958 to 1982, rates of death from suicide in white males increase with age, while the suicide rates for white females only increase to the age of approximately fifty and then decreases.

According to these statistics, the number of elderly suicides may only account for less than one percent of the elderly population, but the rate of suicide in the over age 60 group represents approximately 25 percent of all suicide deaths in the United States of which more than three-fourths is attributed to the male.

Risk Assessment

Miller (1978) developed a profile of the older white male adult most likely to commit suicide. Data was gathered from 301 death certificates of those white males who had committed suicide in Maricopa County, Arizona from 1970 to 1975, and from interviews with 30 of the surviving spouses. The profile describes the lifestyle and situation variables of the older white male who committed suicide. Although Miller indicated that the profile was more descriptive of his sample than predictive of the general population of older adults, he did identify two variables which seem to predispose some older people to suicide. The variables identified were poor planning and adjustment to retirement, and/or the lack of or loss of a confidant or spouse.

Jarvis and Boldt (1980) gathered data from coroner's files on 154 elderly suicides in Alberta, Canada during the period between 1968 and 1973. The files contained medical reports and police investigations which included

interviews with friends and relatives. Variables associated with the 128 male suicides included living alone (41.5%), bereavement (7.1%), retirement (54.7%), and the presence of at least one chronic physical illness (52.4%). Variables associated with the 26 female suicides included living alone (25%), bereavement (31.6%), retirement (41.7%), and the presence of at least one chronic physical illness (31.8 %). Jarvis and Boldt suggested that living alone and being retired indicates isolation which when compounded by failing physical health leads to increased isolation. This information may indicate that the presence of a combination of risk factors may place the individual at higher risk for suicide. Jarvis and Boldt further suggest that elderly who perceive increasing dependency and pain associated with chronic physical illness may commit suicide as a "strategy of actively coping with what is perceived as an intolerable life circumstance" (p. 148). This type of coping is not congruent with this study, which is to identify those coping strategies that provide an alternative to suicide.

Simons and West (1985) studied the relationship between life changes and the onset of illness in the elderly, and the influence of certain coping resources on that relationship. From their study of a random sample of 299 adults over age 65, income was found to be a coping

resource. A person with high income was able to use his or her financial resources to lessen the impact of stressful events. If high income was a coping resource among this group of elderly, then low income may be a contributing high risk factor for suicide.

According to Grauer (1977) approximately five percent of persons over the age of 65 have been diagnosed with a depressive illness and another six percent show depressive symptoms such as fatigue, insomnia, anxiety, and apathy. Butler and Lewis (1982) assert that depression frequently follows chronic physical illness because individuals are unable to cope with the infirmity and limitations that chronic physical illness imposes. They also found that depression frequently follows retirement when the individual is unable to cope with a loss of peer relationships, role status, and income producing ability.

Beck, Kovacs, and Weissman (1975) conducted a study of 384 people who had attempted suicide. The age range was from 17 to 63. The basis for their study was the fact that suicide among nondepressed individuals does occur and that not all depressed individuals commit suicide. The purpose of their study was to determine if hopelessness was more of an indicator of suicidal intent than depression. Suicidal intent, hopelessness, and depression was measured by administering Becks' Suicidal Intent Scale (SIS), Hopelessness Scale (HS), and the Beck Depression

Inventory (BDI). Their findings revealed that hopelessness was the variable which correlated depression with suicidal intent in 96 percent of the sample. The authors found that suicidal behavior of depressed individuals is derived from cognitively distorting experiences in a negative way and expecting a negative outcome to any action taken to meet personal objectives or goals. Based on this finding, Beck et al. implied that therapy, to be more effective, should focus on the reduction of hopelessness rather than on the self-destructive behavior.

The factors identified thus far which place the elderly at risk for suicide are retirement, bereavement, isolation, chronic physical illness, income, depression, and hopelessness. These factors alone do not determine the level of risk for suicide. The level of risk for suicide is more related to the effectiveness of the individual's ability to cope with these factors in their life situation.

Coping

Lazarus (1966) defined coping as a process whereby persons utilize certain efforts or strategies to deal with threat. He further stated that the aim of coping was the overcoming of difficulties. This definition of coping was expanded upon by Folkman and Lazarus (1980) to include

"the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them" (p. 223). They further related that coping efforts manage the stressful source and stressful emotions. The actual thought process and action efforts directed toward a particular stressful encounter are referred to as the coping process.

Cobb (1976) defined coping as the act of manipulating the environment to serve one's self. His view of this term was in reference to looking at the relationship between social support and life stress. His example of coping referred to "esteem support", i.e., encouraging a person to "go out and attempt to master a problem" (p. 311).

Pearlin and Schooler (1978) defined coping as "any response to external life-strains that serves to prevent, avoid, or control emotional distress" (p. 3). They consider external life-strains and internal emotional life as inseparable and that difficult problems with which people have to cope are persistent hardships in usual and ordinary situations. Pearlin and Schooler make a distinction between resources (social and psychological) and coping responses. Social resources represent interpersonal networks which are a potential source of support. Psychological resources are characteristics of a person's personality which he or she can draw upon to

withstand threats from the environment. The coping response is the actual thoughts, perceptions and behaviors associated with the things people do to cope with life-strains.

Difficulties, problems and life-strains can be related to the factors identified that place the elderly at risk for suicide. The efforts and resources described above can be related to strategies for coping with those risk factors to avert suicide.

No studies were found which addressed successful coping strategies beneficial for intervention with those elderly who are contemplating suicide. However, two recent studies were found which examined the relationship between coping strategies, stressful life events and perceived health in the elderly. Preston and Mansfield (1984) explored the relationship between stress, coping and perceived health through structured face-to-face interviews with 200 rural elderly. The data were analyzed using cluster analysis. In this sample of 76 males and 124 females whose mean age was 70.8 a relationship was demonstrated between stress and poor health. Groups with the highest stress rated their health poorest. The groups with the largest number of coping resources and broadest helping networks reported better health.

Simons and West (1985) examined the relationship between life changes and the onset of illness in the

elderly and the influence of certain coping resources on that relationship. The sample consisted of 299 elderly persons over age 65 who responded to a mailed questionnaire. The measurement tools were Amster and Krauss's Geriatric Schedule of Recent Experience and the Seriousness of Illness Rating Scale developed by Wyler, Masuda, and Holmes. A self-efficacy scale, a social resources measure and a religiosity scale was developed by the authors. They concluded that, although there was a relationship between life changes and illness, the coping resources shown to be effective in the young and middle-aged in other studies actually impeded coping effectiveness in their elderly sample. Only income, as a coping resource, served as a buffer against the stress of life change in this sample of elderly adults. The authors suggested that the other coping resources looked at in the study - - self-efficacy, religiosity, social resources, confidant and occupational status - - may actually have impeded coping in this sample. The authors did not provide explanations for this statement; they indicated that the study design did not provide the data that would address this issue. They did hypothetically suggest that just having the resources present, did not necessarily mean those resources were used as effective coping strategies by those individuals.

CHAPTER 3

METHODS

This chapter provides a description of the research methods used to carry out the purpose of this study. Topics covered in this discussion include the research design, the unbiased selection of informants at risk, the procedures for interviewing and protection of human rights, and the plan for analysis.

Design of Study

The purpose of this exploratory study was to obtain information on successful coping strategies used during stressful life situations by elderly persons experiencing numerous risk factors identified with suicide. A review of the literature revealed that no studies had been conducted pertaining to this issue. Because of the absence of a knowledge base upon which to build future studies to identify and test effective nursing interventions, a qualitative research design was chosen (Woods & Catanzaro, 1988).

The past decade has seen an upsurge in qualitative studies in the nursing research literature. These studies have drawn on methods used in cultural anthropology and

sociology. These include: ethnography (Field, 1983; Kus, 1985); grounded theory (Fagerhaugh & Strauss, 1977, Strauss, Corbin, et.al, 1984); and phenomenological research (Watson, 1979; Parse, Coyne, & Smith, 1985). Although there are some minor differences among these approaches, primarily in terms of differences in terminology, they derive from a similar set of philosophical assumptions. These assumptions include being open to new phenomena without the restriction of an existing theory and obtaining the perspective and perceptions of the people being studied without the researcher's preconceptions (Burns & Grove, 1987).

Qualitative research is associated with those methods or data gathering techniques which result in narrative rather than numerical data (Knafl & Howard, 1984). Raw data in qualitative research is derived from verbatim interviews and field notes, and reported in narrative form. Evaluation of qualitative research places more emphasis on the purpose served by qualitative research. One of four purposes of qualitative research is sensitization. In order to sensitize the consumer of nursing research studies "to the viewpoint of a particular group" (Knafl & Howard, 1984, p. 20), the researcher emphasizes a lack of research of the particular issue, chooses and describes the characteristics of a target group of subjects to be studied, describes the interview

guide to be used to obtain the raw data, describes the data collection and analysis techniques, groups the data into categories, and summarizes the major themes along with practice and research implications related to those themes.

The use of the qualitative approach known as grounded theory allows for an intuitive process whereby concepts can be developed and theoretically examined (Burns & Grove, 1987). The researcher seeks to discover from the data the "core patterns, variables, and categories" that provide the basis for developing statements about relationships (Wilson, 1985, p. 400). Ultimately this process results in finding the basic social process (BSP). Once the relationships are identified, they can be weaved into an explanatory scheme called a conceptual map.

In this study, the researcher wanted to capture the direct, first-hand experiences of a group of elderly people who, although at risk for suicide, had successfully coped with this risk. The purpose was to sensitize the reader to the successful coping strategies used by this group of elderly individuals. Consequently, the grounded theory approach was used to discover and explain relationships among the informant's responses, and develop a conceptual map that depicted the basic social processes.

Accessing Informants

Purposive sampling was used to select informants for this study. In grounded theory studies, informants are obtained from a group of individuals who are experiencing the phenomenon under investigation. Purposive sampling "is used to obtain maximum information and a full array of responses" (Woods & Catanzaro, 1988, p. 135). Informants for the study are selected "based on a judgement of the extent to which the potential participants meet the selection criteria" (Woods & Catanzaro, 1988, p. 108). Purposive sampling is used when the researcher is "concerned with understanding the experiences of special segments of the population" (Woods & Catanzaro, 1988, p. 109).

The Area Agency on Aging, a federally funded state program designed to meet the needs of the 60-and-over population, was used to access the population from which the informants for the study were obtained. Written consent from the director of this agency was obtained following approval of the proposal by the Montana State University, College of Nursing Human Subjects Review committee. The director announced this study and the researcher's name in the Senior Citizens Center newsletter to reassure those who received an invitation to participate of the legitimacy of the study. A consent

form describing the study and a demographic questionnaire (see Appendix A) were mailed by the agency to 215 persons, every sixteenth person on the agency's mailing list. The questionnaire contained the items necessary to elicit the demographic information and the previously identified high risk factors to be utilized by the researcher in the process of determining a group of older adults to qualify as informants. There was no way to predetermine the number of the population experiencing the factors that place them at risk for suicide. Selection of a homogeneous group of individuals with the same three risk factors was an attempt to reduce the bias among informants.

Individuals willing to be interviewed for the study were asked to sign the consent form, answer the questions and then return all three pages in an enclosed stamped return envelope addressed to the researcher. This method was used to protect the anonymity of the elderly guaranteed to them by the agency. The researcher had access only to those persons consenting to participate in the study.

Each returned consent form was assigned a number in the order in which it was received. All persons who met the selection criteria of having at least three of the identified high risk factors of retirement, bereavement, isolation, chronic physical illness, low income,

depression, and hopelessness present in their life situation were considered for this qualitative study.

The determination of risk factors was based on the review of literature. The retirement factor was determined from a response of retired rather than employed. The bereavement factor was selected from those persons who were either divorced or widowed. The risk factor of isolation was identified by selecting those individuals living alone. Respondents with at least one illness that is physically limiting were also considered for selection. The low income factor was identified as a response indicating the single resource of fixed income (social security). It was assumed that persons with a physical illness that had caused mental impairment would not have the mental ability to read and appropriately complete the demographic questionnaire. Therefore, anyone with a mental impairment would not become a part of the sample for this study.

The factors of depression and hopelessness could not be identified from the demographic questionnaire. Therefore, identification of these factors during the interview process was planned as part of the response to the questions about the emotional and physical impact of past stressful events. For the purpose of this study if depression and hopelessness were identified as having occurred in the past, it would be assumed that the

informant was at that time at risk for suicide. The informant would then be asked to describe the strategies used to cope with these factors; this information when identified would become a part of the study. If at any time during an interview a sense of depression, hopelessness, or suicidal intent were actively expressed, this would be considered a cue to terminate the interview and initiate helping actions.

Those persons responding who did not meet the criteria for the study were sent a letter to thank them for their response and to reassure them that the confidential information they provided was destroyed. Persons meeting the criteria for the study were contacted by phone to arrange a quiet private setting for the interview.

Procedure for Interviewing

Formal unstructured interviews were used to obtain the information on stressful situations and the coping strategies used to overcome the stress produced by these situations. The researcher conducted all interviews. Due to the personal nature of the information to be obtained from informants, each interview began by establishing rapport. The process of developing rapport included describing the study and reassuring the protection of confidentiality; confirming the information provided by

the informant on the demographic questionnaire; and active listening to ensure the communication of interest on the part of the researcher to the informant.

The formal unstructured approach used for interviewing consisted of the use of an interview guide with descriptive open-ended questions to elicit the necessary information from informants (see Appendix B). The guide ensured that all informants would be asked the same basic questions for complete content coverage. Depending on the way the informants' responses would occur, the basic questions would not necessarily be asked in the same sequence. The interview guide was designed to move from generally stressful situations to those which may have evoked thoughts of suicide. This approach also allowed for deviation from these questions to other questions that evolved during the interview for the purpose of clarification and content enhancement. The interviews resulted in descriptions of stressful life situations and the strategies used successfully to resolve the emotional and/or physical impact of those stressful situations as well as those strategies that specifically prevented action from being taken on thoughts of suicide.

Difficulties in obtaining the necessary information may relate to the use of unfamiliar terminology used in wording the questions. The interview guide was refined by substituting terminology that was more familiar to this

age group. New terminology was obtained by directly asking the informants for the words they were most familiar with. One example that arose was the terms manage and handle used in place of the term cope. Refinement of the interview guide occurred from analyzing the data collected after each interview. The data analysis section reflects new terminology that arose.

Due to the sensitive nature of the topic, interviews were not taped. Therefore, a verbatim record of informants' responses was kept by the researcher. Because this study sought to identify specific coping strategies, the interview guide was constructed to obtain explicit responses describing stressful life situations and the coping strategies used which were effective. Informant's responses were restated during the interview for clarification. No more than one interview was done each day and immediately after each interview the notes were rewritten and enhanced. This process ensured that the researcher's perceptions of each interview were not mixed and that the verbatim information recorded in writing was accurate.

Protection of Human Rights

Three key ethical principles of protecting human rights in scientific research are informed consent, freedom from harm, and confidentiality (Polit & Hungler,

1987). The consent form for each informant to sign included an explanation of the study, a right to withdraw consent at any time during the interview and assurance of confidentiality (see Appendix A). Each informant was provided with a copy of the signed consent form and reminded of their rights prior to starting the interview.

Due to the sensitive nature of this study, the term suicide was not mentioned in the consent form to prevent problems with accessing a sample due to potential apprehension with the subject matter. In addition, the use of the term suicide might have increased the likelihood of informants holding back information or giving socially preferred responses.

In the event any informant was identified as depressed or potentially suicidal, the interview would be stopped and immediate action taken to connect the informant with appropriate counseling services.

All informants were given a pamphlet at the end of the interview for them to keep for future reference. The pamphlet, the Senior Citizens Directory, was a promotion of both hospitals located within city limits; it lists all the services available to senior citizens. The phone numbers for mental health care services were listed in this directory. Therefore, the informants would have immediate knowledge of available services after the researcher left in case they needed to talk to someone

about their problems. Instead of providing only the phone numbers for mental health care services, the use of the multi-purpose pamphlet prevented the informants from jumping to the conclusion that they could be mentally ill because of the problems they discussed with the researcher.

Planned Analysis

The grounded theory approach used in this study yielded qualitative data which was analyzed through constant comparative analysis. Data were analyzed after each interview. This process began by rewriting notes taken during each interview immediately after the interview. Initial categories were developed from the major themes generated from the interview guide. These included stressful situations identified by the informants, emotional and physical responses to the stressful situations, and the responses indicating coping strategies used to overcome the stress of those situations. A sequential and simultaneous process of coding and analyzing all the responses after each interview was used to conceptualize any underlying patterns. Coding lead to the development of terms to describe the underlying patterns. Memos were developed to describe how the codes, categories, and possible relationships would be integrated. Eventually core

categories evolved with the subsequent development of subcategories. Categories were determined to be saturated when it became evident that no new information was being obtained from subsequent interviews. "Relationships between categories continue to be developed until a pattern among relationships is conceptualized. Data collection continues until categories become saturated, that is, no new data and no additions are added to the category" (Chenitz & Swanson, 1986, p. 8).

Basic social processes (BSPs) are fundamental patterns in social life that "account for most of the variations characterizing an interaction under study" (Wilson, 1985, p. 416). The discovery of the core categories, or basic social processes (BSPs), characterized the process by which the group under study coped with stressful situations.

CHAPTER 4

DATA ANALYSIS

The aim of this study was to learn what coping strategies were used during stressful situations by older adults through a qualitative study design. Information was obtained from a group of older adults experiencing numerous risk factors which placed them at risk for suicide using formal unstructured interviews. The analysis presented reflect the informant's perceptions of stressful situations they have encountered, the physical and emotional responses to those situations, and the strategies used to successfully cope with those situations. Since these individuals were living with factors that place them at risk for suicide, information was obtained about thoughts of suicide.

Description of Informants

Of the persons who were sent letters describing the study and requesting participants, 42 persons responded by signing and returning the consent form along with the demographic questionnaire. The information from the demographic questionnaires was used to obtain informants

with at least three risk factors present in their life situation. The risk factors that could be most accurately assessed from the demographic data consisted of marital status of divorced or widowed, living alone, employment status of retired, and at least one physical illness. The researcher chose to have a homogenous group of persons with the same three risk factors of widowed or divorced, living alone, and retired. This purposive selection design used to obtain informants was done in an effort to reduce the extent of subject bias.

Of the persons consenting to participate, 13 fit the selection criteria of living with the three risk factors of divorced or widowed, living alone, and retired. Eight informants identified having the additional risk factor of having a chronic physical illness; five of the eight had one illness and three had two illnesses. All eight denied being physically limited by their illness except during acute periods or "flareups".

The response from the question used to identify the risk factor of low income was not a good indicator of income level. All informants had listed at least two sources of income. Therefore each informant was asked at the beginning of the interview to describe how he or she perceived the adequacy of their income in meeting their needs. The responses ranged from "tight" and "meets my needs" to "satisfied" and "more than enough".

Persons who consented to participate and met the selection criteria were contacted to set up the interview in the order in which the consent was received. The process of constant comparative analysis resulted in the development of the main categories and subcategories from informant's responses by the end of the fifth interview. Upon completion of the eighth interview all categories were saturated. Upon committee recommendation two more interviews were conducted. These two interviews resulted in no new information being generated.

Ten persons from the group of respondents from Great Falls became informants in the study. An eleventh person was eliminated when identified as depressed after the interview had begun. Information resulting from this interview did not become a part of the study. This individual was referred to an appropriate resource. All interviews were conducted in the home of each informant. The length of each interview was approximately one hour in duration.

The informants ranged in age from 63 to 85 years. The mean age in this group was 73. Three informants had been divorced between 15 and 46 years ago. Seven informants were widowed between five and 24 years ago. Nine informants were female and one informant was male, all caucasian. Fifteen percent of older adult men in the United States live alone (American Association of Retired

Persons, 1986). A similar percent was evidenced in this potential sample as six (14%) older adult males who lived alone responded to the request to participate, and one (10%) male became an informant for the study group. Therefore, the technique used to obtain informants resulted in a representative group of the national older adult male population. The other five male respondents who lived alone were eliminated due to reasons beyond the control of the researcher. Those reasons included the potential informants changing their minds about participating, living outside the city of Great Falls, and not being locatable (disconnected phone, on vacation).

Stressful Life Situations

Informants were asked to describe two of the most stressful events they have experienced since turning age 60. Some informants described three stressful events. Of the events described by the informants four distinct categories resulted: physical illness, death, arguments, and paying bills.

Physical Illness

The informants found physical illness to be a stressful event. The types of physical illness ranged from an acute heart attack to chronic arthritis. Some of them perceived their illness as stressful only during an

acute stage or "flareup". The others perceived their illness as stressful even between acute periods as they wondered when the next "flareup" would occur. The stress resulted from the constant attention that must be given to the limitations on activities imposed by the illness in order to prevent or lessen the impact of another acute episode or "flareup".

The physical responses to the stress of a physical illness were described by the informants as "can't sleep", "can't eat", "fatigue", and "exhaustion". The emotional responses to the stress of a physical illness were described by some of the informants as "worry", "upset", "scared", "aggravated", and "depressed". These responses were consistent with Grauer's (1977) description of depressive symptoms. The responses were also congruent with Butler and Lewis's (1982) assertion that depression frequently follows chronic physical illness. Therefore, these informants had the additional suicide risk factor of depression to compound the problems associated with the risk factor of chronic physical illness. Some informants were not able to describe the emotional impact of physical illness as their responses kept reverting back to the physical aspect.

Death

Informants found the death of a close relative (spouse, child, grandchild) to be a stressful event. These deaths had occurred between three and twenty five years ago. The physical responses to death as a stressful event were described by the informants as "can't eat", "can't sleep", "exhausted", and "drained". The emotional responses included "felt alone", "lonely", "depressed", and "sad". A few informants could not describe the emotional impact from the stress of losing someone close.

Arguments

Some informants described arguments with relatives that they considered extremely stressful. All the arguments described involved on-going problems without specific solutions. The informants related that the problems never got solved and the arguments eventually subsided for periods of time if they "let it slide" and then "it will blow over".

The physical responses to the stress of arguments were described as "can't sleep", "nervous", and "stomach upset". The emotional responses included "worry", "anger", "upset", "cry", and "guilt".

Paying Bills

Paying bills was reported as a source of extreme stress. The level or adequacy of income was not necessarily the factor which caused the situation to become stressful. The factor causing the stress was more related to aggravation with what the bill represented and loss of control over the amount of the bill. Another factor which added more stress to the situation was a sense of pride in being able to pay own bills.

The physical responses to the stress of paying certain bills were "can't sleep" and "not hungry". The emotional responses were reported as "worry" and "anger".

Coping Strategies

In this group of individuals, coping strategies were considered ways to "deal with" and "handle" problems or "difficult situations". Several informants stated that life is "not that stressful" after age 60. These informants agreed that there are "no big problems at this age" and "now is the time to do all the things I never had time to do before". On the other hand, a few informants felt that life is more stressful after age 60. Some reasons given were "you're not as able to handle stress when you get older" and "there seems to be more little problems come up that never bothered you when you were young". Most of the problems described that caused more

stress for older persons were related to physical activities that required the strength and stamina of a young person such as painting the house or carrying a ladder. Another problem was not being able to get over an emotional upset as quickly as they were able to when younger. Some informants stated that there has been no change in the amount of stress from when they were younger. All the informants felt that the strategies they use to cope, "handle", or "deal with" stress have not changed, but rather the situations they confront at this age are different.

The informants were asked the same basic questions from the interview guide. The coping strategies described by the informants formed a pattern of four categories: faith, relationships, attitudes, and activities. A coping strategy for any stressful situation would fall into one of these four categories.

Faith

The informants all reported having a "belief" or "faith" in "God", "the Lord", or "supreme being". Several informants reported that they go to church on a regular basis while the other informants do not go to church. When asked if religion played an important role during stressful events, some informants responded that praying and going to church helped get them through stressful

events. On the other hand, several others felt their "faith" or "belief" supported them during stressful events. A few informants stated that religion was not that important to them. An important factor that served as a coping strategy during stressful events was not necessarily being religious or going to church, but rather the belief or faith in support from "God" or a "supreme being".

Relationships

This category arose from questions pertaining to the presence and use of social resources as all informants lived alone and had at one time suffered the loss of a spouse from death or divorce. A confidant meant someone with whom the most personal problems could be shared. Support meant the presence of someone that provided understanding. Comfort meant something that provided a release from the tension of a stressor or potential stressor.

Confidant. Several informants reported having someone they could confide in and with whom they could share their most personal problems. A few confided in their adult children while the others confided in a good friend.

Some informants reported not having a confidant. Some of the reasons given were "I work out my own problems", "there are things I don't think is anyone's business", and "they have problems of their own".

Support. Most informants felt they received support from their children. Support from friends was also reported commonly. Some informants received support from both children and friends. A few informants perceived their pets as providing support.

During stressful events support was received from a priest and a physician. These support resources were actively sought out as a coping strategy.

Comfort. Having a cup of cocoa on a sleepless, worry filled night was mentioned as a comfort measure. Some informants perceived the possession of adequate income as a comfort measure. Inadequate income was viewed as an added stressor as it represented an inability to continue a comfortable lifestyle in their own home. Losing one's home would result in a loss of the comfort of being independent. Working to help others was described as a comfort strategy for one's self during a stressful event. Helping others increased a sense of self-worth.

Attitudes

As the informants described how they coped with stress certain responses represented a pattern of strategies that were more general than specific. These responses reflected an attitude as well as a technique needed to deal successfully with the stress from a particular problematic event or a culmination of events that represent life.

Toward Problems. Several informants held the belief that problems do not go away by themselves. Some of the comments reflecting an attitude to cope with problems included "no one is going to solve the problem for you", "some things you can change and some things you cannot do anything about", "make your decision and accept it", and "better to face the problem, deal with it, and get on with your life".

An additional attitude included ways to cope with some of the emotions involved in stressful problems. The responses of "rant and rave" and "cuss a little" were ways to deal with the emotion of anger. After venting the anger, it was then time to face the problem with the attitude mentioned above. Responses of "shrug them off", "don't dwell on them", "don't keep things bottled up" referred to not devoting so much energy to constantly thinking about problems. Excessive thought about problems

resulted in becoming emotionally upset and physically exhausted. Two informants suggested that "you should put problems out of your mind for awhile". The time away from a problem allows a person to recover from any emotional impact and to gain a fresh perspective on solving the problem.

Another attitude referred to the support needed to solve problems. Some informants strongly suggested that in order to help themselves and solve their own problems it was sometimes necessary to "ask for help". Help could be obtained from a physician, priest, or confidant. The support could be in the form of medication, finances, advice, or empathic listening.

Toward Life. The informants were asked how long they would want to live if they had a choice. Instead of stating a specific age the responses reflected an attitude about life. This group of individuals wanted to live as long as they could, if they could remain physically independent and mentally competent. The requirements to remain physically independent as long as they could included "take care of myself", "get around", and "not be a burden to others". Some comments about how long they wanted to live if certain health conditions were met included "as long as I'm in good health", and

"indefinitely if I were well". Descriptions of mental competence included "keep my marbles", "keep my brains", and "have my faculties".

The attitude of wanting to live a very long life appeared to go along with concurrent attitudes of how to cope with all the problems one encounters during a long lifetime. The informants discussed how important it was to keep a good sense of humor and to be able to laugh. This coping strategy was especially important to have "to get you through" a stressful event. Even the informants who did not suggest the strategy of humor expressed themselves by laughing at some time during the interview.

Importance was stressed over having an active role in keeping one's self from physically or mentally succumbing to stressful events. That active role included "not feel sorry for yourself", "positive attitude", "take care of yourself", and "self pep talks". Many informants talked about enjoying each day of life. In order to accomplish this you must "keep going", "don't look back", "accept old age", and "be around young people".

Activities

The major theme of "keep busy" appeared when each informant was asked to describe specific ways to cope with the stress resulting from a problem rather than coping with the problem itself. Keeping busy involved activities

of all different kinds, but it was the purpose behind doing a particular activity that gave importance to it as a coping strategy.

Environmental Distraction. "Getting out" meant going nowhere in particular, just to be out of the house and avoid ruminating about problems. The distraction of a change in environment allows one to get away from the usual environment that perpetuates thinking of problem or stressful situation. Suggestions for getting out included "go for a ride", "go places", "drive", and "walk in the fresh air". Just being able to drive and having a car was extremely important to the informants as a coping resource. The car represented the independence of being able to get out.

Reduce Rumination. This category of activities suggested keeping busy so that "your mind is off your problems". Specific activities included playing cards (solitaire), yard work, exercise, cooking and baking, watching television, music, reading, crafts and hobbies. Sleeping was suggested as an activity that rested the mind from thinking about problems. "Working at your job" helped to pass a large amount of time and "take your mind off your problems". Helping someone else with their problems "keeps you from focusing on your own problems". An important factor involved in this category was time.

It's not the type of activity that is important, but rather how busy someone is kept and for how long. Suggestions were made to "fill your day with activities" and "schedule your day with activities". This coping strategy was not meant to help someone avoid problems. Rather, it was meant to provide time for some physical and emotional healing needed in order to face and solve problems.

Reduce Isolation. This category of activities suggested keeping busy through involvement with other people. Suggestions for socializing with or without a companion included belonging to clubs and organizations, going to the Senior Center, and dancing. Several informants reported that they traveled extensively either with a companion to sightsee or alone to visit someone. Some informants stated that they do not travel, but if they had the finances they would. A few informants wrote letters to friends and relatives as an active coping strategy. Several informants found that they felt better during stressful times by being at work around other people or helping someone else with their problems.

A graphic representation of the four coping strategy categories and subcategories is presented in Figure 1.

Figure 1. Coping Strategy Categories and Subcategories.

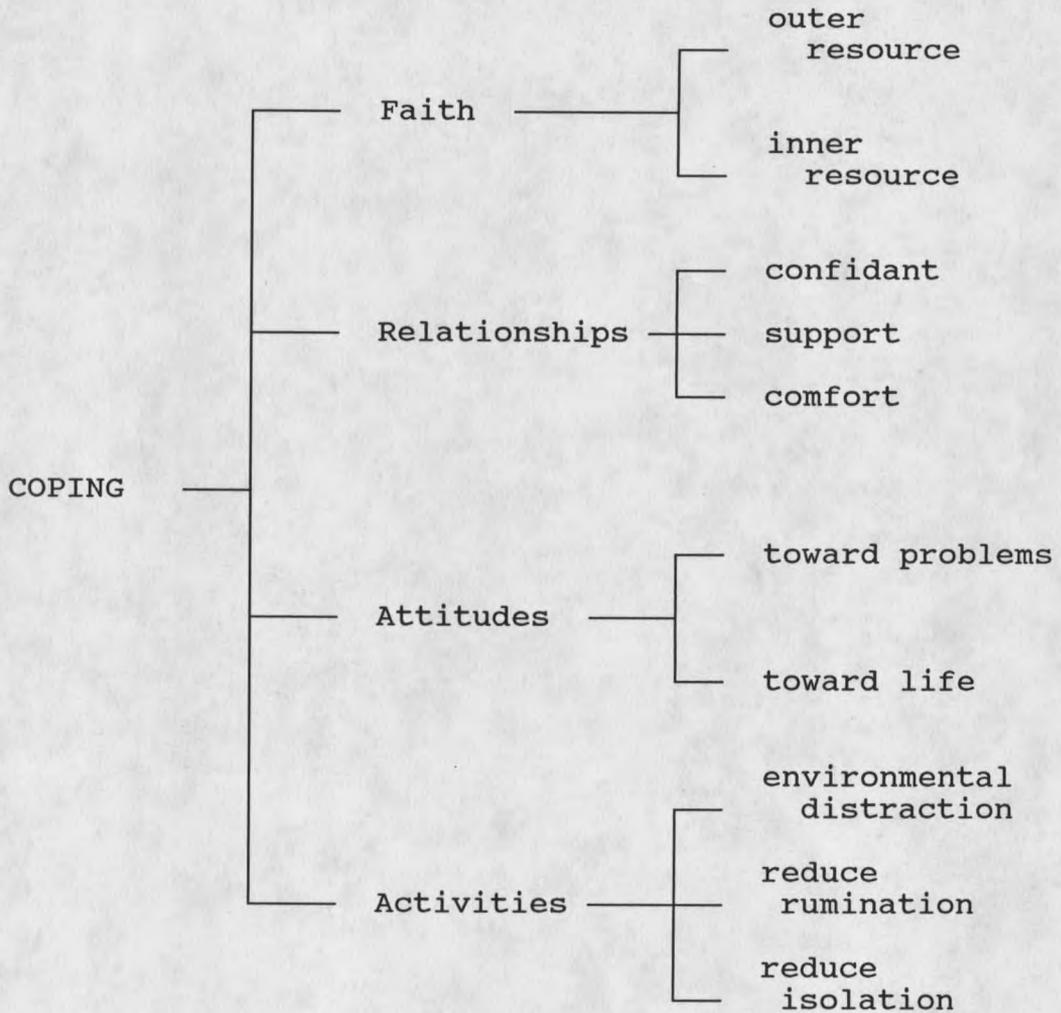


Table 1 lists the responses that reflect the coping strategies encompassed by the category of Faith.

Table 1. Responses in Category of Faith.

Outer Resource	Inner Resource
Church Religion God	Belief in Supreme Being Pray Faith in self

The category of Relationships includes the three subcategories of confidant, support, and comfort. Table 2 illustrates the informant's responses reflecting the category of relationships.

Table 2. Responses in Category of Relationships.

Confidant	Support	Comfort
Children Good friend	Children Friend Pets Priest Physician	Cup of cocoa Income Helping others

Table 3 is an illustration of the informant's responses in the category of Attitudes. These responses reflect the attitudes needed to cope with specific problems and with life in general.

Table 3. Responses in Category of Attitudes.

Toward Problems	Toward Life
Make decisions	Laugh
Accept decisions	Good sense of humor
Face problems	Accept old age
Deal with them	Not feel sorry for self
Rant and rave	Positive attitude
Cuss a little	Take care of yourself
Shrug them off	Self pep talks
Don't dwell on them	Enjoy each day of life
Don't keep them bottled up	Keep going
Put them out of mind	Don't look back
Ask for help	Be around young people

Table 4 describes the informant's responses in the category of Activities which is divided into three subcategories. The responses represent the coping strategy of "keep busy", the major theme of activities.

Table 4. Responses in Category of Activities.

Environmental Distraction	Reduce Rumination	Reduce Isolation
Get out	Mind off problems	Involvement
Go for ride	Cards (solitaire)	with others
Go places	Yard work	Clubs
Drive	Exercise	Organizations
Walk in fresh air	Cook, bake	Senior Center
	Television	Dancing
	Music	Travel
	Read	Write letters
	Crafts, hobbies	Work at job
	Sleep	Help others
	Working at job	
	Help others	

Thoughts of Suicide

Even though the term suicide was not brought up, several informants responded that during a very stressful event they experienced thoughts such as "just wished I was dead", "what's the use of going on, I might as well be dead", "wished I wouldn't wake up in the morning", and "every time I went to a funeral I wished it was me in the casket". All stated that they only had "thoughts" and never had "intentions" of taking action on the thoughts. Religious beliefs and faith were the coping resources used that prevented any action from being taken on the suicidal thoughts. The other informants were unable to recall any situation that resulted in thoughts of suicide.

CHAPTER 5

CONCLUSIONS

Factors that place elderly individuals at risk for suicide were identified in the literature. These factors include retirement, bereavement, isolation, chronic physical illness, low income, depression, and hopelessness (Miller, 1978; Jarvis & Boldt, 1980; Simons & West, 1985; Beck, Kovacs, & Weissman, 1975). Statistics supported by the literature demonstrate that the majority of elderly living with numerous suicide risk factors are not resorting to suicide (Butler & Lewis, 1982; Grauer, 1977; Hendin, 1986; CDC, 1985).

Research which examined the successful coping strategies of elderly individuals at risk for suicide, but not resorting to suicide, could not be found. This qualitative study represents a beginning step to sensitize the reader to the successful coping strategies used by a group of older adults. The use of grounded theory was used to discover and explain the relationships among informant's responses that would depict the pattern or basic social process underlying the nature of coping with stressful situations by older adults.

Discussion

In this study, formal unstructured interviews were used to identify the successful coping strategies of a group of ten elderly persons living with at least three of the identified risk factors for suicide. Informants described past experiences or situations in their life which they perceived as stressful, and the physical and emotional responses to those situations. The informants then described the successful strategies they used to cope with the stress of the situations. Since the informant's were living with risk factors for suicide, qualitative information was also obtained about any thoughts or actions pertaining to suicide. In this chapter the findings of the study are discussed and recommendations made based on the findings.

Informants

In this study the male/female ratio of informants did not reflect the male/female suicide ratio of four to one. Instead, the ratio in this study's group of informants did reflect the fifteen percent of the national older adult male population that live alone. These results were expected to occur because this is the group having to cope with the risk factor of living alone. The aim of this study was to interview those persons at risk for suicide and successfully coping with that risk. These

results are also due to the selection criteria of the three risk factors taking precedent over the ratio. The three risk factors were given priority over the control of gender because in grounded theory the researcher is concerned with the pursuit of "theoretical concepts" rather than variables that change over time such as rates related to gender (Chenitz & Swanson, 1986, p. 11). As described earlier, the three risk factors were used to limit the amount of bias, not control the extent of it. In addition, the responses from the one male informant in this study did not make his interview stand out from the female informants' interviews.

Stressors

The three risk factors of divorced or widowed, living alone, and retired were the only characteristics the informants had in common as a group. Personality, upbringing, and work experience was different among the informants. Even though categories of stressful situations were described by more than one informant, the coping strategies used for a particular category by each individual were different. Many of the coping strategies were used by more than one informant, but the situations in which they were used were different. Therefore, the responses generated from this study pertaining to coping

strategies represent a wide range of possibilities that were effective for different problematic situations.

The proportion of informants in this study with a chronic physical illness was just under the proportion of the general older adult population with a chronic illness, cited as 86% by Butler and Lewis (1982). Physical illness was perceived as a stressful event by the informants, even though none were limited by physical illness enough to be considered homebound. One major fear expressed by some of the informants was the eventual inability to take care of one's self and placement in a nursing home. The fact that mobility and choice of activities were still possible among this group of individuals suggests a specific facet of their coping strategy and ability. The coping strategies that affected a positive outcome for the informants may not have been effective if the perception of a stressor was greatly intensified. An example of such intensification would be a physical illness becoming debilitating enough leading to limitation and immobility.

The responses to the question about income adequacy did not reflect actual level of income. Instead, the responses were more a reflection of the informant's perception of income as a stressor or comfort measure. Several informants admitted receiving some form of financial assistance that is available only to someone with low income. The perceptions of these informants,

"satisfied" and "more than enough", more likely described someone with high income. These informants were most likely used to having a limited income.

The informants who perceived income as a comfort measure expressed some feelings of stress from a fear of the possibility of not having enough income to last their lifetime. The findings in this study suggest that the mere presence of income as a resource is not necessarily a buffer against stress as indicated by Simons and West (1985). The individual's perception of the event, the strategy, and the resource was more likely a better indicator of coping effectiveness.

Coping Strategies

This study focused on the positive aspect of coping with stressful situations. The positive aspect of coping included the successful strategies used to overcome any negative physical or emotional response to an event perceived as stressful. The positive aspect also included the group of individuals who volunteered to participate in the study. Each of the informants could be described as an active builder of a large repertoire of coping strategies. Four categories were identified through constant comparative analysis that organize the coping strategies used by this group of informants; faith, relationships, attitude, and activities.

Faith. This category represented a psychological and social resource. Dependence upon faith as a social resource included the strength of support needed from an outside source such as church, religious beliefs, or God. Dependence upon faith as a psychological resource included the strength of inner support, such as faith in one's self to overcome stressful problems.

Relationships. The category of relationships which was divided into the subcategories of confidant, support, and comfort depicted social, environmental, and psychological resources. The social resources included the people with whom the informants shared problems and received nurturance and validation of worth. Income was an environmental resource that allowed some sense of control over potentially stressful situations. The strategy of helping others was an example of a psychological resource drawn upon to withstand the threat of overwhelming stress.

Attitudes. The category of attitudes was more representative of coping responses. Coping with stressful problems successfully and life in general required specific attitudinal thoughts. Keeping a good sense of humor and positive attitude were some of the recommendations.

In this group of individuals too much thinking about stressful situations provoked stress in the form of

exhaustion. Therefore, specific behaviors were required to reduce the emotional and physical response to the stressful situations. Important behaviors included venting emotions and asking for help to solve problems.

Activities. This category included three subcategories representing the major theme of "keep busy". Environmental distraction included the behavioral strategies of changing one's environment to distract attention away from the familiar environment that provoked the stress response. The subcategory of reduce rumination involved coping behaviors that interrupted the chain of thoughts that elicited a stress response. Reducing isolation included the behavioral strategies of increasing one's involvement with other people.

Thoughts of Suicide

Thoughts of suicide in this study were reported as a wish for death rather than a desire to act on the wish. The informants who were able to recall having thoughts of suicide were the same ones who denied using the coping strategy of confiding in someone about personal problems. Most of the informants who were not able to recall having thoughts of suicide reported always confiding in someone about personal problems as a coping strategy. Even though faith and religion played a role in preventing action from being taken on suicidal thoughts, having a confidant may

have been the coping strategy for this group of individuals that prevented the initial thought of suicide.

Basic Social Process

The coping strategies used by the informants included a variety of coping responses and large networks of coping resources. The coping responses reflected the thoughts and behaviors that protected them from physical and emotional harm by successfully reducing the stress of a situation. The coping resources were drawn from psychological, social, and environmental characteristics. The informants used coping strategies as an active process in problem solving. They actively sought out solutions to problems rather than sitting back waiting for someone or something to intervene on their behalf. This group of older adults use specific responses and resources as a process to actively reduce the stress produced by particular situations. For the purpose of this study, the basic social process was called coping and the four categories of strategies conceptualized the coping process used by this group of informants. Faith was the process of believing in something. Relationships described the process of relating to others and the environment. Attitudes depicted the process of feeling something about

life and its problems. Activities represented the process of acting in a way to promote emotional or physical comfort.

Limitations

The design chosen for this study was exploratory qualitative. Formal unstructured interviews are influenced by the informant and interviewer's interaction of personalities. The age, experiential background, and personality differences between the interviewer and the informants as well as the nature of the material may have had an influence on the outcome of the interviews.

Implications for Nursing

The results of this study indicate that the elderly are able to describe the situations they perceive as stressful and the ways they handle those stressful situations. Nurses are the health professionals most likely to come into contact with elderly persons due to the government cost cutting measures for health care which are inclined toward an increased use of community home health care. Therefore, nurses would need to accurately identify a deficit in coping ability. Once a problem is identified, a list of alternative coping strategies would be necessary to assist an individual with ineffective coping ability.

Hirst, Brockington, and Sheesley (1985) related that seventy to ninety percent of elderly people who committed suicide contacted their physicians six months prior to their suicide. According to Chaisson, Beutler, Yost, and Allender (1984), physicians usually responded to these people by treating the complaints of physical problems or by prescribing anti-depressant medication. These findings could indicate that the majority of elderly individuals prior to committing suicide found their coping strategies ineffective in alleviating the stress from problems. Therefore, assistance was sought from a health professional as an alternative strategy. Possibly the lack of knowledge related to assessing coping ability prevented the health professional from taking more appropriate interventive actions. This study presented an initial step in the development of a knowledge base related to coping ability of the older adult. Nurses having this knowledge base would be able to problem solve towards these identified alternatives which are appropriate to this age group and prevent action from being taken on thoughts of suicide.

According to the findings in this study, an individual's perception of an event as stressful must be taken into consideration. One cannot assume that a particular event such as a chronic physical illness would be stressful to all older adults. The perceptions of

stress from physical illness described by the informants varied depending upon the limitations imposed. This is consistent with Hendin's (1986) assertion that capacity to cope depends upon the meaning placed on events by the individual. Several informants in this study were not able to describe the emotional aspect of the stress resulting from physical illness and the loss of a loved one. This finding implies that a tool is necessary to enable the individual more comfort and assistance in expressing perceptions when emotions rather than intellect is involved.

The use of a list of alternative coping strategies could only be effective after assessing the individual's lifestyle, personality traits, and perception of a particular coping strategy or resource. In this study the presence of adequate income was a source of stress to some individuals who had enough money but were worried about it lasting. Alternative coping strategies have to be perceived as practical. A person who has never confided in another about personal problems would be unlikely to automatically take on this strategy. An individual has to be willing to experiment with alternative strategies and view them as potentially successful in order for those strategies to be considered as viable alternatives.

Recommendations for Future Study

The formulation of grounded theory "is based on a variety of slices of data, direct observations, interviews, and document analysis" (Wilson, 1985, p. 423). This study sought to describe and explain one slice of the data needed to generate formal grounded theory. The basic social psychological process identified in this study needs to be confirmed with studies of other groups with other risk factors in other settings.

Based on the findings in this study, future studies need to be conducted to examine other homogeneous groups with different risk factors than the three studied here. The same type of group as well as other homogeneous groups found in larger metropolitan areas should be examined to validate the results of this study and to add to this initial list of coping strategies that has now been generated.

Another recommendation would be to determine if there is a difference in locus of control among informants that could be used as a predictable factor of coping ability. The strategies generated in this study are reflective of a group of individuals who actively pursue a positive outcome to stressful situations. Relating locus of control to specific coping strategies may be beneficial

for those individuals who are more passive and less successful in coping ability.

More research is needed to integrate the type of information generated from this study into coping styles related to specific stressful situations. A broader understanding is needed of the relationship between personality traits and specific coping style of the older adult.

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