Personal Meaning in the Elderly: A Heideggerian Hermeneutical Phenomenological Study

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LOYOLA UNIVERSITY CHICAGO

PERSONAL MEANING IN THE ELDERLY:
A HEIDEGGERIAN HERMENEUTICAL PHENOMENOLOGICAL STUDY

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
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DEPARTMENT OF NURSING

BY
DIANE HELIKER

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To Mom and Dad
To my brothers, Ron, Richy, and Gary
To my sisters Gail and Barbara
To Ma, Neva, and Beverly
This family support, this caring community, who empowered me 'to be'
To these I dedicate my work
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CHAPTER I

INTRODUCTION

Severe public criticism as well as several studies have focused on the care our aged receive in long-term care settings (Davis, 1991; Gubrium, 1975; Vladek, 1980). Numerous studies have revealed the negative effects institutionalization has upon the aged, most often citing increased morbidity and mortality rates, depression, depersonalization, disengagement, feelings of loss, decreased self-esteem and self-concept, and decreased psychological well-being (Bennett, 1963; Braun, Rose, & Finch, 1991; Goffman, 1961; Kahana & Coe, 1968; Lieberman, 1969; Lieberman, Prock, & Tobin, 1968; Qassis & Hayden, 1990). Although loss of purpose and meaning in life have a great influence on physical and psychological well-being (Baum, 1981; Findlay, 1981; Fisk, 1978; Frankl, 1959), questions addressing the personal meaning and perceived time as experienced and described by the elderly themselves within the long-term care setting remain largely unexplored (Golander, 1987). The nursing profession, in response to the needs of society and specifically to the needs of the older adult, must address the issue of the delivery of quality care--care perceived as meaningful to the aged resident in long term care facilities.
Purpose

The purpose of this study is to explore the enigma known as quality of care for the frail elder in the nursing home by first seeking to understand that which is personally meaningful to these individuals within their own time frame as opposed to objective clock time of daily routines. Further, as a result of the empirical limitations inherent in past research, an alternative philosophical approach to personal meaning and personal time, hermeneutical phenomenology, is suggested.

Hermeneutical phenomenology is seen as an initial attempt to generate an understanding of what is meaningful to the older individual, as perceived by each particular individual, to understand the perceived time of the aged, and to offer a methodology by which common meanings and time perspectives may be discovered which will eventually guide nursing practice and research. The author proposes that only with the guidance of perceived meanings of the older adult can one begin to develop a climate conducive to quality care.

To understand personal meaning and temporality of the lived life of the older adult, the author further proposes that narrative inquiry in the format of modified life review can be utilized with hermeneutical phenomenology as a philosophical backdrop and methodological approach.

Societal Significance

Demographics

The number of elderly individuals in the United States is quickly increasing with the fastest cohort being that of the over 85 year old group, a subpopulation expected to double in the next 15 years (Suzman &
Riley, 1985). By the year 2030, approximately 50 million people will be over the age of 65 years (Lamy, 1980) and 13 million people will be 85 years and older (Longino, 1988). The population focus for this study will be the elderly (>65) who reside in long term care settings.

Trends in Long Term Care

Approximately 216 per 1000 persons 85 years of age and older reside in long term care settings in the United States (Settin, 1983; Wood & Strong, 1987). One and one third million people aged 65 or older are found in American nursing homes on any given day (Lazenby & Letsch, 1990). Older adults make up 88.4% of the nursing home population (Wolinsky et al., 1992). The average length of stay since admission of nursing home residents over the age of 65 is 1,026 days (Hing, 1989). Statistics of nursing home occupancy and the turnover rate in nursing homes suggest that one of five elderly persons will spend some time in a nursing home during their lifetime (Chang, 1978). There are more than 25,600 nursing homes in the United States ((Statistical Abstract of the United States, 1992). In 1989, the total cost of nursing home care was $47.9 billion, a 12% increase from 1988, representing 8% of all health care expenditures (Wolinsky et al., 1992). Nursing home expenditures represent one of the fastest growing portions of health care costs. Demographic and social pressures are expected to push the demand for such health services from 38 billion dollars in 1986 to 129 billion dollars in the year 2000 (Health Care Financing Administration, 1987). Given the above statistics, it is readily understandable that the American population in general is concerned with the quality of care delivered in our nation’s long-term care facilities.
Quality of Care in Long-Term Facilities

In Lieberman's review of studies related to the physical and psychological effects of institutionalization on the older adult, he concluded that most have been inconclusive due to extraneous and confounding variables, inadequate knowledge regarding the psychology of aging that might suggest unique characteristics in the older adult, and the tenuous relationships between environment and individual behavior (1969).

Over the past 20 years, there have been a multitude of studies attempting to clarify and explain the social structure and organization of the long term care setting as well as the characteristics and satisfaction of patients residing in nursing homes and the staff who chose to care for them (Braun, Rose, & Finch, 1991; Kruzich, Clinton, & Kelber, 1992; McConnel & Deljavan, 1982). Variables which have been studied include relationships between staff turnover, level of benefits, wages, and a multitude of other organizational factors as well as how those factors may impinge on resident satisfaction and functioning (Elwell, 1984; Greene & Monohan, 1981; Winn & McCaffree, 1976). Findings of most studies that attempt to reveal a relationship between organizational factors and the individual’s well-being in a nursing home have demonstrated only a modest connection (Davis, 1991).

Davis, in his review of studies addressing nursing home quality, discovered a "morass of findings that are largely inconsistent due to disparate methods of defining and measuring quality" (1991, p. 130). His review reveals inconclusive results (due to lack of significant relationships or conflicting results of various studies) when quality
care is related to such variables as ownership, facility size, human resources, source of payment, nursing care plans, diet plans, staff-to-patient ratios, violations, life satisfaction, discharge, and mortality. Nursing home quality research to date is dominated by structure or input measures of quality (i.e. expenditures, physical characteristics, staff-to-patient ratios), according to Davis, whereas process research as correlated to outcome measures is sorely lacking. He emphasizes that quality care, a multi-dimensional, dynamic and value-laden concept, is best measured with process and outcome rather than structural variables (1991). Further, "such measurement efforts should consider a heretofore neglected source of quality assessment: the nursing home resident. Studies that have assessed the opinions of nursing home residents are virtually non-existent" (Davis, 1991, p. 157-158).

Spalding (1985) conducted nursing home focus groups in order to ascertain the consumer perspective. He found that residents described quality as dignified, courteous, and responsive care in everyday routines. According to Parasuraman, Zeithaml, and Berry (1988), structure or tangible variables are relatively unimportant to consumers when compared to responsiveness and reliability. It is believed that "questions about quality are largely questions about values" (Davis, 1991, p.161). And questions about values are questions about what is perceived as meaningful to the individual. In lieu of the fact that perception of quality is influenced by resident expectation, and expectations are dependent on what is valued or meaningful to the individual, it can be concluded that more research is needed to discover what is meaningful to the elderly nursing home resident.
To further illustrate the need to focus on patient-centered definitions of quality care, one need only refer to Gubrium’s seminal work on long-term care (1975). In Living and Dying at Murray Manor, Gubrium examines the social organization of care in one nursing home and discovers that the understanding of residents and care delivered by staff is based upon sporadic anecdotes and chart information that focuses primarily on physical needs (1975). He further reveals a uniformity in the documentation that fails to acknowledge individual values, choices, and belief systems. Under such circumstances, Gubrium surmises, one can readily understand the failure to deliver quality, individualized care that is meaningful to each resident. Kahana & Coe (1968) verify Gubrium’s conclusions in their study comparing staff and patient perceptions, noting that there were "consistent differences between self-evaluations of residents and staff views of them" (Kahana & Coe, 1968, p. 265). Therefore, it is suggested that greater reliance be placed on the resident’s perception as a valid outcome of quality care in the long-term care setting (Stein, Lin, & Stein, 1986).

**Significance for Nursing Practice**

Nurses, responding to society’s current and future health needs, are concerned with the quality of care given our elderly in the institutionalized setting of the nursing home. Nursing remains in the unique position to be able to provide a context in which quality living and meaning as perceived by the older adult may be understood. This context, the nurse-patient relationship, is the focus of the practice of nursing. It is within this relationship that the nurse endeavors to discover the needs of the patient and the patient seeks to acquire a
greater understanding of that which will optimize well-being. It is within this process of the nurse-patient relationship that a reciprocal sharing and trust occurs.

Gadow, a nurse-philosopher, recognizes both the uniqueness of the individual and the uniqueness of the nurse-patient relationship in her philosophy of existential advocacy. By defining nursing philosophically, that is by "the ideal nature and purpose of the nurse-patient relation" and distinguishing nursing by its "philosophy of care," the experience of the individual patient and nurse is enhanced (Gadow, 1980, p. 80). Existential advocacy is "based on the principle that freedom of self-determination is the most fundamental and valuable human right" (Gadow, 1980, p. 84). As such, Gadow is most concerned with assisting individuals to authentically make decisions. To make decisions authentically calls forth a recognition of person as whole and unique, as a valuing being. It is within this philosophy that a reciprocal interaction of sharing and trust can be successful and an optimal state of health or well-being can be achieved, thus ensuring quality care.

The significance of person in nursing is readily apparent in the works of many nurse theorists (Bahr, 1992; Fawcett & Downs, 1986; Gadow, 1980; Neuman, 1989; Newman, 1986; Orem, 1991; Parse, 1981; Rogers, 1970). Nursings' concept of person involves a strong relational component, the realization that through interaction, "the uniqueness of each life is identified," and it is within the nurse-patient relationship, that the nurse seeks to understand the totality of the patient (Bahr, 1992, p. 4). The nurse's assessment seeks to learn the
meanings the patient attaches to significant aspects of his life, including past and present crises, health behaviors, relationships, belief systems, and values. Thus, the nurse understands the patient's continued search for meaning. The nurse can serve as a mediator to assist in the patient's quest for meaning, thus empowering the individual to realize optimal fulfillment in day to day lived experiences.

**Significance for Nursing Research**

There are several reasons for the paucity of knowledge within the nursing literature regarding the impact of personal meaning on the totality of the person and quality of care received. Qualitative methodology, the preferred approach to understanding an individual's world of meaning, is slowly being accepted by the scientific community. The assumption that the subject become co-researcher and that the researcher enter the subject's world without prior hypothetical assertion and thus allow the experienced phenomena to unfold naturally threatens much of the very core of the hypothetico-deductive foundation of empirical science.

Further, empirical findings that conflict with former gerontological theories and beliefs are causing contemporary researchers discomfort. Awareness for the need to reexamine the assumptions of former theories in gerontology is growing (Cole, 1993; Moody, 1992, 1988; Tornstam, 1992). The influence of the surrounding society in which the scientific research has occurred is now believed to have had an important effect upon the questions asked and the results obtained. Care of the aged and definitions of quality care have been largely guided by stereotypic
biases and myths based upon what Western society and values dictate (Gubrium & Wallace, 1990; Ofstad, 1972; Tornstam, 1992). Many empirical studies have attempted to explain life satisfaction and purpose in life in the older adult. Often based upon observable behaviors with assumed generalized meanings in one snapshot in time, they fail to appreciate contextual and aging factors and the differences in personal meaning among age groups (Crumbach & Maholick, 1964; DeVogler & Ebersole, 1980; DeVogler-Ebersole & Ebersole, 1985; Klinger, 1977; Reker & Wong, 1988; Vogel & Mercier, 1991). Few studies have questioned the elderly regarding their perception of meaningfulness or attempted to ascertain degrees of fulfillment (Burbank, 1988, 1992; Fisk, 1978; Reker & Wong, 1988). New orientations to the study of the aged are needed. It is important to acknowledge that 'value-free' empiricism needs to be reconsidered. The presupposition that the scientific paradigm can distance and objectify our aged community is seriously flawed. What seems to still be missing in studies of the aged is, according to Tornstam, "gerontology with a human face" (Moody, 1992, p. 295). Neugarten has emphasized the need to cease perceiving older persons as research objects but instead as co-researchers (1977). Tornstam calls for a "reversed" gerontological paradigm in which the elderly themselves define concepts and theories initially, not the researcher (1992, p. 323). Coleman (1990) urges that the researcher, rather than looking for causal or mechanistic explanations of behavior, strive, instead, to seek a fuller description and understanding of behavior and consciousness by eliciting the meaning that it has for an individual.
CHAPTER 11
REVIEW OF THE LITERATURE

To discuss the nature of personal meaning and personal time, one must first make explicit some of the ambiguities and differences that exist across disciplines that have explored these concepts. Following is a review of the seminal works on personal meaning with a primary focus on the aged in the disciplines of nursing, psychology, philosophy, and theology.

Nursing

Parse focuses on man's lived experience of health defined as the "common human experiences surfacing in the human-environment interrelationship related to becoming, valuing priorities, unfolding toward greater diversity, and quality of life" (Parse, 1990, p.10). Valuing, a key principle of Parse's theory, is the structuring of meaning and the living of beliefs revealed via language and behavior. When a nurse engages the client in valuing, the client discloses choices of meaning given to various situations and experiences. Parse views health as an expression of values and meaning (1981).

Newman focuses on the most meaningful persons and events of the patient's life and organizes data in narrative form (Ray, 1990a). The data are displayed as sequential patterns over time. This process is followed by sharing the viewed pattern with the patient in order to
revise or confirm its accuracy. Newman views health as a meaningful manifestation of the pattern of the whole which is based on the premise that life is an ongoing process of expanding consciousness (1986). The profession of nursing, according to Newman, is in a unique position to assist persons in their freedom of choice, helping them to experience more fully the reality of the patterns and meanings of their lives. Mitchell states that "Diagnosing people based on observed behavior denies the fact that every human being constructs personal meaning and makes choices based on personal options and individual realities" (1990, p. 175).

Trice investigated the "basic structure of an experience from life through which or during which the elderly derive the sense that life is meaningful" (1990, p. 248). She was most concerned with the elderly confined to nursing homes, whom she felt were most vulnerable to loss of the sense that life is meaningful. Trice stresses that it is the individual's personal perception of worthwhileness, of meaning, that is most important. Orem urges that "emphasis be placed on the individual's efforts to establish a view of his place and role in the universe, to give meaning to life and death, and to search for meaning in the universe of men and natural things" (1971, p.21). Her concept of self-care relies for its success on a patient's seeking his own being, exploring his possibilities, and creating his values (Orem, 1991).

Gulino discusses the relevance of an existential approach to nursing care (1982). She speaks of the patient's freedom to choose, to create his world and the nurse's role in assisting in the patient's realization of these freedoms. The nurse does this by first becoming aware of that
person's "distinct subjectivity" and permitting the client's exploration of the meaning of that experience in which he finds himself (Gulino, 1982).

Gadow stresses "advocacy nursing as the participation with the patient in determining the personal meaning which the experience of illness, suffering, or dying is to have for that individual" (Gadow, 1980, p. 97). Self-determination, for Gadow, means the individual's own decision about personal meaning.

**Philosophy**

In exploring the meaning of being and existence, one is led to that philosophy termed existentialism. Existentialism may be portrayed as a movement against Cartesian dualism and the oversimplification of logical positivism as it attempts to grasp the image of the whole person (Barrett, 1958, pp. 20-22). The traditional empirical approach to the study of the human being is a hypothetico-deductive form of inquiry leading to a quantitative form of knowledge that requires perceiving from a distance, from outside the realm of immediate experience. Knowledge thus acquired is systematic in that it can be categorized and facts are reported in terms of formal properties, with elements abstracted from the whole. This approach does not consider the meaning of human phenomena.

Existentialism can be considered a theory of meaning. It asks each person to reflect upon his existence and the meaning of his life and "focuses on the lifeworld, the human experience as it is lived. The major themes of this movement are existential-phenomenology and hermeneutics" (Polkinghorne, 1983, p.201). These approaches to inquiry
provide descriptions of structures of experience which give form and meaning to the lived experience (phenomenology) and descriptions of the historical meaning of experience and the influence of social, temporal, and cultural effects on the human condition (hermeneutic or interpretive approach).

In the early nineteenth century, Soren Kierkegaard (1813-1855), a Danish theologian, considered the first major existential philosopher, struggled with the meaning of his own existence and his writings influenced the twentieth century writers that followed, most notably Heidegger and Sartre. Existentialism is more interested in particulars than universals and discusses the subjective, the individual. The central theme is the unique experience of the single one.

Jean-Paul Sartre (1905-1980) reminds us of the person’s ability to transcend any given situation and define himself. "Fundamentally, man is the desire to be and the existence of this desire is not to be established by empirical induction..." (Sartre, 1965, p.565). Sartre calls subjectivity the "first principle of existentialism--Man is nothing else but what he makes of himself" (1985, p.15). To interpret man in this way, one becomes aware that man is responsible for what he is; "man will be what he will have planned to be" (Sartre, 1985, p.16). The choices one makes within this perspective have far-reaching ramifications. When one chooses, one affirms at the same time the value of what one chooses. Hence, the nurse who gives little credence to her client’s choices and value system will be frustrated in her attempts to realize her health beliefs imposed upon the life of another.
Karl Jaspers (1883-1969), a German philosopher, also centered on the individual and stressed the importance of the discrepancy between actual facts and the individual's interpretation of those facts. Truth, according to Jaspers, is subjective and is constantly being reinterpreted by the individual (Frost, 1962). Martin Buber (1878-1965) may be viewed as a representative of the theological class of existentialists. It is Buber's emphasis on intersubjectivity within a reciprocal essential relationship between two beings that signifies his meaning of being. The I-Thou relationship and the dialogue and communication involved is viewed as "the existential and ontological reality in which the self comes into being and through which it fulfills and authenticates itself" (Buber, 1965, p.xvii). Buber's view claims that man would not be man without the I-Thou relationship, a leaving of his separateness for a life of dialogue. Genuine dialogue, where each of the participants really has in mind the other and turns to them with the intention of establishing a mutual relation, represents that reciprocal sharing and trust interaction in which personal meanings surface, the nursing process becomes enriched, and an optimal state of well-being can become a reality.

"In existentialism, the structures of consciousness.....are made up of strata of transactions which have been constructed into meaningful human experience so that sense can be made of existence. The existential-phenomenological system of inquiry investigates the various structures of orientation toward the world which make up human experience" (Polkinghorne, 1983, p. 205). Edmund Husserl (1859-1938), considered the father of phenomenology, the study of the lived
experience, developed an "account of man as essentially a consciousness with self-contained meanings, which he called intentional content," which, in turn, gives intelligibility, mental representation, to everything one encounters (Dreyfus, 1991, p. 2). By structured reflection and the practice of thoughtfulness, Husserl argued it was possible to describe the life of the consciousness with a rational scientific exactness. Husserl was concerned with the epistemological question, 'How do human beings know?' He claimed that the lived experience of human beings is created by "essential structures or ideas that order and give form to experience" and that "experience is already and always shaped by the essential structures" rather than constructed by elements of sense data (Polkinghorne, 1983, p. 41). Viewed as the science of the essential structures of consciousness, phenomenology, in Husserl's mind, constitutes a rational approach to knowledge as opposed to a purely positivistic empirical stance.

Martin Heidegger (1889-1976), a German philosopher who would deny identification with the existentialists, presented an alternative approach to understanding our way of being which leads away from the Husserlian notion of the meaning-giving conscious subject toward a more fundamental ontological being-in-the-world which denies all subject/object dichotomies and raises new questions regarding the very nature of person (1927/1962). Heidegger, a student of Husserl's, who first used the term, hermeneutic phenomenology, argued that consciousness was not a separate realm but all inclusive of an individual's being-in-the-world. He rejected the relation of mind to world as a relation of subject to object via mental meanings or mental
representation. Heidegger defined phenomenology as a matter of disclosing or letting things become manifest as what they are without imposing our own mental representations or categories on them. Heidegger was looking to "lay open the processes of being in human existence in a way that being, and not simply one's own ideology, might come into view" (Palmer, 1969, p. 124). The true essence of understanding is being open to letting a phenomenon manifest or reveal itself. It is the ability to grasp one's own possibilities for being within the context of the world. The 'world' in which we exist is "the realm in which the actual resistances and possibilities in the structure of being shape understanding.....it is the place where being translates itself into meaningfulness" (Palmer, 1969, p. 134). Meaningfulness, a term coined by Heidegger, is "something prior to language and embedded in the world--the relational whole" (Palmer, 1969, p. 134). Meaningfulness is given to an individual through the possibilities of language and, according to Heidegger, can only be applied to what is already within an individual's experience. Meaningfulness or lived meaning is "the way personal meanings arise from and exist in the situation as the person experiences it" (Benner & Wrubel, 1989, p. 410). The 'world' is the realm of the hermeneutical process.

Hermeneutics is a theory of exploring what understanding and interpretation are and how understanding emerges in human existence. Heidegger was influenced by Wilhelm Dilthey (1833-1911), another German philosopher and anti-positivist, who held that all human expression is open to hermeneutics or interpretation and understanding is the comprehension of meaning. Heidegger felt that understanding is the
basic way of being-in-the-world and to be human is to be interpretive.

Heidegger claimed that everyday life moves within a pre-reflective or "preconceptual understanding" of Being which is the "to-be of whatever is" as compared to "being," the thing that is (Barrett, 1958, pp. 212-213). This Being is concrete and ever-present, as water is to a fish. It has been described by Barrett as "a field or region which is the world of its care and concern" (Barrett, 1958, p. 217). Heidegger called this field of Being, human existence, *Dasein* (in German, this literally means Being-there) (1927/1962). *Dasein* describes a way of being encompassed by preconceptual understanding which is ever present and "already performed for us by the world in which we exist, through the social meanings contained in language" (Polkinghorne, 1983, p. 225). Preconceptual understanding lies underneath and is the foundation of ordinary understanding and does not rely on deliberate, intentional, or cognitive reflection. Without this preconceptual understanding, one could not understand anything else.

Heidegger's focus was a hermeneutic of *Dasein*, being-in-the-world. Hermeneutics, for Heidegger, is that fundamental way *Dasein* makes known to itself the nature of being and the being's authentic possibilities for being. This is the ontological function of interpreting and understanding (Palmer, 1969, p. 128). Heidegger's ontological view of the human person places him firmly within the public, everyday world of experience, not as a single one, but as one among many. This being-in-the-world, this question, what does it mean to be, and the disclosure of Being was Heidegger's life-long project. For Heidegger, truth will occur when what has been hidden or transparent is disclosed. He relates
"hermeneutics to existential ontology and to phenomenology and points to a ground for hermeneutics not in subjectivity" but in the factual conditions of one's being-in-the-world and the historicality of understanding, the temporal existence of person (Palmer, 1969, p. 137).

These philosophical inquiries and approaches concern the individual within the context of the world and the particular situation as seen from within, from the perspective of the lived life and, as such, offer new insights and possibilities of meaning and dialogue to occur within the process of the nurse-patient relationship. Unless the patient is empowered to explore the possibilities and meaning of his life and his world, he will never really be free to choose the way he will live and die.

**Psychology**

Frankl speaks of meaning as the human dimension (1978). The essence of psychoanalytic dialogue is the endeavor to create a new meaning of life. Frankl, like Buber, reminds us of the significance of human encounter and dialogue and interprets existence in terms of coexistence. Buhler’s discrimination of three types of language further attempts to clarify Frankl’s emphasis on dialogue and meaning in life (1970). Buhler relates three functions of language: "language allows the speaker to address himself; language is an appeal addressed by the speaker to the person to whom he speaks; language always represents something of which one speaks--intentional referents" (Buhler, 1970, p.3-4). Hence, when two individuals are communicating, a world of meanings is encountered, and Frankl would refer to this as "logos." Frankl believes that no true dialogue can occur unless this dimension of
logos is entered by the participants. A dialogue without the logos is merely mutual monologue or, like the first of Buhler's language functions, self-expression. The quality of human reality Frankl describes as "self-transcendence" is missing. Self-transcendence means relating to something other than oneself and is a key aspect in attaining meaning in one's life (Frankl, 1959). For nursing to ignore the "very humanness of human phenomena"—the search for personal meaning—is to practice within a reductionist framework, one that partitions the client into preconceived patterns of interpretation. In other words, for the nurse to be involved primarily in a form of monologue, a self-expression, patient care is planned from the meanings of the nurse alone and patient needs may be lost or misinterpreted.

Frankl's logotherapy or "therapy through meaning" seeks to address feelings of meaninglessness or an existential vacuum, which manifests itself in depression, aggression, or addiction. The quest for meaning to life, however, is not a neurotic symptom. It is a characteristic of being human. "A human being is a being in steady search for meaning" (Frankl, 1959, p.154). Maslow called will to meaning man's primary concern (1968). The theory of meaning inherent in logotherapy assumes that meanings are a matter of personal discovery and must be sought and found by oneself. Meaning is perceived as a Gestalt, a perception of possibility embedded in reality. The ramifications of considering the theory of meaning within the nurse-patient relationship must be contemplated with caution. To sever an individual from his own personal meanings is to dehumanize the client by ignoring that which encompasses all other human dimensions—the will to meaning. On the other hand,
there are a multitude of opportunities in the health care system to assist the client to find meaning in one's encounter with illness, suffering, or even impending death.

Reker and Wong (1988) incorporate certain aspects of the interpretive social science approach and formulate a view of personal meaning with respect to aging. Meaning, to Reker and Wong, has broad implications and includes "value that individuals place upon the events and flow of life. Meaning also embraces the connotations and denotations of what is conveyed when individuals speak of their lives and the significance they attach to their existence" (1988, p. 217). They define personal meaning as: "the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment" (Reker & Wong, 1988, p. 221). These authors draw on the seminal work of Frankl and Maddi extensively as they develop their theory of personal meaning. Maddi believes that individuals create their own meanings through the mental processes of symbolization, imagination, and judgment (1970). Reker and Wong integrate the conceptualizations of Frankl, Maddi, and Kelly. Briefly, they agree with Frankl's view that there is an ultimate meaning to be discovered by human beings who search for it. They also agree with Maddi that meaning can be created by individuals by making choices, taking actions, and entering into relationships (1970). From the Kellian perspective, they agree that personal constructs provide the internal structure of personal meanings. According to Kelly, one's belief system and value system dictate what goals are to be pursued and what relationships are to be established (1955).
According to Erikson, the elderly person faces the dilemma of integrity versus despair (1963). The older adult attempts to assert that life has meaning and purpose, and prepares for the inevitable end, death. Older individuals attempt to reevaluate the past and integrate the entire life into a meaningful whole. It is here in the later stages of life, that religious concerns, concerns of ultimate meaning, surface and questions of life and death are placed into perspectives guided by religion. Erikson's later works have demonstrated increased emphasis in the area of adulthood and late life (1982). Working within his own stage structured psychological framework, Erikson extends the meanings of his work, most notably through the use of narratives such as Ingmar Bergman's film *Wild Strawberries* (1958) (Erikson, 1978; Weiland, 1993). Erikson emphasizes the historical relativism that is required to address the meanings of human experience.

**Theology/Spirituality and Aging**

As an individual ages, the developmental task is directed toward integration and transcending the experiences of a lifetime (Reker & Wong, 1988). The role of religion is important in the quest for personal meaning (Frankl, 1959; Kimble, 1990). Jung maintains that one who has a religious experience possesses a great treasure that provides the individual with some of life's meaning (1938). Frankl emphasizes a person's spiritual nature and the importance of spiritual commitment as a basis for discovering personal meaning (1959). When writing of his experiences in the concentration camps, Frankl speaks of the inner "spiritual freedom" and genuine achievement of those who suffered and died. "It is this spiritual freedom--which cannot be taken away--that
makes life meaningful and purposeful" (Frankl, 1959, p.106). Reker and Wong's analysis reveal three "channels whereby an individual can find meaning in the face of death: review of the past, commitment to the present, and belief in immortality and ultimate meaning" (1988, p. 234).

Kimble explores the quest for meaning in life across the years (1990). He maintains that the crisis of old age may be a crisis of meaning. "There appears to be an absence of symbols of transcendence in our society that would provide answers to the questions related to the meaning of aging and growing old" (Kimble, 1990, p. 113). Kimble is in agreement with Frankl in the assertion that striving to find meaning in life is the primary motivation throughout the life cycle. Further, he believes that religion has the "inescapable challenge....to bring wholeness to older persons with the brooding sense of emptiness..." (Kimble, 1990, p. 126).

Maves states that the retirement years, among others, call us to discover new sources of value for our lives and to find value in being (1986). Maves goes on, "So to think about the process of ageing is to raise the question of the meaning and purpose of the life which is loaned to us for a relatively short span of years" (1986, p. 29). Dittman-Kohli, in his comparative study of young and old populations, discovered that the elderly have a unique personal meaning system in which they have developed strategies of meaning construction to create positive meaning in old age (1990). His definition of personal meaning system is "the pattern of valuations and concepts by which individuals represent to themselves, at a given phase of existence, what (a) they
believe, and (b) want in relation to their own life and self" (Dittman-Kohli, 1990, p. 281).

**Attributes of Personal Meaning**

In view of the review of the literature across disciplines, several characteristics have been attributed to personal meaning. Personal meaning has been described as dynamic, self-constructed, and unique for each individual. It has been related to integrity, values, beliefs, choices made and experiences lived and has been viewed as the guide, the interpreter, the motivator and mediator of living. It may have a role in the integration of one's life, life satisfaction, and well-being—psychological, spiritual, and physical. How personal meaning is revealed requires exploration of the pattern of one's life, choices made, relationships acquired, and language spoken. In other words, personal meaning is embedded within the context of the lived life of each particular individual, the narrative of one's life. To operationally define personal meaning in general terms would be inappropriate at best for to measure such a subjective construct against a standard set a priori at one point in time by even a 'random' sample could never grasp that which is meaningful to one individual, one who has constructed his own reality embedded in a unique context, allowing only for self-interpretation.

To further complicate this construct, the temporality of personal meaning must be explored as personal meaning and personal time are embedded within each other.


Temporal Aspects of Personal Meaning--The Question of Personal Time

"For what is time? Who is able easily and briefly to explain that? Who is able so much as in thought to comprehend it, so as to express himself concerning it?" (Augustine, 1953, Book 11, Chapter 14.) In his Confessions, St Augustine wrestled with the question of time and how time is related to eternity (1977). A brief overview of the concept of time will be offered to better understand the differences between objective and subjective time (to be used interchangeably with the notion 'personal time').

Objective Time

Newton viewed time as related to motion, as an objective variable (Gubrium, 1976). Newton proposed both an absolute and relative space and time. Absolute time flows without regard for external events while relative time is the quantitative measure of duration by motion (Heath, 1936). "Objective reality has been perceived as space filled with meaningless objects moving through a time plane which make up the present moment" (Polkinghorne, 1988, p. 126). It was thought at one time that if you abstract objective time and space from the original human experience, you will achieve an accurate representation of the real world (Polkinghorne, 1988). Hence, objective time is defined as a succession of nows that measure movement of objects across space, instantaneous moments advancing along a geometric line. Objective time exists on its own, independent of human awareness (Polkinghorne, 1988, p. 127). However, people do not experience time as a succession of nows or instants.
Subjective Time

Augustine saw time as a matter of the soul and consciousness. Past and future must exist in the present, or else they do not exist. Thus, in the soul there is a present memory of past events, a present attention to present events, and a present anticipation of future events (1953).

Even today the question of time continues to be a puzzle. Is there an aspect of time that is embedded within each individual—a subjective aspect, perceived only by the one experiencing his own lived time? Kastenbaum questions if there can truly be an 'interpersonal network of time perspectives' or only an intrapersonal perception that rarely parallels that of another individual (1977, p. 212). Are time perspectives developmental? Do young children and older people operate in time perspectives or orientations most functional to each? The young need to focus on future goals while the old may need to focus on the day-to-day present. Do the elderly live in time patterns with elements of the past interwoven into the present and future?

Attributes of Personal Time

Perceived or subjective time must be considered as one explores lived experiences and personal meaning. This study will incorporate the notion of time as put forth by Heidegger. Heidegger proposed that the present is not a single notion but rather a threefold concept that includes "a present about the future--expectation; a present about the past--memory; and a present about the present--attention (Polkinghorne, 1988, p. 129; Heidegger, 1927/1962). He conceived time not as a movement of objects but as a structure of human experience, as an aspect
within experience, within being itself. His significant work, *Being and Time*, explores the phenomenon of time and its importance to the lived experience (1927/1962). Person is a temporal being and as such those meanings, whether created or discovered, exist embedded in each individual's personal time. How the individual maneuvers time remains a puzzle. Subjective time can be dynamic or static depending upon the moment or development of the person. To reduce perceived time to dimensions or compare it to objective time brings us no closer to its understanding.

**Age and Personal Time**

It is this orientation, subjective time, that is to be considered in the process of aging. For age is predicated on the concept of lived time, the individual's interpretation of time, the perception of its speed and reactions to its passage. Personal meaning and lived time in a nursing home has been described by some residents as "waiting for death," "biding my time," and "time stands still." The mechanistic, objective model of time will take on a secondary role. For the assumptions underlying the scientific objective perspective define time as existing outside the individual, as chronological and physical, thus allowing for convenient quantitative operationalization and study. A person's perception of time may not necessarily coincide with a conceiever-independent flow of motion.

The process of aging encompasses unique individual needs and interpretation. One must look to the subject and ask what time means to him. Gorman and Wessman state, "The immediate 'present' of conscious life is pervaded by reminiscences and expectancies" (1977, p. 40).
Newman, in her study of time as an index of expanding consciousness, noted a trend toward increased subjective time with age (1982). Her study utilized objective (clock) time as a comparison to perceived time, a limitation she also acknowledges (Newman, 1982, p. 293). "For how does knowledge of how accurately a subject judges an interval of a second help us understand how the same person will plan his future, reminisce about his past, or experience his future?" (Gorman & Wessman, 1977, p. 228). Further, time perspective has been defined as the "degree to which a person, group, or society conceptualizes events removed from the present situation" (Gorman & Wessman, 1977, p. 228). However, it must also take into account other aspects such as evaluation of the past, the present, and the future. It is most likely that individuals distribute their thoughts among all aspects of time and place various emphases or weight on different orientations. Most significantly, one must recognize that each places different meanings on time--a personal meaning for personal lived time.

**Exploration of Personal Time and Personal Meaning**

Personal time may be symbolized in an infinite variety of ways. Hence, the search for personal meaning and understanding of lived time must go hand-in-hand. For one cannot exist without the other. Lived time research is strongly concerned with individual personal meaning in temporal experience and concepts. The challenge becomes understanding the factors that occur in both the individual and systematic differences among people.

The significance of time in regard to the search for personal meaning cannot be overlooked in the understanding of this concept. The
development of changing values and meanings over the life course has been studied by life span psychologists. Erik Erikson (1968) speaks to the unfolding of unique tasks at various stages of life as previously mentioned. "How a life is lived, has been lived, and will be lived make up the changing set of personal meanings over the life span" (Kimble, 1990, p. 122). Frankl recognized that "...life is a...time gestalt, and as such becomes something whole only after the life course has been completed" (1966, p. 99). Neugarten emphasizes the importance of an individual's perception of life changes as she encourages the focus of attention on "...what the person selects as important in his past and his present, what he hopes to do in the future....and what meanings he attaches to time, life, and death" (1977, p. 630).

Reker and Wong propose that "time orientation, or the amount of time engaged in the process of reminiscence, current reflection, and anticipation is affected by values, shared or private" (1988, p. 229). The individual's temporal perspective, the manner in which he incorporates time into his life, has great influence on his sense of self and personal meaning. The importance of past, present, or future may shift over time depending on the stage of development. It has been suggested by Butler (1963) that one's present and future meaning depends on a review and evaluation of one's past.

As the life of a person is temporally bound, understanding of personal meaning must take into account time continuity. According to Reker and Wong (1988), meaning from the past is sought through life review or reminiscence while present meaning is based on commitments and pursuits. Meaning is created through the choices and actions one takes.
Meaning is also discovered through everyday experiences. Future meaning is anticipated in the way of events, goals, and ultimate meaning. It may represent one's hopes and dreams. As time flows, so, too, does meaning—changing with the life cycle.

**Measurement Issues**

**Sources of Personal Meaning and Time Perspective**

There have been attempts to operationalize and measure personal meaning over the years (Battista & Almond, 1973; Reker & Peacock, 1981). Many such attempts have been aimed at locating the sources of personal meaning. Frankl felt that meaning is not created but discovered (1967). We give meaning to our lives by realizing creative values, such as achieving tasks, or by realizing experiential values, such as experiencing the beautiful. Finally, a person can realize values by his attitudes toward the destined such as suffering and death. Maddi suggests that meaning is created by individuals by making choices, taking actions, and entering into relationships (1970).

Of the most recent research, Reker and Wong have developed a personal meaning scale based on the work of Frankl and Maddi and on their own theoretical framework. Their fundamental postulate is that "every individual is motivated to seek and find personal meaning in existence" (Reker & Wong, 1988, p. 222). The three components to Reker and Wong's structure of personal meaning are the affective (satisfaction, fulfillment, happiness), the cognitive (beliefs, interpretation, understanding), and the motivational component (values, needs, goals). They suggest that since values are related to personal
needs, and beliefs contribute to the development of values, the study of values would be very informative regarding sources of personal meaning. Values might be considered incentives that determine or guide one's aspirations or search for meaning in life. It is worthy to note, however, that studies in value orientation suggest that values are reflective of the individual's unique personal life story (Bengston, 1975). Generalizing a value system and incorporating it into a quantitative measure may not be realistic.

Typologies of values have been identified in various studies. Devogler and Ebersole (1980, 1983) identified eight categories of values that are sources of meaning: relationships, service, personal growth, beliefs, hedonism, expression, obtaining, and understanding. Hedlund and Birren (1984) analyzed autobiographical data of women between the ages 22 and 78. They identified four major sources of meaning: relationships, service, personal growth, and beliefs. Thurnher (1975) in a cross-sectional sample of adults identified seven sources of meaning: personal achievement, marriage and family, humanitarian-moral concerns, coping with the givens of life (i.e. earning a living), happiness, religious life, and leaving a legacy.

Baum and Stewart (1990) focused their study on the sources of meaning within the context of a lifespan developmental model and rated the importance of meaningful life events at different points in the life span. Salient sources of meaning (708 events) were classified into the following categories: love, work, births of children, independent pursuits, accidents, illnesses, deaths, and divorce or separation. The first four categories accounted for over 75% of all responses. In the
average lifespan, an individual names three or four meaningful events, reflecting lives that evolve in an event-related pattern of loving, learning, and producing. Baum and Stewart suggest that "...sources of meaning act to embed and solidify our commitments and permit us to grow, develop, and branch out into more meaningful lives. Those who are content with the choices they have made continue to experience richly meaningful and passionate lives" (1990, p. 12). Studies exploring the sources of meaning specific to the older adult, most notably the older adult in the long term care setting, are sorely lacking.

Temporality constitutes another measurement issue as personal meaning is multidimensional and changes over the life span. Reker and Wong (1988) address this issue of time perspective, explaining that the individual derives time from the past, present, and future. Their strategy is "to focus on reminiscence for past meaning, commitment for present meaning, and optimism for future meaning" (Reker & Wong 1988, p. 237-238). Other research studies to denote personal time have been confounded by attempts to compare or equate personal time with objective time (Newman, 1982).

**Research Methodologies**

**Quantitative Methodologies**

Scales of meaning and purpose in life have attempted to quantify the concept of personal meaning utilizing a variety of constructs (see Table 1).
Table 1.—Scales of Meaning and Purpose In Life

<table>
<thead>
<tr>
<th>Author</th>
<th>Scale</th>
<th>Variables Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crumbaugh &amp; Maholick</td>
<td>Purpose-in-Life Scale</td>
<td>existential vacuum, state of emptiness, boredom</td>
</tr>
<tr>
<td>(1969)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battista &amp; Almond</td>
<td>Life Regard Index</td>
<td>positive self-regard, self-esteem</td>
</tr>
<tr>
<td>Reker &amp; Wong (1988)</td>
<td>Sources of Meaning Profile</td>
<td>leisure activities, personal relationships, religious beliefs, personal achievement, social/political causes, service to others, values, ideals, traditions, culture, legacy, creative abilities, acceptance by others, meeting basic needs</td>
</tr>
<tr>
<td>Reker &amp; Peacock (1981)</td>
<td>Life Attitude Profile</td>
<td>life control, death acceptance, life purpose, existential vacuum, will to meaning, goal seeking, future meaning</td>
</tr>
</tbody>
</table>

Limitations of these scales lie in the attempt to quantify a concept that has no universal definition and is admittedly unique for each individual. Crumbaugh & Maholick (1969) developed the Purpose-In-Life Scale (PIL) which measures the degree to which one experiences a sense of meaning and purpose. It is recognized that this is a quantitative approach which tries to measure how much meaning an individual is able to recognize and communicate. Although this scale is frequently used, inherent weaknesses have been cited such as social desirability bias, item transparency, cultural bias, inclusion of items that reflect value orientations, wording of items related to concepts of existentialism and therefore confusing to subjects, conceptual confusion, and item heterogeneity (Battista & Almond, 1973; Domino, 1978; Garfield, 1973; Warner & Williams, 1987; Yalom, 1980).
Inherent in the PIL also are societal values, based on Erikson's theory (1963), which may not be as important an indicator of meaning in life to the older adult as once thought (Reker & Wong, 1988). High Purpose In Life (PIL) scores have been correlated with positive mental adjustment, which coincides with a tendency in older adults toward high overall life satisfaction scores (Ebersole & DePaola, 1989; Yalom, 1980). However, the utilization of the PIL defines meaning as a mental construct and a motivational force in life but minimizes the role of social forces, obscures the conceptualization of personal meaning as a dynamic process, and "limits potential for explaining how meaning develops, changes, and is sustained throughout life" (Burbank, 1992).

Battista and Almond developed the Life Regard Index, a 28-item, 5-point scale designed to measure a person's belief that he/she is fulfilling life goals which provide a valued understanding of his/her life (1973). Reker and Wong question the concept upon which this scale was designed, positive life regard, stating that the tool may be conceptually more related to self-esteem than meaningful life (1988).

Reker and Wong developed the Sources of Meaning Profile (SOMP) which measures present meaning (1988). This scale was developed to measure the sources, breadth, and degree of personal meaning in one's life but it is primarily a measure of present meaning. Reker and Peacock designed the Life Attitude Profile (LAP), a 46-item 7 point Likert multidimensional measure based on Frankl's meaning theory (1981). The advantage of this scale is the attempt to measure both the perception of meaning (making sense out of one's existence) and purpose (intention to fulfill goals) in life, viewed as two different constructs. It also
offers a broad assessment of life attitudes and incorporates the subscales of death acceptance and locus of control, concepts relevant to adjustment and well-being. It is the specific purpose of this scale to investigate "the relationship of both the presence and absence of meaning and purpose to perceived psychological and physical well-being" (Reker, Peacock, & Wong, 1987, p. 45). Although initial studies reveal change in values and attitudes across age, longitudinal studies to permit direct examination of changes in the same individual over time are strongly suggested (Reker, Peacock, & Wong, 1987).

The most promising quantitative efforts to assess one's personal meaning system have been those attempts by Reker, Peacock, and Wong (1987). It has been their intention to combine phenomenological and objective perspectives, to incorporate alternative conceptualizations of personal meaning and personal time as they strive toward conceptual clarification. It is their belief that "derivation of personal meaning in life is a key process in successful aging that can have positive psychological, social, economic, and medical implications" (Reker & Wong, 1988, p. 239).

Qualitative Methodologies

To further an understanding of personal meaning and human behavior several qualitative approaches have been utilized (see Table 2). These methodologies are generally termed personal document approaches and attempt to assess types and depth of meaning in life. Information is obtained regarding how the individual interprets and attaches meaning to the experiences of a lifetime. Individuals tell their story and in this re-telling are able to restore or discover lost meanings or reconstruct
or reconcile other meanings. Each person's meaning is created by the ability to place one's life in the context of a redeeming story. Baird states, "There are a variety of stories in terms of which we may define ourselves. Our way of being in the world will be determined by the story in terms of which we interpret our life, in terms of which we create meaning for our lives" (1985, p. 123).

Table 2.--Narrative Approaches to Personal Meaning

<table>
<thead>
<tr>
<th>Author/Researcher</th>
<th>Year</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butler</td>
<td>1963</td>
<td>Life Review</td>
</tr>
<tr>
<td>Buhler</td>
<td>1959</td>
<td>Biography</td>
</tr>
<tr>
<td>Birren &amp; Hedlund</td>
<td>1987</td>
<td>Guided Autobiography</td>
</tr>
<tr>
<td>Ryff</td>
<td>1986</td>
<td>Self-Report Inventory</td>
</tr>
<tr>
<td>Whitbourne</td>
<td>1985</td>
<td>Life-Drawing Technique</td>
</tr>
<tr>
<td>Freeman</td>
<td>1984</td>
<td>Life History Narrative</td>
</tr>
<tr>
<td>DeVogler-Ebersole &amp; Ebersole</td>
<td>1985</td>
<td>Biographical Script</td>
</tr>
</tbody>
</table>

Mitchell (1990) sought to uncover the meaning of the lived experience of taking life day-by-day in an elderly population using Parse's research methodology. Meaning was explored from the perspective of those living the experience. Interviews with subjects over the age of 75 were heuristically interpreted and relationships between structural definitions and theoretical concepts were uncovered. From each description, essences of the meaning of taking life day-by-day were extracted. Three core concepts, encompassing this meaning, were synthesized: 1) affirming self through interrelationships; 2) glimpsing a diminishing now amidst expanding possibilities; 3) unburdened journey of moving beyond. Implications for nursing practice as a result of these findings emphasize that, for the elderly, taking life day-by-day is a positive way of living health, a valued way of being, and enhances
their quality of life. The nurse is seen as a "true presence during this struggle" as one who assists in the exploration of options and consequences of choices (Mitchell, 1990). Aspects of nursing care, that involve health promotion and behavior, coping with crises, suffering, loss, and death, can be significantly influenced within this search for personal meaning.

Methodological Issues and the Need for a Narrative Approach

At this point in time, research has yet to elicit a universal conceptual definition of personal meaning and personal time. Due to a number of factors, such as lack of longitudinal studies, conceptual differences, lack of an adequate operational definition, researcher-driven value-laden questions, focus must be placed upon the individual older adult in whose story the concepts of personal meaning and personal time are embedded and await interpretation. It is this author's belief that personal meaning reveals how a life has been lived, is lived, and will be lived. Viewing personal meaning as an interpreter of the lived experience within a personal timetable, a qualitative approach, in which the individual's life story is related and forms the backdrop of choices made, options offered, and meanings are both discovered and created, must be utilized. Assuming that personal meaning and personal time cannot be fully understood or appreciated apart from the notion of the narrative or life story, an alternate approach in the phenomenological format of the modified life review is suggested. Therefore, Heideggerian hermeneutic phenomenology will provide the philosophical and methodological framework of this study, a study in which the older
adult in the nursing home becomes the teacher and co-researcher in telling his/her life story.
CHAPTER III

METHODOLOGY

Questions addressing the matter of meaningful lived experiences offered by the elderly themselves within the long-term care setting remain largely unexplored. It is suggested that greater reliance be placed on the person's perception of what is personally meaningful, exploring that which constitutes common meanings among elders, and then addressing the older adult's perception of quality care (Golander, 1987; Stein, Lin, & Stein, 1986). Gubrium calls this the "bottom up" approach rather than the "top down" approach. "Residents convey the meaning of the quality of care and quality of life in terms of the differential linkages they make with life long experiences" (Gubrium, 1993, Introduction). In order for nursing research to explore the phenomenon of personal meaning, the older adult must become co-researcher and the researcher must enter the older adult's world without prior hypothetical assumption, thus allowing the lived experienced of personal meaning to unfold naturally as one's life story is related. The background for this new orientation to research can take the form of a Heideggerian hermeneutical phenomenology.

Research Design

Heideggerian hermeneutical phenomenology is an approach that assumes no sole truth or absolute linearity and proposes a philosophical
backdrop that welcomes new perspectives and possibilities rather than limits imposed by conceptual frameworks. It is within this philosophical framework, as set forth by Heidegger, that being-in-the world can be explored, that the way one has lived and is living can be understood. Within the narrative of one's lived life the concealed becomes unconcealed and remembered. The format of this narrative is the modified life review, an unstructured telling of the story. After a description of Heideggerian hermeneutical phenomenology, the author will review the origins of life review and describe its modified usage as a form of inquiry.

Phenomenology

Phenomenology is a human science that focuses on person as a unique being. As such it has been referred to as a "philosophy or theory of the unique," a study of that essence of human beings which is non-replaceable (Van Manen, 1991, p. 7). Phenomenology seeks to understand the implicit structure and meaning of human existence. It is the study of lived experience and its aim is the acquisition of a deeper understanding of the nature of meaning of everyday experience. "Phenomenology focuses on the importance of the individual as one who is actively and intentionally seeking meaning in the midst of his or her contextual, social, cultural lived world. It examines the individual person and views that person as an active, self-reflecting, self-constructing person embedded in a social, cultural, historical context" (Kimble, 1990, p. 115).

Husserl's phenomenological method focuses on a description of the essential structures of consciousness, on concrete experience itself,
and how a particular experience has been constituted (Polkinghorne, 1988). The focus of this research, then, is to examine and describe the phenomena or essences as they present themselves. Husserl proposed a systematic analysis of consciousness and its objects. His basic idea was that the mind is always directed toward objects, that almost all mental content is directed and he called this directedness 'intentionality.' This 'intentional content' is self-evident and is how we experience anything. We are always conscious about something and this is how we relate to objects. Consciousness cannot exist by itself. He formulated the notion of the lifeworld, the everyday taken for granted world in which we live. Within this lifeworld, phenomena or essences present themselves. These essences are not empirical objects and so must be examined not as brute facts but via reflection on examples and variations of the essences (Polkinghorne, 1988). Thus, Husserl developed the school of phenomenology.

Hermeneutic Phenomenology

Heidegger sought a more fundamental ontology regarding what it is to be human. Heidegger sought to understand life from out of life itself and to understand the effects of life "in the historical context of its development" (Heidegger, 1927/1962, p. 450). "Hermeneutics is the way this understanding enlightens itself; it is also the methodology of historiology" (Heidegger 1927/1962, p. 450). The hermeneutical perspective in phenomenology is concerned with the interpretation of the meaning of the lived experience of human beings. Person is seen in totality as one who gives meaning to or derives meaning from one's world (Van Manen, 1990). The reflection aspect which is so significant in
phenomenology is retrospective; one recollects the lived experience. Van Manen defines human science research as "the phenomenological and hermeneutical study of human existence: phenomenological because it is the descriptive study of lived experience in the attempt to enrich lived experience by mining its meaning; hermeneutical because it is the interpretive study of the expressions and objectifications (texts) of lived experience in the attempt to determine the meaning embodied in them" (1990, p. 38). Hence, the most appropriate approach to a person's world of personal meaning and temporality lies within the realm of human science research in the form of hermeneutic phenomenology.

Heideggerian Hermeneutical Phenomenology
Philosophical Backdrop

Heidegger's thought processes are very complex but some of his major themes will be briefly discussed to lend accessibility to the philosophical assumptions of this study. Three primary theses are paramount throughout Heidegger's career. Dreyfus summarizes:

1) Human being is a self-interpreting activity. This is the hermeneutic relation; 2) This activity involves an understanding of what being means, and it is this understanding that opens a clearing (for human beings' encounters). All members of society share a preconceptual understanding of this interpretation; 3) Everyday practices and everyday awareness take place inside this clearing that governs what everyday human activity takes for granted. These practices embody specific cultural ways...all of which adds up to an understanding of what counts as real for us (1984, p. 73).
Husserl claimed that the prereflective understanding of a human being is a product of that individual's consciousness. Heidegger, on the other hand, denied that this interpretive understanding, this prereflective way of being was a product of consciousness as subjects related to objects but rather these interpretations "are given in our language and cultural traditions" and make sense only against a backdrop of significance (Benner, 1994, p. 52). Everyday taken-for-granted practices, language, and culture into which each human being is born are so all pervasive they go unnoticed. Yet it is just these hidden or transparent skills that make our world intelligible and comprehensible. Out of these practices, language, and culture we create our possibilities and conditions for our way of being in the world (Benner, 1994). Further, within this philosophy, nothing in the world can be considered conceiver independent. Everything is interpreted based on our background preconceptual understanding. As we listen to one another we listen in context in the rich description of our background understandings, in "the shared situation". This "shared situation is called the clearing, being-in-the-clearing is being-there" (Dreyfus, 1991, p. 165). Dasein, "being-there," opens the clearing. Understanding and interpretation occur in "the clearing" within a relationship. "For Heidegger, the understanding of being is lodged in language, cultural conventions, social practices, and historical understandings, all of which create the clearing that allows us to encounter anything at all" (Benner, 1994, p. 120).

Following are some of the basic assumptions of Heideggerian philosophy to acquaint the reader with the philosophical backdrop
against which the lived lives of individuals in this study unfold and are interpreted. Unlike Descartes, who held that mind and body were separate entities, Heidegger viewed person as a self-interpreting being who becomes continually defined in the course of living (1927/1962). That is, our being, which always already is, is gradually unveiled as we live our life in the context of the world. Understanding, in Heidegger’s terms, is grasping one’s own possibilities for being, within the context of the world in which one lives. Because we dwell in our being all the time, we can never be clear of it or clear about it.

Person is capable of grasping the meaning of a situation directly without reflection. In other words, Heidegger believed that once an individual apprehends a situation, she does not assign meaning to it because the act of apprehension itself verifies an already existent taken-for-granted meaning embedded in one’s skills, language, and culture. This immediate grasp of a situation is possible because of a person’s embodied intelligence (as opposed to the Cartesian dualism tradition), background meaning, and our capacity to be involved in the world in a caring way. Each of these self-interpreting ways of being will be discussed.

**Embodied Understanding**

The notion of embodied understanding or embodied intelligence means that our bodies as well as our minds are capable of knowing. Embodied intelligence in the form of skilled practices is pre-reflective and has a smoothly functioning quality. It is an non-conscious way of grasping the significance of a situation and is involved in multiple activities such as the skillful use of tools or riding a bicycle without
conscious thought of each specific step. This kind of intelligence has been studied by Benner in her work on expert nursing practice (1984). Embodied intelligence is the human capacity to respond to a meaningful situation. This meaning of a situation, meaning as it is lived out, for the individual is directly understood based on taken-for-granted meanings embedded in the skills, practices, and language of the culture. Being is always already understood as it is the background pre-understanding which allows us to make anything intelligible. Because this background is ever present, being or meaning cannot be defined in a rational, context-free method. An important characteristic of understanding is that it operates contextually, within a set of already interpreted historical and temporal relationships and it is rendered explicit by interpretation. This pre-reflective understanding is a mode of being and is constitutive of the way we are. Heidegger's concern was to illuminate our understanding of everyday, involved meaningful situations of living. Included in the human capacity to respond with embodied understanding is the ability to integrate recollections of past experiences. The question of being and meaning, this how of existence, this remembering of the lived life lies within the context of the individual's life story as recalled.

**Background Meaning**

"Embodiment allows people to live in the world and understand it in relation to themselves, and background meaning provides the content of what is understood" (Benner & Wrubel, 1989, p. 47). Background meaning is the world of meaning given by culture from birth. It is a shared understanding of what is and is neither subjective nor propositional."
It is a way of understanding the world, allowing for the perception of the world (Benner & Wrubel, 1989, p. 46; Heidegger, 1927/1962). Background meanings are defined by our concerns, what matters to us. Because things matter to us, we become involved in the world. Heidegger sought to disclose "man's historical being-in-the-world" (Palmer, 1969, p. 125). World as used by Heidegger is a fusion of temporality, concerns, and the situation. Situation refers to the relevant concerns, constraints, and possibilities one experiences at a given span of time and place. Temporality refers to how an individual is in the world living simultaneously in the present, influenced by the past, and always toward the future. According to Heidegger, we both constitute and are constituted by situations, by what matters to us. Heidegger calls this way of being involved, concern or care (Heidegger, 1927/1962). We are always involved in our world concernfully. We are always engaged in situations. This way of understanding the world can never be made totally explicit. Although background meanings are taken up in individual ways, there is a range of what culture makes possible. Background meanings are dynamic and as people in a culture live them out, they are modified or take up new forms over time.

In this study of five elderly women in a long-term care facility, cultural and language aspects of background meaning, historicality and temporality, take on significance as one interprets the personal and shared meanings of their stories. Values of achievements, productivity, social usefulness, self-reliance, self-determination figure significantly in the way they lived their lives. These values are part of their shared culture, their historicity, their language--Midwest
America in the early twentieth century—yet each person has taken up these meanings in individual ways.

Interestingly, the World Wars and the Depression did not seem to have as large an impact for these women as did the Influenza of 1918, the result of which caused the death or severe illness of a mother, father, sister, and one of the women during pregnancy. Emily lost her mother when she was three. Patricia lost her sister, "the first to die in the town." Dorothy became severely ill during her pregnancy, "which was the worst time... when most deaths occurred." The losses experienced as a result of the flu did remain vivid in the memories of these individuals.

Within the context of the long-term care setting, understanding of these backgrounds and the lived lives of these women, their way of being-in-the-world, takes on new meaning when one is concerned with what matters to residents and their perspective of quality care. How the elderly cope with the limitations of age and long-held values such as self-reliance and privacy has been viewed in different ways. Kaufman in her study of sources of meaning in late life explores the "ways in which old people are willing and able to reinterpret their experiences so that old values take on meanings appropriate to present circumstances...to create symbolic continuity" (1986, p. 127). On the other hand, Clark focuses on the cultural discontinuity and depression that results in those who cling to old values and are unable to demonstrate a flexibility in value orientation (1967, 1972). The reframing of value systems accompanied by new ways of being and a different comportment is viewed by Heidegger as transformation of practice.
"Although embodied understanding and background meaning can account for how a person is in the world and grasp meaning directly, concern accounts for why" (Benner & Wrubel, 1989, p. 48). All human beings are in the world caringly and concernfully. Care, to Heidegger, is what concerns us, what matters. By viewing person as self-interpreting and inhabiting the world, concern is understood, not as a motivational force of subject to object, but as a way of involvement in the world defined by one’s concerns. What is manifested is how the concern is lived out.

Within the nurse-patient relationship, if it is trusting and reciprocal, what matters to both nurse and patient is revealed and within the 'clearing' of common meaning, new possibilities are discovered. Might the individual who is becoming increasingly frail be a candidate for a shared community residence with another older adult? Might this individual maintain independence with a home health program in her own residence? Or would permanent residence in a long-term care facility best meet this person’s needs? This caring conversation can only occur in 'the clearing' of common understanding. Selective seeing of a patient’s needs as decided only by one person, i.e. the physician, curtails the possibilities of care, removes not only the patient but the context of meaning from the situation, and eliminates the conversation. Heidegger describes this as objectification and "tantamount to depersonalization" (1927/1962, p. 73).

For Heidegger, care is an essential existential of human being and becoming. "By working out the phenomenon of care, we have given ourselves an insight into the concrete constitution of existence..."
(Heidegger, 1927/1962, p. 231). Care unifies the actual with the possible. "Freedom means to act to fulfill possibilities that are present in actual situations. Since humans are capable of recognizing possibilities in their actual situation and have the ability, within limits, to realize them, they are beings who can choose their own being by caring for their being" (Scudder, 1990, p. 60).

Heidegger's concept of care focuses on both freedom and possibilities and the care structure is a structure of disclosedness. Heidegger describes disclosedness as that which "gives the ground, the foundation, for the possibility of the discoveredness of entities" (1927/1982, p. 72). This "letting something be involved is the condition for the possibility of encountering anything available" (Heidegger, 1927/1962, p. 117). The nurse in what Heidegger would term an 'authentic caring' relationship with the patient 'leaps ahead' to ensure that care is revealed and returned to the individual, helping her care for her own being, 'letting her be.' In contrast, Heidegger suggests a 'leaping in' care, an inauthentic care, fosters dependence and loss of freedom. In this caring relationship, the nurse would take over and dominate all decisions and plans. Heidegger describes entities that are not permitted to be involved as "when we do not let them (entities) 'be' as we have discovered what they are, but work upon them, make improvements in them, or smash them to pieces" (1927/1962, p. 117).

Although nurses have had to give total care to completely helpless patients, 'to work upon them,' they have perceived not only gratitude but the desire to become independent once again, self-reliant as well as the frustration of hopelessness or the lack of perceived possibilities.
Nurses have responded to these situations by fostering hope and possibility within the personal meaning system of the particular patient, within those areas that matter to him. This way of using past experience, meaning, present action, and choices to focus on future possibilities is, what Heidegger called, 'lived time' (1927/1962). This congruence of time, this "not yet" coupled with the "no longer" and harmony of actuality and possibility is the aim of authentic care and good quality health care (Heidegger, 1927/1962, pp. 458-459).

Benner and Wrubel address the nurse-patient relationship as an encounter where nurses attempt to understand the patient’s "situated meaning" and to help him discover and fulfill his "situated possibilities" (1989, pp. 15-16). The nurse understands her patient within his story. Care is perceived by patients to include a nurse’s deep understanding of them based on knowledge derived from professional education and clinical practice as well as from listening to their story (Benner & Wrubel, 1989).

Comportment and Breakdown

According to Heidegger, everyday comportment is a form of experience and an opening onto the world and the things in it rather than deliberate action (Dreyfus, 1991, p. 68). Comportment reveals background meaning, embodied intelligence, and how one lives 'concernfully'. It is a mode of everydayness, a way of being-in-the-world and is adaptable, responding on the basis of past experiences in a variety of ways. This comportment manifests dispositions that have been shaped by many previous experiential encounters with the world. Comportment reveals what one is about, what concerns one or what one
cares about. This is Heidegger's 'intentionality' or 'towards-which' of an activity. Human beings reveal by their comportment a taken-for-grantedness in everyday situations. However, if there is a breakdown, if something goes wrong, this everyday comportment responds, attention is shifted to this previously transparent mode of being and different interpretations and meanings are reflected upon. New modes of encountering and coping and concern emerge. Our being-in-the-world, the immediacy of our relationship with the world, is ruptured by illness or incapacity, by the inability to act as we normally would.

The older adult who has been living at home independently for many years has a certain comportment or everyday way of being, of experiencing. If this same individual becomes increasingly frail, falls, and fractures her hip necessitating hospitalization and rehabilitation in a long-term care facility, an interruption or breakdown in her comportment is inevitable. Heidegger speaks to different modes of breakdown in Being and Time (1927/1962). Dreyfus describes one kind of breakdown, conspicuousness or malfunction (1991, p. 71). "When equipment malfunctions...we discover its unusability" by reflection of our experience with it and the equipment becomes conspicuous (Dreyfus, 1991, p. 71). Likewise the frail elder with the fractured hip becomes very aware of her inability to ambulate and the severe pain in her hip. The unusability of the hip and leg becomes "conspicuous" (Heidegger, 1927/1962, p. 103-104). This kind of breakdown deprives the individual of smooth non-conscious function and what she normally takes-for-granted and she must become attentive to her new limitation or disability and change to a mode of deliberation and
reflection. "This involves reflective planning...all in a context of involved activity" and all in the background of the world (Dreyfus, 1990, p.72). It is in the crisis of breakdown of everyday comportment, in illness and crisis, that the nurse and frail elderly patient meet and meanings or ways of being and what matters are revealed even in their brokenness. For it is the conspicuousness of the breakdown that calls it to the forefront. What becomes unavailable (the no longer taken-for-granted) or missing calls forth the taken-for-granted way of being, in this instance, the meaning of mobility and living independently. Here the nurse must be present to this individual in her everydayness, understand the emerging meanings of the breakdown for this individual, and assist her in creating new meaning and interpretations within her world of possibilities. The initial dialogue will occur in the 'clearing' of the nurse-patient relationship, in the caring conversation.

The Narrative Approach in the Human Sciences

Life Story

The meaning of being-in-the-world, with cues of historicality, temporality, language, and culture, discloses itself in lived experience and "escapes the conceptualizing, spatializing and atemporal categories of idea-centered thinking" (Palmer, 1969, p. 125). Hence, one's narrated and self-interpreted life story can provide access to that which is meaningful for the individual.

Within this study, the older adult's lived world is viewed from within the dialogue between the story-teller and engaged listener and
reveals the narrator's being-in-the-world both prior to and after admission to long-term care. Gadow states that story includes an individual's interior and exterior landscape (1990). Modified life review is a form of story-telling that calls for an unstructured telling of one's life story as it seeks to uncover and describe meanings of the lived experience. It is hoped that the primary research, or data gathering, question, phenomenological in nature, "Tell me about your life," will initiate a life review conversation which will eventually make explicit areas of meaningfulness for that individual.

In human science "theory enlightens practice. Practice (or life) always comes first and theory comes later as a result of reflection" (Van Manen, 1990, p.15). This research approach toward understanding of person within his environment, or being-in-the-world, is congruent with that utilized by such nurse researchers as Benner (1984), Benner & Wrubel (1989), Diekelmann (1993), Allen, Benner, & Diekelmann (1986), and Diekelmann, Allen, & Tanner (1989) who have based their work on Heideggerian hermeneutic phenomenology and the use of narrative. As a result of their research, the phenomena of the lived experience of nurses and their practices have acquired a new clarity and understanding. The ramifications of such research can be made explicit in such areas as theory development, curriculum revision, and clinical practice.

According to Sandelowski, The "(re) conceptualization of human beings as narrators and of their products as texts to be interpreted constitutes a potentially critical moment for nurse scholars because it reveals...analytic problems that have typically been disguised in
conventional theory-and-method debates about objectivity and validity" (1991, p.161). Such problems include the temporality of persons' interpretations of experiences and the historical and sociocultural constraints involved as one attempts to communicate an 'objective reality.'

In *Narrative Knowing and the Human Sciences*, Polkinghorne discusses narrative as one form of expression through which "life events are conjoined into coherent, meaningful, unified themes" (1988, p. 126). Human existence displayed as activities are linked together into a single life--activities marked not only by objective time but by personal time. Personal time segments might include developmental changes, transitions, benchmarks, or even one's place within history and social evolution. "Narrative is a mode of meaning construction that displays these various experiences of time" (Polkinghorne, 1988,p. 126). Polkinghorne feels that human beings temporalize themselves via narrative production. The narrative has been described as a threshold activity in that it captures an individual's interpretation of a link among elements of the past, present, and future at a fleeting moment in time (Churchill & Churchill, 1982). In working with the older adult, the format of the life review exemplifies the utilization of this qualitative approach, the narrative.

**Origins of Life Review**

Robert Butler, beginning with a seminal article in 1963, introduced reminiscence as a form of life review and therapeutic tool in the service of ego integrity for the older adult (1963). He stated that during life review "reconsideration of previous experiences and their
meanings occurs, often with concomitant revised or expanded understanding," thus providing new and significant meaning to one's life and also preparing one for death (Butler, 1963, p. 68). Butler defined life review as a "naturally occurring universal mental process prompted by the realization of death and characterized by the progressive return to consciousness of past experiences and the resurgence of unresolved conflicts...Life review results in increased awareness, wisdom, and flexibility." (1963, p. 68). Butler, a psychoanalyst, proposes that the success or failure of adaptive life review is more a function of personality variables than environmental factors.

Butler's conception of life review has been challenged (Wallace, 1992). More recent investigations emphasize the person-environment transaction in reminiscence, claiming that one cannot separate the content of what is remembered from the interpersonal context (Kvale, 1977; Meacham, 1977; Merriam, 1980). To further support the contextual significance are studies which differentiate the outcome of life review among community and institutionalized elders (Havighurst & Glaser, 1972; Tobin & Etigson, 1968; Tobin, 1972).

Other Definitions of Life Review

Molinari and Reichlin (1985) in their review of the life review reminiscence literature specify that life review is a form of reminiscence, stipulated by an essential element missing in other forms of reminiscence--an evaluative component. They define life review as "personal, and intense, representing an active grappling with the past in order to come to terms with it. Life review...as that form of reminiscence in which the past is actively evaluated and conflict is
necessary for resolution to occur" (Molinari & Reichlin, 1985, p. 82-83).

Burnside (1990) attempts to distinguish between life review and reminiscence based on her observations of reminiscence therapy in practice by nurses, faculty, and researchers. The basic distinction is that reminiscence is a supportive process in which life decisions and lifestyle are reinforced, losses are not dwelt upon, and there is no discomfort. Life review, on the other hand, is an uncovering process in which the focus is to work through the past, increase insight, and possibly tolerate some anxiety in the process (Burnside, 1990; Haight, 1988, 1992).

Kovach (1991) provides a framework for reminiscence as a nursing intervention. As she utilizes Butler's frame of reference and definitions, her model may also be related to life review. Reminiscence, according to Kovach, is a "cognitive process of recalling events of the past that are personally significant and perceived as reality based...The content may be validating or lamenting. Validating reminiscences confirm or verify that the person has lived a rich and fruitful life. Lamenting reminiscences are events from the past that are interpreted negatively" (Kovach, 1991, p. 14).

According to Magee, life review is a form of reminiscence (1988). In life review, persons reflect upon their personal history and accept responsibility for it. It is a purposeful process involving both short-term and remote memory. On the other hand, reminiscence occurs spontaneously, when a minor event evokes a train of freely associated recollections and may be only partially conscious. The purpose of
reminiscence is to enhance self-understanding, recover the past, illustrate a lesson, and provide role parity with the young. Life review is a conscious attempt to reconstruct the past, critically evaluate past experiences, and focus attention on the connectedness of the past with the current sense of self.

LoGerfo (1980) delineates three forms of reminiscence:
1) informative reminiscence—a pleasurable recollection or storytelling;
2) evaluative reminiscence—life review; and 3) obsessive reminiscence—originating in guilt secondary to a negative life review or a defense against an unpleasant present whereby one glorifies the past and depreciates the present to allay anxiety. Molinari and Reichlin (1980) note the paucity of research in the area of reminiscence and life review. Classification schemata to distinguish levels or types of reminiscence are few, thus limiting applicability of reminiscence life review research.

Temporality of Life Review

The term life review itself denotes a form of narrative, a temporal perspective, a past, present, and future orientation. Butler’s theory of life review views this natural process as "initiated internally by the perception of approaching death...and is...shaped by contemporaneous experiences and its nature and outcome are affected by the lifelong unfolding of character" (1963, p. 66). Such perspective enables society to get beyond the stereotype that old people simply 'live in the past.' Kastenbaum notes that other reasons one may scan the past include a need to validate one's competency and self-esteem by remembering successes of the past (1977). Retrieving 'times past' fortify the aged in present
and future challenges. There are those elderly individuals who seem to treat the past as though it were the present. Time has not passed at all. The past is perpetuated. Others seem to replay the past frequently (Kastenbaum, 1977). Perhaps, as one ages there is no longer a need for past, present, future orientations or distinctions. These distinctions are no longer important. Time is replaced by certain experiences or 'time scenes'. Many of our elderly can respond to objective time when there is reason to do so but most prefer replaying of significant past occurrences.

**Life Review in the Elderly**

The significance of life review for the elderly has been well-documented (Ebersole & DePaola, 1989; Erikson, 1982; Kastenbaum, 1977; Kimble, 1990; Magee, 1988; Reker & Wong, 1988). Life review has been identified as one of the developmental tasks of the last stage of life (Erikson, 1982; Kimble, 1990). Kimble states, "There is an urgency for the elderly to share their life story.....Life review....helps older adults tell their story, who they are, and where they have been" (Kimble, 1990, p. 124). Magee states that life review assists older adults to perform three developmental tasks that accompany aging in that it enhances the ability to protect sense of identity, to cope with grief of personal losses, and to maintain self esteem (1988).

**Modified Life Review--A Narrative Framework**

In this study the author will utilize a modified life review approach as a framework to guide her research into the unfolding of an individual's personal meaning system. The assumptions of a modified
approach can be contrasted with Butler's original methodology of life review as a psychoanalytical tool, dealing primarily with personality factors, and viewing aging as a well-defined naturally occurring process. The modified perspective places life review within the context of person-environment interaction, thus allowing for the dynamics of an open system in which the practitioner or researcher assumes the role of co-participant with the older adult and recognizes the influences of a multi-dimensional environment. This perspective is more closely aligned with a social constructionist view which recognizes that "the experience of growing old differs across settings and contexts...and that developmental views are biased in assuming that aging is the same for people, at all times, and in all situations" (Wallace, 1992, p. 120). The modified life review may contain personal and/or historical reminiscences, favorite stories, or the more structured format similar to the original life review. There may be detailed recall with little or no conflict resolution. Modified life review represents a gateway to what is truly meaningful to our aging society. Story-telling, as modified life review, is "central to interpretive phenomenology because when people structure their own narrative accounts, they can tap into their more immediate experiences, and the problem of generating false generalities or ideologies is diminished" (Benner, 1994, p. 108).

Modified life review appreciates the significance of the individual as self-interpreting and always situated within the world with the researcher. It is concerned only with what matters or mattered to the individual over the life course. The revelation of personal and shared meanings may provide guidelines for new and innovative patient care
interventions, the adaptation of nursing home climates and environment, and an over-all improvement in quality care for our older population—care directed, not by "top staff," but by the receivers who may participate in and direct both the process and outcome.

Participants

The study sample consisted of five female volunteers over the age of 65 (range: 79-98 years of age) who reside in a suburban 120-bed long-term care facility located in the Midwest. Fictitious names were selected to ensure anonymity. The social worker of the long-term care facility chose the individuals based upon their amenity to participate in a research study and the enjoyment of telling the researcher their story. Length of time since admission to the facility ranged from ten weeks to six years. No potential male participants were suggested. Volunteers were chosen who are both physically and mentally capable of communicating their life story. Some of the participants had minimal to moderate memory impairment but this did not affect the study as accuracy in content was not a criteria. Although each woman had at least two chronic illnesses, all were able to participate in some of the nursing home activities, such as social gatherings, parties, bingo, and bible study. No demographic constraints were imposed regarding selection of participants other than age and long-term care residency.

The social worker gained initial approval and introduced each subject to the purpose of the study. In addition, the researcher met with each woman individually to discuss the study, answer any questions, and request signing of the consent. A copy of the informed consent was left with each participant. The first five individuals approached
readily agreed to participate in multiple interviews. Separate appointments were then made with each woman to meet privately in an area of their choice which was always their own room.

**Ethical Considerations**

A written consent for participation in this study was signed by each participant. Included in the consent form was permission to re-interview for the purpose of consensual validation and clarification and permission to share/publish/present all or part of the life review (See Consent Form, Appendix A). To further assure the protection and rights of participants, the research proposal was submitted to and approved by the Loyola University Research Protocol Committee as was the protocol for the pilot study.

Volunteers were assured that refusal to participate would not affect the delivery of care and, further, volunteers could opt to discontinue the study at any time without any negative ramifications. No known risk was anticipated other than possible feelings of sadness on occasion upon remembering sad events in one's past. Benefits of participating in this study could include a reaffirmation of identity, the opportunity to function as an 'elder'-to leave a legacy, and the opportunity to be heard, to tell one's story. Each participant was offered the option of receiving the recorded interviews after their transcription and each gratefully accepted.

**Setting**

Each participant was met at a time and place most convenient for her. All volunteers chose to meet in their own rooms in the long-term...
care facility. The facility is proprietary. Each room was small but neatly furnished with the participants' own furniture and mementos including pictures and crafts. Goffman notes "that any group of persons-prisoners, primitives, pilots, or patients-develop a life of their own that becomes meaningful, reasonable, and normal once you get close to it, and that a good way to learn about any of these worlds is to submit oneself in the company of the members to the daily round of petty contingencies to which they are subject" (1961, pp. 9-10). Interruptions by staff during the story-telling sessions were accepted as part of everyday life within this setting. Two of the participants escorted the researcher on tours of the facility to better describe their present everydayness, their involvement in activities, and their current relationships. The hermeneutic phenomenology researcher seeks to understand the human being as a being-in-the-world and one must take into account the setting—the long-term care facility.

Data Gathering

Other than the pilot study which was conducted in May and June of 1993, all interviews took place over a period of five months in 1994. Data was collected via audio-taped, open-ended interviews which were transcribed verbatim, thematically coded, and analyzed utilizing the computer software, MARTIN (Diekelmann, Lam, & Schuster, 1991). The length of the interview was dependent upon discretion of each participant. Interviews were conducted by the principal investigator in the long-term care facility. Recorded interviews lasted between 60 and 90 minutes each with conversations frequently continuing after the tape-recorder was turned off. Conversations were scheduled at least one week
apart and continued until the participant felt she had told her story and that the researcher had understood her concerns and what was considered meaningful to her. Prior to each conversation, after the first, the researcher listened to the participant's tape several times or transcribed and began interpretation of the tape. This permitted the researcher to be very familiar with the past interview and validate the researcher's thoughts or interpretations each week. The participants seemed to enjoy this piece (member checking) noting the researcher's sincere interest in their stories.

Each woman would be in her room, dressed for 'company' with make-up applied and hair beautifully groomed, awaiting the researcher's weekly visit. Participants were asked to respond to the following, "Could you tell me your story?" Respondents were asked to convey their stories in their own words, organizing them in whatever way they wish. Thus, it is believed that the form and content of the life story revealed how the person experiences her life and what is deemed significant or meaningful. Minimal probes were utilized and depended upon participant responses or requests for cues. Each was eager to tell her story, sometimes asking for cues, to which the researcher would respond in very general terms such as, "Tell me about your life when you were in your twenties and thirties?" Any tendency to conduct a one-sided interview quickly became, more appropriately, a conversational style or a dialogue between friends, trusting and reciprocal, in keeping with the design of the study. Several of the women began to ask the researcher about her family and her life. The researcher, in turn, would share her story.
Analysis was discussed with Nancy Diekelmann, methodological consultant, a colleague familiar with Heideggerian hermeneutical phenomenology, and committee members familiar with phenomenological research. The verbatim transcriptions and journal notes taken prior to and following each interview constituted the data for this study. Transcriptions were coded for purposes of anonymity and actual names of persons and places were changed. In reporting the data, anonymity and confidentiality will be maintained.

A preliminary pilot study was conducted in May and June 1993. A ninety-three year old woman residing in the same long-term care facility narrated her life story over a period of four weeks, involving four interview sessions. This pilot study was conducted to assess the effectiveness of data gathering, including the interview technique of the researcher, the research question and probe questions, as well as the method of analysis used to understand the phenomenon of personal meaning. The initial verbatim transcription was interpreted at a Heideggerian hermeneutical institute led by Dr. Nancy Diekelmann and eighteen qualitative researchers (1993). This pilot study was completed successfully and the text was included for interpretation with the succeeding texts.

Data Analysis

Data was analyzed according to the seven step hermeneutical method prescribed by Diekelmann, Allen, and Tanner (1989) who have based their methodology on Heideggerian phenomenology (1927/1962) as the philosophical background to explore themes and constitutive patterns in all interviews. These steps of interpretation are described below:
Stage One: Examination of all texts as a whole to obtain an overall understanding of the story.

Stage Two: Summarization of sections of each text and identification of themes. Written interpretations of these themes were accompanied by excerpts from the text that supported that particular perspective. Members of the research team were sent interpretations for comments.

Stage Three: Further independent analysis of each interview and comparison of each research team member's reflections and comments were studied for the unfolding and evolution of meanings.

Stage Four: Identification of relational themes, that is, themes that cut across texts of each participant, was the purpose of this stage. The second part of this phase was the identification of relational themes that cut across participants' texts. Documentation supporting choices of relational themes was prepared.

Stage Five: During this stage of interpretation, the investigator explored the texts for emerging constitutive patterns. These patterns were thought to express the relationships of the relational themes. Constitutive patterns are considered the highest level of hermeneutical analysis.

Stage Six: Interpretations are validated consensually by persons familiar with the content and method. Opportunity for review of the entire analysis was offered to interpretive researchers not on the research team. The participants themselves were approached for validation of interpretation.
Stage Seven: Preparation of the final report included sufficient excerpts from the data to allow validation of findings by the reader.

The above methodology allows for the moving from the parts of the text to the whole and back to the parts again. This process of multiple stage interpretation serves several functions. Examination of texts for inconsistencies and bias throughout this process allows for the exposure of inaccurate interpretations not supported by the text as well as unsubstantiated meanings (Diekelmann, Allen, Tanner, 1989). This methodology is congruent with that of Benner (1984) who describes a three stage process of hermeneutic analysis revealing themes, exemplars, and paradigm cases. The use of themes and exemplars to capture meanings and identify these meanings across texts is closely aligned with the seven stage method described.

The effectiveness of the use of Heideggerian hermeneutic phenomenology to elicit personal meaning in the elderly was revealed in the data analysis itself. Each reader will determine whether or not this approach uncovered that which is meaningful to the participants of this study.

The computer program, MARTIN v. 2.0, was used in the analysis of data. This particular program was developed in 1991 by Nancy Diekelmann, Sui-Lun Lam and Robert Schuster to facilitate the process of qualitative text analysis and minimize inaccuracies due to errors in duplication of data. The tool itself was developed by conducting hermeneutical analyses of the lived experiences of interpretive researchers and was designed to reflect the ways a researcher thinks about and interacts with written texts.
**Methodological Rigor**

The conventional language of reliability and validity alludes to a dualistic paradigm and, therefore, is not appropriate in hermeneutical phenomenological research. Rather, a different evaluative rigor is called for. The criteria utilized in this study was that proposed by Hall and Stevens (1991) and suggested by Diekelmann (personal communication, Heideggerian Hermeneutical Phenomenological Institute, June 23, 1993). The philosophical assumptions underpinning modified life review and hermeneutical phenomenological research include acknowledgment of multiple realities dependent upon historical, contextual, and relational factors (Palmer, 1969). Everyday lived experiences cannot be removed from the context in which they occur (Dreyfus, 1991). Hence, investigation of the reflected life-past, present, and future-must be evaluated in such a way as to give priority to a rigor that adequately fits the lived story of the individual.

The term, adequacy, relates to the appropriateness and fit of the whole inquiry process, relative to the purpose of the study. If a study is adequate, the research process is "well-grounded, cogent, justifiable, relevant, and meaningful" (Hall & Stevens, 1991, p. 20). To assure authenticity of findings and to verify the adequacy of the study design, the following criteria was utilized:

1) Reflexivity: A reflexive approach to research encourages "integrative thinking, appreciation of the relativity of truth, and willingness to make values explicit" (Hall & Stevens, 1991, p. 21). The researcher must reflect on his/her own values, assumptions, and motivations to understand how they affect the review of the literature,
design, and interpretation of findings. Awareness of attitudes and feelings is revealed and can make more explicit the participation of the researcher, thus adding to the accuracy and relevance of the process.

2) Credibility: This criterion is present if the interpretations are faithful to the experience of the participant and can be recognized as their own. The use of member validation was used toward this purpose in this study.

3) Rapport: This criterion values engagement with the participant and the process to be understood. It is believed that "a researcher must be involved with participants to achieve the depth and scope of data collection and analysis required to present a credible description" of the lived experience (Hall & Stevens, 1991, p. 22). This study entailed repeated interviews with each participant to assure a relationship of trust, length and frequency of contact, and researcher sensitivity for language and life styles, thus ensuring rapport and validation of data.

4) Coherence: Research conclusions are coherent "if they are well-founded in and consistent with the raw data, systematically connected in a logical discourse, and faithful in principle and interest served to stories" told and sentiments communicated (Hall & Stevens, 1991, p. 23). Coherence, recognized in the consistency of the whole with its constituent parts, was ensured in this study by collaboration with committee members and readers who could ascertain coherence of excerpts and interpretations as well as the plausibility of the data. By questioning the data throughout the inquiry process, individual meanings and common meanings will emerge, inconsistencies may be revealed, and
cogency of interpretations determined. Reflections regarding these areas will be discussed among collaborators.

5) Complexity: This criterion calls for explication and openness to the complexity of an individual's reality, that is, "locating the analysis in the context of the participants' everyday lives" and providing historical background (Hall & Stevens, 1991, p. 23). Complexity was assured in this study within the realm of the inquiry format itself, modified life review, which encompasses the individual's life story within the present context.

6) Consensus: "Congruence among behavioral, verbal, and affective elements of particular observations and verbal responses helps support the presence of consensus" (Hall & Stevens, 1991, p. 23). This criterion was addressed with the maintenance of a journal and field notes by the researcher to record nonverbal behaviors and personal thoughts regarding the researcher's own perspectives before, during, and after the inquiry process. Consensus across texts (both across individual interviews and across participant interviews) did elicit common meanings in older adults within the long term care setting.

7) Relevance: this criterion refers to the appropriateness and significance of the study with respect to its implications for the participant, society, and the profession of nursing. These implications were explicated in Chapter II.

8) Honesty and Mutuality: Honesty assures that "information about the research purpose and design must be provided in terms that are understandable and relevant to participants" (Hall & Stevens, 1991, p. 25). This criterion was ensured in this study by explaining the
purpose and design prior to each interview even if that interview was the second or third for a participant. Inclusive in this criterion is the informed consent as discussed earlier in Chapter III.

The criterion of mutuality emphasizes that participants are assumed to be telling the truth. Viewing the participant as co-researcher and truth-teller reduces the element of power often seen in the researcher-subject relationship. The resultant egalitarian relationship permits participants to talk about what matters to them and act in ways they perceive as personally meaningful rather than the way they perceive as meaningful to the researcher (Hall & Stevens, 1991, p. 25). In this study the interview was considered a dialogue, an exchange between two researchers. This researcher was genuinely interested in the individual's story not just in extracting data for the purpose of the study. Thus both researcher and co-researcher were supported in a fair and equitable way.

9) Naming: Naming is defined as "learning to see beyond and behind what one has been socialized to believe is there" (Hall & Stevens, 1991, p. 26). It is addressing the participant's experience in his/her own terms. Drawing upon Heidegger's (1971) later works in which he states that beings live in their language, naming becomes a valued criterion. The researcher gives the participant's expression value, by the "emphasis of selecting it" and "denying reality to that which is never named" (Hall & Stevens, 1991, p. 26). This study will use verbatim stories with the participant's consent to illustrate personal meaning and common meanings and the language of the participant will be used to describe emerging themes.
10) Relationality: Relationality refers to collaboration inherent in this interpretive research. Working with others encourages challenge and confrontation and leads to more critical reflection and questioning. This, in turn, can reveal or uncover new possibilities. This study was done in corroboration with other researchers familiar with interpretive research.

**Strengths and Limitations**

The interview process in phenomenology has been described as an invitation to conversation (Weber, 1986). The interviewer becomes present and open to the participant in communion and anticipation of understanding a phenomenon. The interview is, in essence, a dialogue, a relationship of trust and commitment between two individuals and holds the possibility for not only deepened understanding but also growth for both. Limitations of this form of interview lie in the realm of the interviewer's ability to not misinterpret or misrepresent the participant (to remain open to the co-researcher's perceptions) or the failure to establish an environment of trust. It is in this realm that multiple stage interpretation becomes most valuable.

Minimal probing and openness must be emphasized. Asking questions directs the participant toward the arena of the researcher rather than the lived experience of the participant. To pose a question is to direct the context of meaning in which a particular inquiry will move. In the telling of one's life story, it is the participant's remembrances that reveal what is deemed personally meaningful. Hence, in analyzing the verbatim transcriptions, focus must be placed not only on the words of the participant but also on the words of the interviewer. The
researcher in hermeneutic phenomenology can never be viewed as detached from the conversation in which shared meanings are to be understood. In the present study, the researcher did contribute much to the conversation with one participant possibly limiting the revelation of what was considered personally meaningful to this individual. However, the researcher felt that, with this particular individual, only through increased conversation and sharing, would the dialogue remain trusting and reciprocal.

Other research problems that may be encountered include attrition, varying levels of depression in the participants, and the multiple diagnoses and treatments in the older population in general, all which may interfere or confound an otherwise adequate study. The older adult may also refuse or be unable to disclose his or her life story, have a low energy level, or be experiencing pain thus limiting life review sessions (Burnside, 1990; Wallace, 1992). In the present study, each participant asked the researcher to remain longer even though it had become evident that the story-teller was experiencing fatigue or shortness of breath.

As one must recognize the limitations of potential subjects, one must also be aware of the potential biases when using self as instrument. Poor interview technique, investigator fatigue, and inability to acknowledge one's own value and belief system may threaten the trustworthiness of the process. In this study, the researcher was asked by three of the five participants to share her story. Although surprised at the request, the researcher related her story in an abbreviated form, answering any questions the participant asked.
The process of utilizing transcriptions as text limits the researchers' perspective of the actual telling of the lived experience, the story. Revelation of experiences via intonations, gestures, feelings, and non-verbal reactions can be lost in transcriptions, thus concealing some of the depth and emphasis of meanings. Utilizing verbatim transcriptions, checking for accuracy, utilizing computer software such as MARTIN which maintains the original transcription, and maintaining field notes will minimize these limitations by remaining as true as possible to the original oral telling of the story. In this particular study, the researcher replayed the recorded conversations several times and was able to "hear" the meaning in the experience on several occasions.

As the goal of hermeneutic phenomenology is understanding, the use of multiple interviews is considered a strength in that they allow the researcher the opportunity to carefully study each conversation prior to the next interview. During each succeeding interview, the researcher can verify interpretations, ask missed probes or overlooked questions, and, in essence, get the story right! In this study, the participants seemed genuinely pleased with my knowledge of and interest in preceding discussions and enjoyed their role in helping the researcher understand their story.

A word regarding sample size in hermeneutic phenomenology may be needed. "Sample size is limited by the size of the text that will be generated and the number of researchers available to analyze text" (Benner, 1994, p. 107). In this study, repeated interviews with the same participants, each extending over 90 minutes, and observations
generated a very rich and detailed text allowing for the emergence of themes and patterns. Thus, five life stories and a total of 16 interviews was considered appropriate.
CHAPTER IV
FINDINGS

In this study, five elderly women have been asked to reflect on their lives and tell their stories. Utilizing a Heideggerian philosophical backdrop, each person is viewed as self-interpreting as she defines her own story. The story, as remembered and interpreted, uncovers a way of being-in-the-world that manifests a pre-reflective comportment, an embodied understanding of background meanings already embedded in a world of shared practices, culture, and language. How she has lived and lives her life, what matters to her and how she is concernfully and temporally, that is, not only in the past but in the present and future, is the story she narrates. This story can be understood because we all exist in a world of common meanings and care.

Researcher Context

Each story is heard within the clearing of common understanding and background of the story-teller and listener relationship. Heidegger speaks of existence as care. Picard emphasizes, "Care is relational. It is attending to a person's wholeness" (1991, p. 89). We attend to one another's wholeness by allowing a place which gives voice to one's story, thus participating in the lived experience of the other. Thus, to be an engaged listener is the starting point of a 'leaping ahead' caring encounter. To be an engaged listener, to "presence oneself," as
Heidegger would attest, is to acknowledge one's shared humanity with the story-teller (1927/1962). Benner and Wrubel speak of presencing as authentically being with an individual and acknowledging one's own being-in-the-world. It is a way of accompanying one on the journey, being alongside the story-teller.

The story-teller's narrative does not occur in isolation. The listener, the researcher, the nurse, also has a story. She brings her own story to the clearing, an accumulation of professional and personal experiences complete with interpreted meanings and her way of being-in-the-world will influence how she is present as a listener in the clearing.

In interpretive research, the researcher herself becomes an instrument who asks certain questions, summarizes the story, analyzes texts for themes, and interprets meaning along with the participants. Hence, the background within which a researcher approaches her study will play a significant role in the interpretive process. The researcher's background understandings cannot be separated out, set aside, or 'bracketed' as the researcher and participant meet in the same clearing. It is essential, however, to explicate as much as possible this context to maintain an awareness of its influence upon the project at hand.

The present study concerning the personal meaning of the elderly in nursing homes has been shaped by my own experiences as a nurse spanning almost 30 years of practice and education, beginning in 1962 in a diploma program at a very large state hospital school of nursing. The isolation and depersonalization I witnessed at that institution
conflicted with the basic values of nursing care which were emphasized within the educational curriculum. The value placed on the individual and his uniqueness was undermined by an institutional population of 10,000 and an inadequate number of staff. Leaving that institution following graduation and moving on to much smaller institutions such as community hospitals did not always reveal a change in the value of personhood. As technology improved and expanded and the scientific knowledge required grew, the nurse was expected to monitor machines and patient systems and the patient's story and meaning became a check mark on a history form next to topics such as 'hobbies' or 'religion'.

Throughout my professional experience, I, and many other nurses, always listened for the story, the meaning system of the patient, the way he is in-the-world outside the hospital before he was admitted, now, and how he would continue to-be when he left. We journeyed with the patient in caring encounters and listened, as time and staffing permitted, in a world filled with the constraints of specialization and mechanization. The value placed on this journeying with a patient in order to understand what quality care and health is to that individual has diminished in a world of expedience, efficiency, and profit as the bottom line.

As a clinical instructor in various nursing homes, I witness still the lining up of patients in wheelchairs along the halls each with a story but no voice. No one hears the urgency for these survivors, marginalized by a youth oriented society, to tell their story, to leave their legacy. Hill defines marginal people as "those whom society has ignored, or pushed to the economic edge, or isolated politically" (1990,
Society places marginalized people in marginal places, places with definitive boundaries, places like nursing homes. I witness two nurses on each floor—one a medication nurse and one a treatment nurse. Each is responsible for up to 70 patients in an eight hour period. These nurses, constrained by the boundaries of time and physical stamina, become marginalized themselves, frustrated by the demands of a distant business mentality. My students are reprimanded (without my knowledge) for sitting down to talk with patients when they should be 'giving showers' and 'making beds'. This kind of caring practice that values outward appearance and the physical over all else was never defined by the profession of nursing.

It is my belief that within the average length of stay of the nursing home patient of 1,026 days, someone has time to hear the story. Someone has time to caringly become one with the marginalized. Through this story and within a trusting and reciprocal relationship, meanings inherent in one's life can lead to new possibilities and new meanings and this is nursing practice. It is my belief that within the format of story, the multivariable concepts of quality care and well-being can become explicit. The frustration felt over the years when witnessing the constraints placed on the practice of nursing by individuals and institutions that fail to value an individual's personhood, one's totality, has motivated this study which, in essence, calls for a return of the narrative to nursing practice and research.

**Participant Context**

The life stories of these women (age range 79-98) span approximately the same historical period which included World War I, World War II, and
the Depression. Yet these historical events were rarely included in their stories or perceived only in the most general terms such as, "Oh, the depression? Everybody was poor. We did OK." This may be due in part to the fact that these women were not actively involved in the war and perceived nothing unusual during the depression as their entire world was enveloped in a certain way of life at that time. The one event that did impact the lives of these women on a personal level was the catastrophic Spanish Influenza of 1918. While only one participant contracted the flu, others had family members who died after very brief periods of illness. Emily, 79, states,

My mother died. There was this horrible flu epidemic in the United States from coast to coast. Most women...it affected women more than men. It was terrible. And especially those who had been through childbirth. I was three in September. She died in November. My dad they say was just devastated...and he was so ill himself with the flu. Horrible flu and there was no such thing as wonder drugs. They died. They had this terrible chills and fever. He was so sick he couldn’t even go to the funeral.

Dorothy, who is 98, remembers,

My husband didn’t get it. I did. And he was in the army and was stationed at Fort Stevens. And there was a terrible outbreak of it there. And the men...I know one morning he called me and he said he had lost five men during the night. And not in good health but not sick men.
Dorothy continues,

Mother lived in this college town. And here they had all these recruits there because, ROTCs or something like that. And those boys, one day they'd be just fine, and the next day there would be half of them....they got so there were so many they just had them stretched out in the armories. Everyone was afraid to work with them because they felt it was very contagious. And I don't think anyone who didn't live through it can ever understand that fear.

Dorothy's brother contracted the flu and she recalls,

Had the flu very badly..came through it but I think it always left him weak in some ways. There was nothing...aspirin, about the only thing. Go to bed, take aspirin, go to bed. If you were lucky you were there the next day.

Kaufman, an anthropologist, in her study of the same cohort of both men and women, that is, participants whose lifetimes span the same historical period in which World War I, the Depression, and World War II are major events, notes,

In my informants' accounts of their lives, the two wars and the depression do not figure prominently as shaping forces or as direct sources of individual themes. While their common cultural background is an integral part of their identity, its expression in themes is highly individual. In its ideational aspects it provides the common framework for the emergence of dominant values as well as assumptions and expectations about how a life should be lived (1986, p. 77).
It is worthy to note here the cultural background in which these Midwest, white, rural women were raised. All were from low-middle to middle socio-economic family backgrounds. The American value system during the early twentieth century emphasized, among other values, productivity or work as contributing to society, a good education as a means to success and achievement, individualism as a way toward self-reliance, and goal directedness as a means to accomplishment. These were the common ideals of a growing industrialized nation and would affect choices made in one's life. What will be revealed through life stories is how each person responds in her unique and personally meaningful way.

Although the seven step Heideggerian hermeneutical phenomenological methodology was discussed in Chapter III, the steps will be reviewed during the analysis for clarification and to facilitate the reader's involvement in the process. Initially this chapter follows each individual in the study and the relational themes which unfolded across each series of interviews. The themes that emerge from each story unfold from how one is, how one has been, and how one will be in-the-world. Themes identify the personal and unique meanings of the individual. Each woman's world is bounded by her culture, time, and meaning. During the explication of themes, the way each individual is in the nursing home in the light of these themes will also be noted.

The next level of analysis involved the identification and interpretation of relational themes that emerged across individual texts and, finally, the emergence of three constitutive patterns, ways of
being that cut across the relational themes. Constitutive patterns are the common meanings discovered among these women.

The initial step required reading the entire text of each individual's interviews in order to achieve a sense of wholeness followed by a summarization of the individual's story. The following is an introduction of each participant, a brief summary of her life, followed by the themes revealed as her way-of-being. Words in parentheses are those of the researcher and are used to clarify the quotation.

Emily

Emily is a 79 year old woman of German-Polish descent whose story is told in a reminiscing style, a traditional style of teaching the listener what life was like 'in those days' as she herself at times struggles with remembering. Passing on the life of days gone by not only allows for the possibility of leaving a legacy but also an opportunity to dialogue with the interested listener about the present and future. Emily is a giving person who has deferred many personal desires and goals throughout her life yet she recounts her lost opportunities by excusing those most responsible for her losses. Her way of being is one of reflection and thought. She pauses often to reflect, almost savoring the memories. Her memories are thought-provoking and can also be perceived as gift-giving. As Emily states, "I hope this helps you." The themes that have emerged in Emily's life involve a comportment of remembering, teaching/learning/questioning, keeping in touch, fear of losing continuity, an awareness of her finiteness, and forgiving/excusing.
In revealing her story, in reflecting on what is thought-provoking for her, Emily immerses herself in what Heidegger would call "thanc," the Old English noun for thought, for "out of memory, and within the memory, the soul then pours forth its wealth of images--of visions envisioning the soul itself" (1968, p. 140). Heidegger felt that "both memory and thanks move and have their being in the thanc" (1968, p. 140). He looked to the rootedness of words and reminded the reader that the word memory originally did not mean to recall. He stated, the word, memory, "designates a whole disposition in the sense of a steadfast intimate concentration upon the things that essentially speak to us in every thoughtful meditation....a constant abiding with something--not just something that has passed, but in the same way with what is present and with what may come" (Heidegger, 1968, p. 140). Memory is not just related to the past but to the present and points toward a future. Only by going back to lived experiences can one go forward. Only by reflecting on the original source, or experience, can light be shed on new possibilities. Emily defines wisdom as "experience that prompts thinking...you didn’t just pull it out of a book." It is this way of abiding in past experiences, an abiding that provokes, that is most meaningful to Emily. Remembering is our dwelling in everydayness. This is how Emily dwells in remembering, in an abiding with grateful thoughts. Her past and present living is interpreted as positive and happy and the possibilities awaiting her in the future are nourished simultaneously. This way of being, this dwelling in what
matters, is a way of being 'in touch' for Emily and is her anchor of safety and comfort at the nursing home.

Emily's uniqueness is revealed in the form her remembering takes, the how of her story-telling not just past events recalled. Emily relates a way of being throughout her life in which the needs of others were always considered prior to her own needs or desires. "I was always sort of a giving person," Emily recalls and, in her giving nature throughout her life, she continues this mode in the actual recollection process and this gift, this pouring forth of a wealth of images, is both given to the listener and received by Emily. Her remembering is a gathering of all that she holds dear. "In giving thanks, the heart gives thought to what it has and what it is" (Heidegger, 1968, p. 141). So to understand remembering as dwelling in a disposition of meditative thinking and in thankfulness enriches one's perception of this experience. It should be noted that this theme is one that becomes interwoven not only throughout Emily's story and relational themes but throughout all five stories. Emily relates the experience of participating in this study,

I enjoyed it. It's always fun to talk about oneself. It's made me kind of think about things more. I've just gone back in my life and I liked that a little bit...really and I hope it will serve a purpose and be helpful.

Many times during conversations with the researcher, Emily spoke of "thinking back" and the new thoughts that were provoked. What emerged as Emily remembered were her patterns of care, how she lived and lives concernfully. This reveals how Emily dwells in the world. Her
comportment reveals a patient gentleness and kindness. Her memories both heal and sustain her and they are who she is.

I would consider my marriage happy...when I think back.

I was an employee of the Boston Store. And in the mail department but I was also a model in their shows. They had a show out at St. Monica’s Catholic Church on the south side. We went there for that show. That’s where I met Chuck. He had a good singing voice and he had gone to school there...elementary school and the nuns had asked him to sing between numbers. He sang the 'Isle of Capri' (laughs softly). He had a beautiful voice...very lovely voice. And then he asked if he could drive me home. So he drove me home after the show that night...which was a long ways...

Teaching/Learning/Questioning

Because "no one had money then," Emily could only attend a few college courses but "went to seminars all my life" thus fulfilling her need for life-long learning within the boundaries of her world. "It was a big investment at the time because we made very little in our salaries." Emily vividly recalls the validation of her writing skills by a professor who remarked on her story assignment, "This deserves to see the light of print." Emily says at this point, "Well, that sent me to heaven! That pleased me so much...yeah."

Emily regrets being unable to become a teacher, "I liked it. To awaken someone’s interest in things." During the process of telling her story, Emily engages the listener in dialogue, in conversation. When asked, "What is your philosophy of life?" Emily pauses reflectively and
responds, "That's tough...What is your philosophy of life?" Interviews with Emily became conversational with Emily asking questions and offering advice intermittently.

Emily's love of learning was made explicit throughout her life...in high school and shortly after she chose to work in a library. She describes her style of learning throughout as always "researching the meaning of words, always looking them up." Her last job was at a school. "I was secretary to the principal."

Today, Emily can always be found in the library at the long term care facility, in her chair, reading. The activities in which she chooses to participate continue to be word games, board games, scrabble, a game played since early childhood. "I think perhaps we had one of the first scrabble games on the market!"

Keeping in Touch--Meaning as Anchoring

Emily emphasizes the family relationships in her life. When relating her early years, after her mother's death as a result of the flu of 1918, Emily spoke of "having an anchor in our dad...I felt secure with him." While being cared for by "housegirls" in the intervening years between the death of her mother and remarriage of her father, the bond between herself and her brother was recalled,

My brother and I were very close...we sort of protected each other from the housegirls. We used to help each other out in those early years.

Emily regretfully recalls when her brother "ran away from home...but he never did get along with my stepmother." There are long-term
friendships also. "I still keep in touch with Lucy...close touch with her."

Emily shows the researcher photographs of her family throughout the process of life review. Now, in the nursing home, Emily speaks of "keeping in touch" with cousins, looking for that "little anchor" to help her feel secure today as her father did long ago. Piles of letters and pictures lie about Emily's small room--on a snack table, next to the television, an end table, in a shoe box. Emily has many "little anchors" to reflect upon in the quiet of her dwelling. These 'anchors' serve as Emily's access to family and friends, individuals she might otherwise lose through memory loss.

I didn't write to Sr. Mary (a close friend of many years) this Christmas. I'm kinda slipping myself...but I understand her memory is really gone...she was the one I felt closest to through those high school years.

Emily clings now to 'anchors' that may be perceived as preventing her own memory loss and, thus, loss of friends. The nursing home staff, sensitive to Emily's personal meaning in 'anchors' purchased a beautiful picture frame for her as a gift for Christmas. Emily responds,

I can't say enough about this building and the management. They do things with such wonderful thought of the individual...and they picked out...you know they know I have grandchildren so I thought it was such a charming thought.
Continuity of Being--Finiteness of Memory

Emily verbalizes her anxiety regarding memory loss,

I’m beginning to get forgetful and this bothers me alot and I
don’t know if exercising my brain more would be helpful?

Here Emily and the researcher engage in a dialogue of memory and ways in
which loss might be minimized. Emily’s concerns are very significant as
her memories of family--grandchildren--are most meaningful to her. "I
think it’s so wonderful to have families...to carry on..."

As she spoke of her second great grandchild, Emily reiterates the
child’s words at two years of age after pointing to a photograph of
several generations of the family,

‘Four generations!’...the ‘generations’...every syllable wasn’t
spelled out as I do it you know but it was ‘four generations.’
She heard us say it. She was going to enlighten me!

Remembering, telling the story, is carrying on and sharing the legacy.
Emily does not want to lose that.

I think we should study more how to promote lengthening memory
more than your age! What is age if you don’t have your memory?

There’s no sense to it!

Psychologist and theologian, Henri Nouwen states, "We are our memories"
(1975). Emily initially stated she did not want the conversation tapes
as a gift to her daughter. Later she recanted and decided they would
make a nice remembrance. She was delighted when I delivered them.
"Thank you so very much. May I pay you?"

In response to the needs of those individuals who are so concerned
with loss of memory, nurses in long-term care settings can offer memory
seminars. Such seminars alleviate anxiety associated with occasional memory lapses and offer assistive memory devices to minimize episodes of forgetfulness. Simple supportive approaches such as suggesting one always place eyeglasses in the same place or writing notes to oneself often eliminates fears on impending dementias.

Being Towards Death/ Being Aware of One's Finiteness

"I don't concentrate on it (death) alot." When speaking about death, Emily says she didn't think about it too much in terms of losing her self but she does equate finiteness with the loss of the possibility of seeing her grandchildren grow.

I remember many years ago saying to God if I could just live long enough to see my daughter grown up...I would know she was settled and not worry about her and then that was attained and then you think of your grandchildren and now you'd like to see your little great grandchildren, you know, get a little further than what they are.

Emily is aware of her finiteness and seems to settle into a way of being in the nursing home that is free of prior concerns, anxieties, and schedules.

For awhile in my life, I was saying it everyday. I used to follow a little book. There was some thing for each day of the week, you know. I gradually lost that organized...it's total confusion now (both laugh as Emily's room is somewhat cluttered with piles of paper). I'm so tired of being organized all my life...making every minute count!
Emily now lives "day by day" depending on how she feels.

So I don't plan and I get so tired if we go shopping that the thought of it tires me cause I come back so exhausted.

Emphysema is so confining a disease.

When discussing her future, Emily calmly, serenely says, "I don't think about it much. It seems this is the end of the line sort of to me."

Although chronic illness (emphysema, osteoporosis) affect her mobility, Emily does not verbalize the desire to die. Her losses of energy, mobility, and even easy breathing do not appear to affect her way of being, her personal meaning system--her way of dwelling in remembering, keeping in touch, and teaching/learning/questioning. There remains an authenticity, as Heidegger would attest, an ownership of self. This stability of a way of being after loss, meaning after loss, is noted throughout Emily's life in the unfolding of themes.

Giving and Forgiving/Excusing--A Restructuring Process

Another theme that unfolds in Emily's life was her giving and forgiving nature. As she recalls areas in which she deferred to another, an excuse or reframing was offered, a rationale that explained the individual's behavior. When her daughter placed her in the nursing home, for example, Emily first stated,

I was able to...I had my own house...just taxes on it...it was all paid for and everything...and I don't know...I just...I wish my life had continued in that manner for a while..I had a nice little pension coming from my work.
The decision to enter this facility was made by her daughter.

I just got real forgetful at home alone and my daughter came over one day and got me...took me to her house and I stayed with her a couple of weeks. Mary (daughter) and I aren’t real...um...I wish we were closer but there’s something in her nature and maybe in mine too that kind of prevents a real close relationship as mother and daughter. But I’m so glad she and her daughter are close...so grateful for that.

After being hospitalized with "dehydration," Emily was admitted to the facility. Asked regarding choice of facility, Emily spoke of another home run by a religious community to which she was very attached. This particular order of nuns also owned the boarding school she attended in high school and which she described as "the happiest four years of my life." But, again, the decision was deferred to the daughter and a facility was chosen closer in proximity to Emily’s daughter.

They thought this is where I should come...I couldn’t live alone..I had trouble with my memory at different times...maybe someday they’ll come along with something...food or something that might help.

Loss of memory was equated with loss of self-reliance. It is interpreted almost as a finiteness in itself or an end to a previous way of being. Emily was unable to "continue my life in that manner" (living at home alone with her two cats and dog). Even though Emily’s health and memory was much improved since that initial hospitalization, she was admitted to a nursing home. Admission to the nursing home was perceived as a much different way of living. Emily restructures her experience,
"I feel I'm fortunate to be in such a comfortable place...and looked after...and taken care of." One might ask if Emily is once again making excuses and forgiving this new way of living, forgiving a place that prohibits her former independence and freedom. When Emily's brother became an alcoholic, she described the situation,

He drank in those days as many people did. In 1933 there was no prohibition and people drank...drank and smoked like crazy...there was nothing around about smoking then. Given the options, the state of the times, the brother was almost excused "although he had to go to those places where they dry out.."

In describing her marriage and husband, Emily says, "Chuck was an opportunist" and quickly adds, "Many of us are" as she relates her husband's "political jobs." Historically, many jobs in Chicago at this time were politically obtained and retained.

Everything was political in those days. He worked for the water pipe department. He did very little work. They hung out at bars....I mean not drinking maybe all the time but...it was just a way of life.

Prior to his death,

He was working in the forest preserve...but it was all hooked up that way (political) and particularly from the Irish belt out there...

The description is followed by,

It was a way of life. I think even if they didn't need a political connection, there was something about it...a lot of
things were that way. I don't think it's entirely a selfish attitude...it's...they're in a position to do things for people.

Of her marriage,

Well, I was always sort of a giving person and my husband was just the opposite and I suppose we always did what he wanted to do. For instance, if we went out to eat it was where he wanted to go.

Emily quickly adds,

He just wasn't used to deferring to anyone at all. We did what he wanted to do. I don't think it was deliberate...you know.

Emily's fidelity to family and her forgiving nature continues today in her new residence whether speaking of family, staff, or other residents. Even today, for example, when playing her favorite word game, Emily defers the possibility of winning to please others.

I go to Wheel of Fortune all the time. I have to watch it though because you know it becomes part of your nature. You play a lot of scrabble and things like that...words...then I heard someone say, 'Oh she wins all the time' and I just thought well I'm not gonna next time...just not gonna say it...cause I just get it!

Emily's philosophy of life is described, "You have to start working on your own little corner...a better place for all to live." The nurse who shares Emily's world and understands her way of being will provide a clearing for this woman to-be, to excel in word games, to-be without the need for excuses. An example might be a nurse patient relationship in
which remembering can occur and accomplishments acknowledged. A place can be created in which the story can be told and new thoughts provoked. This would be meaningful care, care that matters, care that makes her 'own little corner a better place to live.'

**Nona**

This is the story of Nona, a 94 year old woman who resides in a long-term care facility. Nona was born and raised on a farm in Ohio with her only sibling, Christine, who is 15 months older than Nona. Nona never married. She will continue to live life, to remember a life, that is permeated with teaching and her relationships with her sister, father, pets, and students. Nona's personal meaning themes that reveal what matters to her include living competitively and relatedly, teaching and creating, remembering, and being after loss.

**Living Competitively and Relatedly/Being Faithful to Family**

Nona's closeness and fidelity to her sister span her life although there were areas of competitiveness. Nona's mother encouraged an equalness between the two that actually fostered this competitiveness.

We went to high school. I was 14 years old and a junior. I made it alright but Christine didn't. And so mother was upset. She said, 'Why don't we just shift your ages?' I didn't want to, so I stayed out of school that year and went with my mother down to visit my uncle in S. Carolina...I stayed there and Christine made up (her courses) so we graduated together.

Nona perceives herself as always "learn(ing) a little faster than she did..." and being the smarter of the two. Yet she relates her
accomplishments with no jealous or arrogant undertones. She understood Christine’s way of being as different from her own.

Christine liked the boys better. They liked her better. I shouldn’t tell you this. This boy came to visit us. They were on the porch. He said that’s a pretty dress you have on. Did you make it? She said, ‘yes’. He asked how did you make a certain thing? She told him. I had done every stitch of that dress. She hadn’t done one stitch. I told her about it too. She said, ‘Why didn’t you just come right out and tell him? That’s what you should have done.’

Nona’s allegiance to family and commitment to fidelity never falters. Over half a century later, she recalls the memories of how families practice fidelity and how our past comes out to meet us. Throughout Nona’s life, she was compared to her sister and encouraged to refrain from becoming better than her sister even to the point of "changing ages" so her sister may appear equal to her academic standard. I remark, "You were a good sister." Nona’s response is, "She was too." Nona is proud of her intellectual abilities and quick wittedness.

I remember things to show I was better. One day we were in there (country school) at noon and our class..they weren’t grades, just classes...and one class older...18 on down...and they were having trouble with arithmetic and I was sitting there and I said I think I saw how and they said ‘Well, let her alone; she’ll do it.’ So I showed them all how to do the problem!

Nona’s competitive nature continues throughout her life as she prides herself in her teaching achievements.
Dwelling in Teaching and Creating

Nona delights in her imaginative stories and creative ways of being with children. And so Nona begins her story with a story, one created on that farm long ago, created to amuse Christine, her sister.

I had two girls in a tree and the other family lived in a shale bank and there were 40 children in that little house and there were three of them, a boy and two girls, who were about our age and the others I didn’t get acquainted with ...(laughs).

Nona dwells in the remembering of teaching stories. She anxiously begins, "I have about eight stories about individual pupils...not really subject matter, their personality." Nona proceeds with her recollections,

and I got another boy....came in late...and I noticed when he came in he was dressed in a black suit and I thought that suit doesn’t look like it’s been ironed and looks like it’s been washed in someone’s kitchen and the boys didn’t like him...they said this boy was misbehaving. Could I come in and punish him. I told you I would have nothing to do with it....then I got word from a man in the community that this boy I knew he lived in one of the bad environments...just 2 in the area..every night he was gone. The whole evening they said you could imagine what he’s doing. Well, I found out. He was going to the hospital and spending the night with his dying mother. I wasn’t surprised.

I saw the kindness he had.

Nona’s teacher-student story reveals her way of being-with others. Her way of living concernfully is a way of perceiving that is different than
others. What matters to Nona is not just subject content but the student and his concerns. I can’t help but wonder who is there for Nona now. Who will listen to her story and perceive her as different and unique, a woman who gave her life to others, to understanding and relating in a special way. Nona’s life speaks to caring and giving. When asked, "Did you get married?" Nona responds, "No, I taught school" (laughs). Nona’s response signifies another kind of marriage, a unity and wholeness that remains to this day. Nona’s way of being-in-the-world is teaching and giving and this is Nona’s personal meaning system, a system that cannot be measured by variables of life satisfaction or purpose in life. Nona cannot explain why she loves teaching. The researcher asks, "What is it about teaching you loved?" Nona, after prolonged concentration, hoping to answer 'accurately,' replies, "I don’t know."

Is it possible that an action such as caring or teaching can be so automatic that it is transparent and thus less valued in a world where goal-orientation and measurable end-products matter primarily? Nona’s personal meaning is her mode of being--teaching, connecting--which so permeates her Dasein that it may be considered transparent. This personal meaning system is revealed or made visible through Nona’s interpretation of her story. Nona is not concerned with explanations of the WHY of teaching. Nona is concerned with the HOW of the practice of teaching. How does this unthinking comportment come to be? Heidegger suggests that we respond to patterns, to familial perceptual gestalts (Dreyfus, 1991, pp. 93-94). Both Nona’s parents were teachers prior to purchasing the farm. She recalls, "Father taught the Sioux. Mother was
a teacher and taught me to read before I started school." Parents whose modes of being encompassed living concernfully in a teaching way provided the possibility within their culture, language, and practices for Nona to share that world.

It is important for the nurse in the long-term care setting to value the patient's history. It is by acknowledging the patient's past and family patterns that the nurse can better understand an individual's culture and language and what matters for her. A care plan thus developed ensures meaningful care.

Dwelling in Remembering

Nona, with whom I had four conversations, reveals an urgency to tell her story. Her stories are recalled in rich detail. Remembering is the HOW of living our lives. Memory is a recollective thinking--thinking that looks back and recalls. Nona delights in remembering the details of her story. In a culture obsessed with accuracy, validity, proof, precision, and confirmation, the significance of the story, what matters, is the remembering and the thinking evoked by the memory as a wellspring of memory. Heidegger speaks to memory at length in What is Called Thinking? "Memory is the gathering and convergence of thought upon what everywhere demands to be thought about first of all." (Heidegger, 1968, p.11). It is the thinking evoked in the recollecting that stirs Nona ninety years later.

Nona repeated some of her stories, sometimes because of forgetfulness and other times because of the special significance of the story. This occurred especially when remembering her experiences of teaching and the way she cared for her students.
Being Open to the Interruptions—Being After Loss

Nona is encircled with losses—vision, hearing, mobility, endurance, family, friends, church, home, self-image, and appetite—yet her unfolding story never lingers on her own death or anticipation of it. Nona’s everyday living, the "towards-which," the unthinking comportment or way of being, according to Heidegger, may be interrupted in the chronically ill, in the frail elderly, or in crisis. When the usual automatic ways are thwarted by pain, shortness of breath, immobility, loss of vision, loss of hearing, loss of family and friends, then the focus may change and the transparent or hidden may become revealed.

Nona does not suggest ways of helping her physically even though her health is deteriorating, causing more frequent transfers to the ‘infirmary.’ However, in her story personal meaning is elicited as she tells the researcher about how she lives now. For example, her profound loss of hearing interrupts her possibilities of connectedness:

They’re seated four at a table and that lasts for a long time and every table was someone who couldn’t hear what I said and one woman was just nasty to me. Another woman was a very fine woman but she didn’t realize...they say my voice is so soft. Do you think it is?

Her visual loss interrupts her love of reading and her connectedness:

Reading is my treasure. My glasses are up there (on the dresser). They’re up there because they hurt my head. My eyes burn so. They give me eye drops but my eyes burn more after the drops. I had good eyesight until the stroke and now I have to
use the large print. I can read but my eyes tire and some times
I get a letter and I can’t read it.
Nona’s poor endurance and limited mobility interrupt her connectedness
and way of dwelling in teaching. She is unable to meet with little
girls from a local school. She relates, "I tried to walk down to meet
them but I couldn’t make it. They had to bring me back." Nona is
unable to meet with her ‘adopted daughter’, her niece. "I canceled the
visit...I’m so tired." Nona’s physical losses interrupt a mode of
giving and doing for others.

It was hard...getting hard for me..but I did meals-on-wheels for
quite awhile and I taught Sunday school class...I liked that.
The nurse who engages Nona at this time and listens to the story can
then intervene in a number of ways. She can assist Nona to her meeting
with the children, re-evaluate her eye medication, and acquire talking-
books.

The nurses that entered Nona’s room during our conversations
performed their tasks efficiently--giving Nona her medication, taking
her blood pressure and pulse, delivering high protein shakes. As they
perform their tasks, they cajole and sometimes good heartedly tease
Nona. However, the question could be asked, do they know Nona? Do they
hear Nona?

One nurse entered Nona’s room to deliver a chocolate milk shake and
instill eye drops. Nona told the nurse about the pudding she gets at
night and that she preferred the pudding over the milk shake. The milk
shake was given to Nona anyway. Nona introduced me to the nurse and
then says, "You know the thing that makes this place an excellent place
(Nona points to the nurse in the room) and the rest of the nurses." The nurse responds, "That's because we have nice people to work with." Nona says, "Thank you." The nurse left the room and Nona whispered, "Don't ask me about the food. I don't like the food." Nona weighs 99 pounds, a loss of several pounds over the last two months. Did the nurse hear her and will any difference be made in her care?

This is an example of 'leaping in' care (see Chapter III) in which the nurse 'knows best' and continues to perform her ministrations accordingly. If the nurse practiced a 'leaping ahead' care, Nona would have been able to remain independent, choose her diet and meet goals set up by both nurse and resident. Nona would be permitted to be. 'Leaping ahead' care recognizes the personal meaning of the resident and bases a comportment or practice within those boundaries. Recognizing Nona's way of being relatedly, the nurse might spend some time 'visiting' while they both shared a meal together. By focusing on care that is meaningful, such as dining with residents, nursing practices can be transformed and personhood preserved.

In the nursing home, if Nona is allowed to-be, allowed to acknowledge her way of being, conditions would be available for new possibilities to unfold or to become. By being-with Nona in the shared familiar world, new possibilities, new meanings could be created. By being open to the interruptions, by listening to the story, the nurse in a shared relationship with Nona can also share the possibilities and effect her continued personal meaning system.
Patricia

This is the story of an 84 year old woman who was born and raised in the Midwest. Patricia is one of nine children, all deceased: "I got nobody now. They're all gone." Patricia's living involves a comportment of living relatedly, competing, working, and remembering.

Living Relatedly/Competitively

Patricia frames her story within her relationships with others. She fondly recalls her close relationship with her father.

Oh I was spoiled rotten..I could have my own way and I did get a job. He bought my clothes anyhow. I took the clothes and didn't pay him anything and he wouldn't take nothing from me. I didn't pay no room or board..nothing...didn't do a thing at home.

Although she perceives the relationship in a very positive way, it did incorporate a degree of obedience and giving up her education and possibilities for a career:

I wanted to go to nursing school...in Chicago...my father said, 'You're not leaving.' He didn't want to lose his baby. So I said, 'Can I go to Aurora to business school to learn more typing and shorthand?' 'Nope, you stay right here.'

Patricia recalls great animosity between herself and the youngest brother, "The youngest brother was a devil...oh..." She relates a time when she was cleaning the brother's home while caring for her sister who was living with the youngest brother and asked if she might move "a machine he had for asthma and emphysema" and he responds, "Goddamn you; that cost me. Leave it alone. You can kiss my ass."
Patricia's relationship with her other siblings was mixed but she was very close to an older brother and one sister.

Patricia's way of being in the world reveals a competitiveness, perhaps a way of being recognized. Whether it is in work (ceramics-"Virginia gives me the hard stuff cause she knows I'll do it."), cleanliness, self-discipline-("I lost the will power but I got it back...I don't eat no strawberry rhubarb pie, no piece of cake...I can do it"), leisure (exercises-"I kick the highest", bowling-"7-8 out of 10!...never done it in my life"), or in helping others, Patricia needs to be the best. Patricia may need to perceive herself as successful in her world, a world in which she has experienced multiple losses and little control. This competitiveness may serve to balance her world and create personal achievements. Yet this way of being may account for her negative relationships with several individuals in the nursing home.

When asked if she ever feels lonely, Patricia replies,

No, I'm glad to be by myself. Nobody to interrupt me. I go talk to some of the women when I come from meals but that's all. They didn't even have a party for me when I was here a whole year. Not that I expected one. I can't be affording to feed all these...and some I wouldn't want there in the first place.

Regarding other residents:

There's one woman over here...she's mad at me because she said Jesus never kissed her, never hugged her. I said, 'Jesus was on this earth at one time but he went to heaven and...well, 'How do you know? Tell me where it is and I'll read it.' I said, 'I don't want to talk religion. Why don't you just get your
bible?' 'I don't have a bible.' She hit me twice on the arm here.

Patricia's closest relationships in the nursing home are with staff members--Dorothy, the head of housekeeping, and Rose, a housekeeper, ("They are the 2 hearts in my heart."), and Virginia, the activities therapist. The staff are perceived by Patricia as hard-working whereas many residents in this particular nursing home are from slightly higher socioeconomic backgrounds. Therefore, Patricia's way of speaking, usage of improper grammar, may present a barrier to her relationships with other residents.

The greatest transition in Patricia's life occurred when she married her husband, Henry. She states, "After I got married, I had a great life." Her life became embedded in her marriage which she relates in positive terms although again she is limited in this world when her husband determines she may not work outside the home. As a result, Patricia throws herself into the work of wife, mother, and homemaker.

Dwelling in Working and in Order

Patricia is bounded both culturally and historically within a world that places great value on discipline and work. It is within these values that Patricia seeks a way of dwelling.

Regarding children:

Two and a half years apart I had three of them; 16 and 14 months apart and it was work...diaper, diaper, diaper..but I enjoyed it.

...outside I'd play with them, then they took their nap and I could get my work done. I was canning till 12 o'clock at night.
Upon her husband's retirement:

When you're retired, you go, go, go. We had a garden and fruit trees (in Arizona). I didn't can very much there but when I lived in Lombard, I canned 500 quarts of stuff a year... jellies and jams.

When asked about her life in the nursing home, Patricia responds, "...well I don't have to do no work (laughs)" but Patricia indeed works and produces constantly. She delights in relating her cleaning schedule.

You know Saturday what I done? I cleaned my medicine cabinet, wiped everything out, put it back. I done underneath the sink, the cabinet, cleaned the mirror... they do it on Tuesday but when the end of the week comes, I want to do it. Then yesterday... I took this drawer. There was things laying all over. I found a little box that I had stationary in. I put everything in one box... that little stuff... got it all cleaned up... dusted around the furniture. I gotta keep going.

Patricia is enmeshed in structured activities. She says, "I went to exercise... they're gonna start bowling." She relates her initial attempts at bowling,

I got 7-8 out of 10! Never done it in my life!! But they want me on a team but from one thing to another... no rest in between... It's getting me down. I gotta have some rest. But I like to go go go... tomorrow is exercise and bible study and Wheel of Fortune.
Patricia's favorite activity is ceramics which she first learned in the nursing home. She is also paid for her products when they are sold.

I didn't start (ceramics) till June...I came here in January but I was still upset then (husband had just died) so I didn't go down till May...Now you can't keep me away from there. If I got a chance to go down, I go down. She (Virginia, activities therapist) started me easy...now she's making up for it (laughs).

Virginia, the activities therapist, is dearly loved by Patricia: "I gave her a big hug and a kiss today." Ceramics provides a source of accomplishment, income, pride, recognition and structure for Patricia:

I got my first check...first check I had since I don't know when. Course I got the social security but I don't see it. It goes right in the bank...He (son) says this is the first money you made in a long time...(laughs).

Patricia receives two thirds of the purchase price of all ceramic crafts she makes and sells. She remarks,

When they had a sale in October, I got two hundred fifty-one dollars. and it went right in the bank. Since then I keep a little. Fifty-five dollars or something like that last month.

Course I help to pay for things.

Working as a way of being in the world is very meaningful to Patricia. Dwelling in working, in going, going, going, enables Patricia a way to relate to her environment and to others. Even the telling of her story to the researcher is perceived initially as a job, a project that develops into a close relationship much like her relationship with
Virginia that began with the ceramic project. Therefore, dwelling in work and dwelling in relationships converge into a living relatedly. Noting this pattern, we realize Patricia never dwells in empty busywork but in a relatedness to others.

Patricia draws meaning from her past, interpreting and creating it as a resource for her present being-in-the-world. Meaning is evidenced within her cultural and language context, a 'thrownness' into the world according to Heidegger (1927/1962). "All people need order in their lives but where they look for it depends on cultural values and personal meanings and priorities" (Kaufman, 1986, p.67). Patricia's German low-middle economic cultural background provides her with the choices and value options of hard work, productivity, commitment, self-discipline, will-power and care-giving. Patricia devotedly cared for her sister and husband in times of illness. She had spent everyday with her husband in the nursing home until "he took his last breath." Patricia values her responsibilities. She also prides herself in the trust that nursing home staff place in her.

Dwelling in Remembering

Underlying her whole being, Patricia dwells in remembering her life with Henry, her husband.

I talk to my husband here. It may sound goofy but I can't help it. I got to. I say good morning to him. I say good night to him. Hug the picture. Give him a kiss... it's all spotted up (the picture). I don't care..(from a woman who is a meticulous housekeeper). When I get it washed, I get it washed..can't wash away those kisses. He always used to kiss me on the forehead.
I kiss him on the forehead. I always wanted a man like that and I got it. He was wonderful. I can have so many memories the rest of my life. I'll never forget. That's worth remembering.

Heidegger encouraged the valuing of memory in being, as poetry that "wells up only from devoted thought thinking back, recollecting" (1968, p.11). Those times in Patricia's room when she is with Henry must be treasured for these are memories that nourish and heal as her own lived life extends toward death. We must also wonder whether, for Patricia, meaning resides in the recollecting, telling, or the re-interpretation of her story. In the telling, the listener is gifted and, for Patricia, the thinking and remembering is a 'giving thanks' as she recollects and shares thoughts of "a wonderful man," "the kind I wanted and got."

Perception of memory as "devotion, a constant concentrated abiding with something...What is past, present, and to come appears in the oneness of its own present being." permits new possibilities for how the 'laments of an old woman in a nursing home' are perceived (Heidegger, 1968, p.140).

He was a wonderful guy. That's why I miss him. I just got to get over it. I know he's not coming back but I still think he's gonna come through that door...I know better.

Most importantly, the surviving spouse is allowed the freedom from "sounding goofy" as she dwells in devotion with the love of her life, her deceased husband.
Being Toward Death/Making Sense of Time Through Death

Patricia speaks to the finiteness of life as time marked by death. Relationships are ended by death and described within the confines of chronological time.

She (sister) died early in the morning. My dad died early in the morning. My sister died early in the morning...she died at fifteen...in that flu epidemic before your time I think...1918...She was the first one to get it and she didn’t make it. We have graves. Our son died in ’39..a baby...fifty-four years...My oldest brother...beautiful...he died in ’71...he had cancer...My grandson died in ’88...sister in ’86, my brother in ’87, and my grandson in ’88. Then in ’90 2 sisters died. Then that was the end of that. Then my oldest sister, she died.

Heidegger deals with personal time by assigning it to concern and care and states, "...concern determines the time and assigns it" (1927/1962, p. 474). This kind of time is missed when perceiving time merely as a succession of ‘nows’. Heidegger calls this kind of time ‘world-time’ and it cannot be separated from being-in-the-world (1927/1962, p. 474). One way in which Patricia marks her personal time is by the deaths of those she most loved. The nurse in a ‘leaping ahead’ care might note the possibilities inherent in this way of being. For example, it is the absence of our loved ones that sometimes brings them closest to us in our remembering. It may be the absence itself that diminishes the distance one feels after a loss. Memories of loved ones can make them more present in the here and now. While acknowledging that departing
may be sad, new meaning may emerge as one realizes that a deeper relationship with the departed may become possible.

Patricia still grieves her husband's death a year ago and speaks of her own death and her anxiety regarding a death surrounded by helplessness and dependency.

There was a story yesterday about death...when you lose your life, especially husband, kids. How a husband and wife thinks it's terrible. Well, my husband was bad when our son died. He wouldn't get away from the casket. But now I lost him. This is worse. I don't think about death. When it happens, it's gonna happen. I only ask he takes me when I’m sleeping (becomes tearful). I don't want to suffer like my husband did. And he never complained, never...only one time when a foreigner woman over there working in a nursing home in Arizona and he dirtied himself. He couldn't get out of bed. They didn't have no diaper on him. Just laid in bed there and he said, 'Would you wash my asshole?' I had to go to the drugstore and get him diapers.

Patricia's way of being was interrupted by her husband's death. It is this kind of interruption or breakdown Heidegger referred to as 'unready at hand' when the smooth functioning taken-for-grantedness breaks down and there is a disruption in everyday activities or existence or the 'ready to hand' mode of being (1927/1962, 1982, p. 165). Patricia's being-in-the-world was highly reflected in her relationship with her husband with whom she shared her world, her everydayness. They shared the world as they experienced it. "In everyday terms we understand
ourselves and our existence by way of the activities we pursue and the things we take care of.” (Heidegger, 1982, p. 159). Patricia continues,

A year last Thursday. My husband’s been gone over thirteen months. It seems like it’s getting worse instead of better.

I’m not over it though. I’m a cry baby. (becomes tearful).

After our conversations, I returned to visit Patricia and discovered she had suffered a stroke and was in a rehabilitative unit in the local community hospital. I visited her there. She was lying in a bed resting after a full day of exercise. Her exercise pants bulged from the obvious use of adult diapers, her mouth drooped to one side, her speech slightly slurred (all recent complications of the stroke). Patricia recognized me and as our eyes met, in that clearing of understanding. I knew her anguish. I knew what independence, relating, and working meant to Patricia as well as the meaning of these interruptions. Patricia knew she would be with her ‘beloved husband’ soon. This was the new possibility she spoke of and it was a comforting thought. We spoke of her exercises and the crafts awaiting her return. Patricia and I visited. She never returned to the nursing home. She is with ‘her beloved husband.’

Lucy

Lucy is a 93 year old woman who was born and raised in the midwest. Her life story focuses on her home and family. Her world is her family and her work in this regard is perceived as meaningful, gratifying, and purposeful. This woman harbors no regrets and views her whole life as "lovely" and "beautiful." Her way of being was parenting and her accomplishments are seen as part of that being, a parenting pedagogy--a
way of being with children teachingly and caringly. Although her husband is deceased, her three remaining sons and their "wonderful wives" remain close by--both physically and emotionally.

Whenever the researcher visited Lucy, she was impeccably dressed, make-up applied, smiling and eager to begin. Her enthusiasm was portrayed in her comportment. The chairs were placed in readiness. Lucy sat ready for the lapel microphone to be attached. There was an atmosphere of inviting hospitality. The themes that have emerged in Lucy's life involve a comportment of being with others in dialogic engagement, caring and creative involvement, teaching, thanking, anticipating death.

Being-With Others in Dialogic Engagement

Lucy's love of dialogue and involvement unfolds as she draws the listener into economic/political discussions and demands opinions throughout each session. She is an avid reader of the newspaper and political books and enjoys televised commentaries where she accumulates discussion material.

Then I read something like this...this is interesting...it's about the world, about the one world government we're gonna have before too long. They had this book on a table. It's about politics and our becoming a one world government. Lucy is convinced "Our country is going down" and readily discusses her conservative views, POWs, lack of jobs and loss of inheritance under the new administration. She places herself historically in the world and has always maintained a keen interest in current affairs. Her regret is
that few others in the long-term care facility are willing or able to discuss these areas.

It's surprising. When you talk about something like that...oh, what's going on...how far away they are...in politics they talk about something that happened that's not of interest...not pertaining to this particular thing, but I like to read it and talk about it.

Adding to her concern is an urgency to discuss her views soon after forming them.

You know what I like...when I'm listening to the president and you're beginning to form an opinion, and then it's over with and there's no one to discuss it with! That hurts! And by the time you find someone, it's not important...not that important. Lots of little things in there have flown by.

Being as Caring Interaction and Creative Involvement

Caring involvement flows from Lucy's close bond with her siblings, her parents, into her own marriage and relationship with her children. Her commitment to being a wife and mother is total and gratefully accepted as her life's work. Her accomplishments, boasting creativity, derive from her success as a parent and as a gracious hostess. When asked what her secret is, Lucy remarks,

A great deal of caring eating together...having a nice dinner together. My husband always served the dinner. They were served beautifully...he served everything. That's the way we ate.
Lucy’s creativity was demonstrated in parenting and in hostessing. She hosted all her children’s parties.

I always like to do things. I used to make all the hors d’oeuvres for my kids’ parties. I used to make some cute ones. I used to make a doll. I had some little colonial tops. I had a mold that was like a skirt and I’d make my jello molds in that. Then I would put a scallop around like this...I use to do quite a lot for the church. I always was very happy to have my table look beautiful.

Lucy continues to create an atmosphere of celebration. She hosts an annual party at her son’s home and she volunteers to serve cookies at the long-term care facility’s gatherings. Lucy takes great pride in the successes of her offspring.

Yes, I’m very proud of the way they were brought up. In those days when you were going to get married you quit work. You didn’t stay on the job. That makes all the difference in the world.

She laments the fate of children whose parents must work. She states, "When those kids come home and no one’s home, so they’re out on the street."

Everyday practices in the long-term care facility reveal Lucy’s continued way of being and what matters to her. She becomes caringly involved in the lives of those around her, helping make a difference where possible. She volunteers to tell her story to the researcher even though "it’s not terribly exciting" and she "didn’t say anything important" as part of this helping mode and then not only suggests other
possible volunteers but approaches them, explains the study, and obtains their permission! (These volunteers are not included in this study although their life stories were obtained.)

Lucy is always looking toward others, listens carefully to their stories and tries to impact their lives. Although she does not participate in ceramics, she purchases the crafts made by other residents to give to her friends and markets these crafts for the residents just as she markets the handicrafts of her friends outside the home to those inside the home. Hence, the successes of her friends become her successes just as the accomplishments of her sons have become her accomplishments. Lucy enjoys being effective and intervening in her own way. She is aware of her ability to effect change and manage control whether this involves her own being or that of others. This independence, self-determination, and social usefulness is passed on to Lucy's sons as she describes their lives.

**Being as Parental Pedagogy**

Lucy speaks of involvement in the interests of her children both then and now.

They both had desks in their room...always were drawing. Peter (son) says when he retires he's gonna be a full-fledged artist. And regarding discipline,

I never slapped one of those kids...not a one was ever spanked. When they did something...like they were pesky outside when they were playing....'alright, sit down on the chair'...If it was just little, it was 15 minutes; if it was bad, it was half an
hour and you know what I got out of that? We could talk about it; why did he do that?

Parenting is serious work for Lucy. She recalls, "We didn't belong to any clubs. We had 4 boys to educate and we didn't put it into a club. We put it into them."

Lucy continues to try to make a difference in people's lives even today in the nursing home. She has become involved in the rehabilitation of a resident who suffered a stroke.

I thought maybe I could just do something for him...took him out of the infirmary everyday. He always said when I gave him a cookie, 'How about you?' He began to talk pretty well. I was starting to show him how to tell time on the clock in the hall. I was very proud of myself how he improved.

It was a listening nursing staff that permitted this possibility of caring for Lucy and the gentleman in the infirmary. Residents caring for residents allows a community of meaning for those whose personal meaning involves nurturing and caring for others.

Being as Thanking

Lucy's reflects on a life of thankfulness, "I have a good life. Somehow or other my good luck follows me. Maybe it's because I say a few extra prayers." When she has been in trouble or ill, someone has always there to help. For example, one day when walking in the park next to the facility, she became stuck on a bridge and grabbed a branch. Some young boys came along and notified others to help her. Lucy perceived this incident as "fortunate," "good luck."
Lucy reflects on the future,
I’ve enjoyed life and now I would just as soon... call it quits... I’m not interested in life anymore. I think it’s rather discouraging.

Lucy describes her everyday life,
A place like this (long-term care)... it’s lovely and there’s a lot of places that don’t do anything to entertain and they do everything and uh everything is lovely but... why is it so lovely when all it really is... really is eating, sleeping, eating, a little while eating again a little while eating again... what’s it to it? What’s it to it?

So Lucy prepares "to move to my burial place." She is organizing her belongings.
I’m cleaning house. I’m getting ready to move. I want to leave this world some night just sleeping away... that’s wonderful. I’d like to go anytime now while I’m still capable of getting around. This business... of being in a wheelchair or in bed... too bad... it’s pretty sad.

For Lucy, the other side of meaningful caring is meaningless burden on family as she says, "I feel it’s such a relief to know that you’re not a bother to someone." Lucy speaks about those in the facility who are confined to bed. "Don’t you see what I mean?... people just lying there... they don’t even know they’re alive." Lucy has taken great care of herself her entire life, taking care to "pay attention to a signal" of impending sickness.
When I have a scratchy throat, I know something's gonna happen. I take a little cough medicine...right away...and I put Vicks up my nose with one of those (Q-tips). And you know that takes care of it every time.

Lucy carries out her own exercise regime everyday to prevent arthritis...you've got to exercise everyday to keep that out...I take my walk downstairs...I take hold of the rod..and I do this (25 rapid knee bends)...sometimes twice a day.

Lucy's comportment of self-care and self-determination, of creatively making a difference in the lives of others is her way of being toward death. Lucy proudly speaks of "not being a burden." It is the value system of the American culture in which Lucy was raised and it is this traditioning, this leaving a legacy, that is most evident throughout her life and when this way of being is no longer a possibility, it's time "to move to my burial place."

**Dorothy**

Dorothy is a 98 year old woman who was born and raised in the Midwest. She is the lone survivor of her small family of two younger brothers. "My father died just before my eighth birthday, so mother raised the three of us alone." She attended college, married, and had one child. Her philosophy throughout her life is described, "I worked hard and I played hard." Her way of being in the world involves living learningly, living life to the fullest, being after loss, and remembering.
Living Learningly

Dorothy has an intense love for learning and speaks of her "second home."

I think one of the important things in my life was the Carnegie Library. You know that Carnegie left that huge fortune to establish libraries in small towns that wouldn’t have them otherwise. And that was on the next block where we lived. So that was my second home...was the Carnegie Library.

Throughout her life, Dorothy reveals a wide and diverse variety of interests.

I never could figure out really what was my favorite subject. There were just too many things opened up. You know when you get into one subject, that will lead to another.

I’ve done interesting things. We’ve traveled quite a bit and I’ve learned to do a lot of things I’ve never learned. My husband loved to fish and I didn’t...but I decided I’d better learn...they say the boat never left the dock without me after that.

Dorothy attended college at a time in our history when a woman attending college was fairly unusual. She obtained a degree in dietetics and speaks of her years in college.

I had a science major, a bachelor’s of science. I think if I had two more courses I could have had a major in chemistry too. Cause I had to take chemistry all four years.

I taught for a year and I had to teach math and physics because the war was on. It was declared in April of my senior year in
college. And so the man was drafted who was supposed to teach physics. And they checked back and I had enough credits in physics because I had taken some good courses in physics over in the engineering department. I was sort of a rebel. I guess in some of those things. But as long as I kept my grades up mother didn't care much.

When discussing her husband's work, Dorothy describes her assistance as a researcher.

...livestock commission work. I did, during that time, I did a lot of research work for him because they were...the whole marketing problem in livestock was changing. They were changing over from railroad delivery to truck delivery into the yards. So there was a lot of research work done on what should be done. They didn't have programs for insurance and health care. And so I did a lot of research.

Dorothy's interest in her son's education was as keen as in her own. My son had a lot of eye trouble in the early days and because of some tax trouble, it was a very technical thing, the schools were just open from seven in the morning till noon and then the other half of the things would come from noon till five. And the doctor said Steve couldn't do that. So we sent him to a private school...a beautiful school, beautiful equipment, and excellent instruction.

Dorothy's son had obtained a Ph.D. and part of Dorothy's enthusiasm for participating in this study arises both from her own love of education as well as the memory of helping her son obtain his degree years ago.
Not surprisingly, Dorothy’s interests in the nursing home focus on learning.

I know this college...offers one or two courses this quarter. And there are just all kinds of other things that I’ll be interested in in time.

Dorothy’s only regret involves education.

I’d go ahead and earn more degrees. I really would. Just for the point that I’d accomplish it. Not that it would have made any difference in the way I lived.

Being is Attacking Life/Living Life to the Fullest

Dorothy lives life to the fullest making use of every opportunity to experience new possibilities.

So many of my friends were always interested. They were interested in what they were doing and they were attacking, as we always used to say, we were going to attack that. A new project or something. Something we hadn’t done before. Don’t you think you have to live each day or month or year, just as it comes and get the most out of it.

We all gain by living. That is, if you live...if you just aren’t like a moth, you know.

Regarding life in the nursing home, Dorothy says,

In the morning you come out here in the hall and you’re supposed to say have your laundry out. And it’s just like you see all these things along each one (individual laundry bags outside each door). There won’t be a person out or anything. And then all of a sudden it’s just like moths coming out of cocoons. A
Dorothy is concerned by the apparent lack of new possibilities at the nursing home. She was admitted only two months ago and is still just "learning the ropes," learning what activities are offered.

Being Toward Death/Being After Loss
Dorothy chose to come to this particular nursing home, to move from her home. She speaks of growing limitations and increasing need for assistance. She is fully cognizant of her finiteness. When asked about death, Dorothy says, "It's inevitable. It is. And what can you do about it? You do the best you can here. And hope for the best."

After three recent falls in the nursing home, Dorothy describes her feelings.

That's what the nurse kept saying, 'I don't want you to get discouraged or afraid.' But you do. You have to fight it. In fact you have to fight a lot of things when you get older. So prepare for it!

Dorothy is still attacking life. Her authenticity remains well intact as she continues to live to the fullest within these limitations.

Dwelling in Remembering
As she reviews her life, Dorothy says, "For the most part, when I think back, I enjoyed things. I enjoyed gardening and I enjoyed people."

All remembering is not positive. Other thoughts are provoked. For Dorothy remembering also pertains to an awareness of possibilities missed, pathways not taken.
I wish I had done more traveling than I had. With a purpose. Or really studying it well before I go. And making it more or less a project, but not so much so that it would spoil the fun. Looking back over almost 100 years experience, Dorothy laments, "Maybe I didn't make use of it. I think that you pass up so many things that would have led you down an interesting path."

**Constitutive Patterns**

The highest level of analysis occurs upon the emergence of constitutive patterns, themes that cross all stories, all relational themes. In this study the following patterns or common meanings emerged: Being After Loss, Dwelling in Remembering, Living Relatedly. To further explain the emergence of these patterns, the following is a list of the relational themes for each participant (Level One), followed by the themes that cut across stories (Level Two), and finally the patterns that are embedded in the relational themes themselves (Level Three).

**Table 3.--Emily's Relational Themes**

<table>
<thead>
<tr>
<th>Relational themes (Level One)</th>
<th>Relational Themes (Level Two)</th>
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<tbody>
<tr>
<td>Dwelling in Remembering</td>
<td>Dwelling in Remembering</td>
</tr>
<tr>
<td>Teaching/Learning/Questioning</td>
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<tr>
<td>Keeping In Touch/</td>
<td>Living Connectedly</td>
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<tr>
<td>Meaning as Anchoring</td>
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<tr>
<td>Giving and Forgiving/Excusing</td>
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<tr>
<td>Being Toward Death/Being</td>
<td></td>
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<tr>
<td>Aware of One's Finiteness</td>
<td>Being After Loss</td>
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<tr>
<td>Being as Continuity/Finiteness of Memory</td>
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These six major level one relational themes are ways of being, of comportment for Emily. After rereading the texts, the themes 'Being as Continuity/Finiteness of Memory' and 'Being Toward Death' could be further identified as one relational theme, Being After Loss. Heidegger's theme of finitude, the awareness one may have of not being, is the interwoven thread among these subthemes and gives credence to Emily's anxiety as she equates not being with no memory. It is not advancing age or chronic illness that has meaning to Emily but absence of being able to remember, to anchor, to continue, to be Emily-in-the-world.

'Teaching/Learning/Questioning', 'Keeping in Touch', and 'Giving and Forgiving/Excusing' are Emily's ways of living connectedly, how she relates to her world everyday and what concerns her.

'Dwelling in Remembering' is a major theme throughout Emily's story—it is Emily's story as she interprets it, remembers it, and dwells within it that allows not only Emily to know herself but allows the listener the privilege of understanding how this woman is in-the-world and what matters to her.

<table>
<thead>
<tr>
<th>Relational Themes (Level One)</th>
<th>Relational Themes (Level Two)</th>
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<tbody>
<tr>
<td>Living Competitively/Relatedly Being Faithful to Family Dwelling in Teaching and Creating</td>
<td>Living Connectedly</td>
</tr>
<tr>
<td>Dwelling in Remembering</td>
<td>Dwelling in Remembering</td>
</tr>
<tr>
<td>Being Open to Interruptions</td>
<td>Being After Loss</td>
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</tbody>
</table>
'Living Competitively/Relationally,' 'Being Faithful to Family,' and 'Dwelling Teachingly' reveal what matters to Nona, her way of being in the world. This 'being-with' others elicits Nona’s meaning system.

'Dwelling in Remembering' is the how of Nona’s being. She dwells, abides within, a place of thankfulness for the possibilities in her life where she was able to impact the lives of others by engagement in storytelling or teaching.

'Being Open to Interruptions' reveals the authenticity that remains after multiple losses. 'Interruptions' such as strokes do not change Nona as she speaks about 'having another stroke' and its effect on her ability to eat properly. Nona continues her concern regarding socializing with others at the dinner table and her attempts at using her napkin frequently to wipe away 'grains of rice' that she could not feel. Within the openness to interruptions, the story is told, personal meaning is elicited, and the one who is listening becomes privileged to receive the gift of shared meaning.

Table 5.—Patricia’s Relational Themes

<table>
<thead>
<tr>
<th>Relational Themes (Level One)</th>
<th>Relational Themes (Level Two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Relatedly/Competitively</td>
<td>Living Relatedly</td>
</tr>
<tr>
<td>Dwelling in Work and in Order</td>
<td>Dwelling in Remembering</td>
</tr>
<tr>
<td>Dwelling in Remembering</td>
<td>Being After Loss</td>
</tr>
<tr>
<td>Being Toward Death Marking Finiteness with Time</td>
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</table>

'Living Relatedly/Competitively,' and 'Dwelling in Work and in Order' reveal Patricia’s comportment of 'Living Relatedly.' Whether
viewed as negative or positive, Patricia dwells in relationship with others.

'Dwelling in Remembering' these relationships provides great comfort for Patricia. Her memories are her self, her being-in-the-world.

'Being toward death' and 'Marking Finiteness' of relationships reveals Patricia's awareness of her own not being-in-the-world and an anticipation of being-with her husband again soon.

Table 6.—Lucy's Relational Themes

<table>
<thead>
<tr>
<th>Relational Themes (Level One)</th>
<th>Relational Themes (Level Two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being as Caring Involvement/Interaction</td>
<td>Dwelling Relatedly</td>
</tr>
<tr>
<td>Being-With Others in Dialogic Engagement</td>
<td></td>
</tr>
<tr>
<td>Being as Parental Pedagogy</td>
<td></td>
</tr>
<tr>
<td>Being as Thanking</td>
<td>Remembering the Good</td>
</tr>
<tr>
<td>Being Toward Death/Anticipating Death</td>
<td>Being After Loss</td>
</tr>
</tbody>
</table>

'Being as Caring Involvement/Interaction,' 'Being-With Others in Dialogic Engagement,' and 'Being as Parental Pedagogy' reveal Lucy's way of 'Dwelling Relatedly' with all whom she meets. Her ability to impact lives as she is in relationship with friends, family, nursing home staff, other residents provide meaning in her life.

'Being as Thanking' is a way of being that reveals an outlook or way of seeing oneself and others in the world through a lens of gratefulness and appreciation, seeing the giftedness of self and others.

'Being Toward Death' is interpreted by Lucy as "not being a burden" for she perceives that her way of being would no longer impact others positively if cloaked as 'burden.' "This business of being in a wheelchair...it's pretty sad." She is aware that it is "time to move to
my burial place" as she organizes her drawers and "gets ready to call it quits." Lucy feels it's time to 'not be.' For Lucy, the being after loss is not an option. She interprets her increasing frequency of urinary incontinence and occasional fainting episodes as signals of impending loss, of being a burden. Her concerns and what matters to her, however, remain the same in spite of these physical losses.

Table 7.--Dorothy's Relational Themes

<table>
<thead>
<tr>
<th>Relational Themes (Level One)</th>
<th>Relational Themes (Level Two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Learningly</td>
<td>Living Connectedly</td>
</tr>
<tr>
<td>Attacking Life/Living to the Fullest</td>
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</tr>
<tr>
<td>Being Toward Death</td>
<td>Being After Loss</td>
</tr>
<tr>
<td>Dwelling in Remembering</td>
<td>Dwelling in Remembering</td>
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</tbody>
</table>

'Living Learningly' and 'Attacking Life/Living to the Fullest,' reveal Dorothy's entire way of being-in-the-world--energetic, motivated, and seeking out possibilities. 'Living Connectedly' with the world, never alienating or separating herself from her surroundings has enabled Dorothy to become who she is.

In 'Being Toward Death,' Dorothy continues to seek that which interests her within the possibilities within this new setting. She continues to be observant of her world and interprets it within the bounds of her own culture and value system as well as within the limitations related to living a long life.

'Dwelling in Remembering' allows a life review for Dorothy that reveals how she was in the past, how she is now, and what she anticipates in the future. As Dorothy dwells in remembering, as her
story unfolds, the listener is witness to regrets and reconciliation and both the story-teller and the listener engage in new possibilities and new meanings.

The final analysis revealed the emergence of three patterns: Being After Loss, Living Relatedly, and Dwelling in Remembering.

Being After Loss

Each individual story in the study emerged unique and significant. Yet the stories merged to reveal a pattern of common meanings. Although each woman had experienced multiple losses throughout her life and especially toward the end of her life, the 'hiddenness' that was revealed, the most obvious pattern was that each continued her 'Being After Loss.' Each remained true (For Heidegger, truth is revelation of what has been hidden.) in the Heideggerian sense to who she is, has been, and will be. Loss had not impregnated or permeated their Being-in-the-world, their Dasein, their way of being throughout their lived experience--life. This authenticity of self is the awareness not only of the meaning of being but also not-being (death). Heidegger refers to this as being-toward-death and awareness of the possibilities. An awareness of one's own finiteness is accompanied by a freedom, new perspectives. In contrast, inauthenticity is a "way of being in which the meaning of existence is lost or covered up" (Gullickson, 1993, p. 1388).

To be aware that the possibility of not-being exists leads to a new focus--the possibility of being-able-to-be, how one may continue to endure. In Gullickson's interpretive study of twelve individuals living with chronic illness, the constitutive pattern, "death nearing its
future," emerged. She described this pattern as presenting "the possibility of embracing the fruits of life as one journeys, not as a retirement benefit only to be enjoyed after enough resources have been ensured" (Gullickson, 1993, p. 1390). Gullickson bases her interpretation upon Heidegger's being-toward-death insights.

'Being After Loss,' the emerging constitutive pattern in the present study of elderly women, is evidenced in their stories as they are living in a nursing home. Dorothy continues to look for things that are "interesting." Lucy is ready to "call it quits" as perceived possibilities diminish and before she becomes a "burden." The way one is in the world, the meaning of being, endures but aging may introduce limitations to this comportment.

As Heidegger sought to understand the true meaning of 'essence' he used the German noun Wesen, the traditional translation for the term 'essence'. Yet his use of Wesen, rather than implying what something is, meant the way in which something endures, "the way in which it remains through time as what it is" (Heidegger, 1977, p. 3). This constitutive pattern, 'Being After Loss,' manifests itself or makes its presence known in the way an individual endures and pursues the life course and how one dwells in-the-world.

None of the individuals who participated in this study perceived changes over a life time. Each individual found it difficult to determine any difference in how she was in the world over her life span. They struggled looking for an answer to the question, "Do you feel you have changed in any way?" and some finally, after reflection, said, "Maybe I'm not so angry." or "They tell me I'm more patient but I don't
really think so." This constitutes a perceived continuity of self and perhaps this gives us a clue to meaning. Perhaps personal meaning systems don't change over time. Perhaps there is a pattern, a way of living a life and perhaps this way might be revealed at most any age. The essence of what was meaningful, of the way one is in-the-world endures, continues. In her study, Kaufman looks at "how old people maintain a sense of continuity and meaning that helps them cope with change" (1986, p.14). She proposes that "Old people do not perceive meaning in aging itself, so much as they perceive meaning in being themselves in old age" (1986, p.13-14). It may be this persistence in being-in-the-world that helps them cope with the myriad of losses they must endure.

Dwelling in Remembering

William Lovitt, the translator of The Question Concerning Technology, discusses specific words Heidegger emphasized relating to this constitutive pattern and the meanings of these words.

'Reflection' is the translation of the noun Besinnung which means recollection, reflection, consideration. The corresponding verb, sich besinnen, means to recollect, to remember, to call to mind, to think upon. For Heidegger, Besinnung is a recollecting thinking-on that follows after what is thought (Heidegger, 1977, p.155).

Further, Heidegger speaks to the essence of reflecting as meaning "to venture after sense or meaning" (1977, p. 180). He continues, "This means more than a mere making conscious of something. It is a calm, self-possessed surrender to that which is worth questioning" (Heidegger,
1977, p. 180). Hence, to dwell, to endure in this "calm self-possessed surrender" is to appreciate more fully the significance of an old woman dwelling in remembering. It is to understand this search for meaning in reflection as gaining "access to a place from out of which there first opens the space traversed at any given time by all our doing and leaving undone" (Heidegger, 1977, p. 180). This place and access to it, this dwelling in remembering, is secured and preserved by those who allow and value the reflecting and remembering.

'Dwelling in Remembering' is living a life becomingly. Living becomingly is a day to day, everyday and always experience. Remembering the past within the context of the present and in anticipation of the future is living becomingly and is always present, not only when one is specifically requested to tell the story. 'Dwelling in Remembering' is always present awaiting the invitation and preparing the clearing for the gathering. This gathering is a gift, a gift of a kind of thinking that is freely given.

What matters is that the women in this study offered their stories as gift and someone listened, "that is the essence of Heideggerian hermeneutics, creating a place for telling and listening" (Kondora, 1994, p. 91). This 'clearing' is the "basic kind of disclosure which is characteristic of Dasein--namely, understanding..." (Heidegger, 1927/1962, p. 214). Remembering calls forth a gathering of teller and listener. It is how we seek understanding and how we seek the clearing. The listening that gathers and seeks to understand and the speaking, the telling of the story, that reveals new understandings, is a new take and possibility for our future together.
This pattern affirms Heidegger's original concern--being-in-the-world. The being that never occurs in isolation but is always in relation to the world in which it is 'thrown'. So, too, with these women, throughout their lifespan, their stories are enmeshed in relationship and meaning is revealed in the HOW of their comportment in their world, in their shared culture, language, and practices. Heidegger called this their situatedness-making visible that which concerns an individual when she is involved in a situation. This HOW of our day to day lived experiences reveals meaning. "Meaning resides neither solely with the individual nor solely within the situation. Meaning is a transaction between the two so that the individual both constitutes and is constituted by the situation" (Allen, et al., 1986, p. 28).

Heidegger speaks of language as the "house of Being," as he emphasizes the significance of language in the way we are (1971, p. 135). It is his claim that "In order to be who we are, we human beings remain committed to and within the being of language, and can never step out of it and look at it from somewhere else" (Heidegger, 1971, p. 134). We are claimed by language. We do not own language as a property. How we are in-the-world lies in the words chosen for the situation in which we find ourselves. The words are already present in the situation. These words, this language constitutes our stories. "Language defines the hermeneutic relation" (1971, p. 30). We understand each other through language, through our stories. Hence, our conversations in relation to others claim who we are and how we are
perceived. Our stories, that depict our everydayness, lead to understanding and revealing the human condition through its common meanings and language.

'Living Relatedly' is a universal pattern but as with all constitutive patterns it is important to note the different ways of being, personally meaningful ways, in which individuals choose to live. For example, Patricia chose to live connectedly in competition and work. Emily 'gives in' in her relatedness to the wishes of others. Lucy lives relatedly in political discussion and argument. Nursing scholarship must be attuned to these differentiated ways of being and thus create a place for each to be.

Personal meaning as well can never be viewed apart from the foundation of common meaning, that which enables us to understand one another, to stand alongside one another. The explication of both personal and common meanings of these individuals through the telling of the life story helps to situate such concepts as well-being and health within the world and not solely as the products of individual achievement. Well-being and health are relational and contextual. Although we assume the individuality of choice in this society, "individual choice is always situated in a peopled world" within a background of shared practices, culture and language (Benner, 1989, p. 165).

Although patterns of dwelling in remembering, living relatedly, and being after loss may be recognized universally, their value within our institutions, our nursing homes, comes into question amid evidence of loneliness, despair, depersonalization and the emphasis on 'bed and
body' tasks. Nursing, in response to society's needs, must return to its original source of concern, the totality of person, in order to better understand the nurse-patient relationship and the hermeneutic relation and re-evaluate its caring practices. The gift of story is offered to the nurse within the nurse-patient relationship. The result of this gift giving and reciprocal receiving is nourishment to both individuals who partake in the story in which meaning is shared, recollected, discovered, and created. It is hoped that society not merely continue to wonder with awe at those with multiple physical problems and advanced age who can remember accurately and 'get the story straight.' For it is the telling of the story as well as the story as interpreted by the story-teller that will enrich and nourish all of us.

In the next chapter, the implications and significance for interpretive practice, research, and education will be discussed as well as recommendations for further research.
CHAPTER V
IMPLICATIONS AND RECOMMENDATIONS

The lived lives of older women in a long-term care facility were examined in this descriptive interpretive study. Little research has been conducted in the search for personal meaning either in the process of telling the story of one's life or in interpreting the text of the story and applying the findings to the quality of care delivered in the nursing home setting. Therefore, the purpose of this phenomenological study was to reveal the personal and common meanings embedded in the life story of the individual, in an individual's Dasein or way of being in-the-world. Through the study of Dasein, one's 'everyday existence,' or practical day to day living, new possibilities for the delivery of nursing care may be revealed.

Dasein also means 'being-there'. Heidegger believed, in overcoming the Cartesian tradition, that "the source of meaning does not reside in each particular Dasein" (Dreyfus, 1991, p. 142). Rather, he emphasized 'being-there', the view of being-with-one-another in everyday dealings with the world. "It must be noted that what matters in these dealings with the world is not so much anyone's own particular world, but that right in our natural dealings with the world we are moving in a common environmental whole" (Heidegger, 1925/1985, p.188). Therefore, not only was the focus of this study the individual themes and uniqueness
embedded within each person’s story but the common meanings woven throughout all of our stories.

Further, I have demonstrated how both common meaning and personal meaning can be elicited via a modified life review, the life story. It has been demonstrated that within the hermeneutic circle of shared understanding common meanings or patterns emerge which allow us to 'be-with' one another in dialogue. "The world of Dasein is a with-world" in that the world in which we find ourselves is always shared with others (Heidegger, 1927/1962, p. 155).

These five stories exemplify the presencing of a nurse researcher in a practice setting, a patient’s world. Presencing refers to the way one is with another, a way of acknowledging and participating in the other’s personal experience. Within this caring and trusting dialogue, the nurse is gifted with the individual’s meaning and how an individual has been, is, and will be. This study has simultaneously involved nursing practice and research. It involves knowing the patient within the nurse-patient relationship and how the nurse is with the patient, that is, the HOW of the interaction that is occurring between the nurse and the patient--the trust, the reciprocity, the sharing. In this chapter, I will discuss further the significance of these findings and implications of interpretive study in relation to nursing practice, research, and education.
Narrative that Transforms Practice

Returning the Narrative to Practice

"As nurses we believe that basic care for patients and families starts with listening carefully for the story of the lived experience" (Baker & Diekelmann, 1994, p. 67). Nurses may be perceived as midwives assisting the patient to give birth to her story, to what matters to her, to themes of meaning. Using thematic understanding of a patient’s story permits an insight into a patient’s practical world. According to van Manen, "Theme is the process of insightful invention (my interpretive product), discovery (the interpretive product of my dialogue with the text of life), and disclosure of meaning (the interpretive product 'given' to me by the text of life)" (1990, p. 88). Utilizing themes which give shape to the shapeless enables the nurse to make sense out of the text of life, the patient’s being-in-the-world and be practically responsive to a patient’s meaning system (van Manen, 1990, p.90).

The life stories in this study are stories, no more, no less, stories of five old women living their lives. What is perhaps missing from these accounts is that these stories are not known by the very people who need to see the stories so that there are other possibilities for respectful care--care that will bear witness to the personhood of each resident. How can these stories be made known within institutions already understaffed and where nurses are overworked? One possibility is the traditional area of communication, the patient-care conference. It is here patients’ needs are discussed and care plans decided. It has been this researcher’s experience over many years in practice and in a
variety of settings that if the story and what matters to THIS patient is presented as well as medication and treatment regimes, compliance problems, lab results, and intake and output statistics, the staff begins to perceive the 'human face' behind the diagnosis with a resulting appreciation of what health, illness, and suffering means to this individual. Discharge planning then develops a new 'take' and the patient is permitted to re-enter his familiar world with a plan he understands and can 'live-with'. It is here, in the patient care conference, we can engage in the conversations that allow new possibilities of care.

Listening: Caring that Leaps Ahead

Within the narrative approach, caring becomes that which 'leaps ahead,' that which preserves the authenticity of the patient and allows her to be and to become in accordance with her own comportment (Heidegger 1927/1962). One of the dangers of long term care is one of a caring that leaps in and takes over thus making the patient dependent and removes the story, the context of the relationship, and replaces it with context-free task assignments. This eliminates the reciprocity of caring on which living a life turns. Without reciprocity, there can be no story, no meaning as the narrative can only occur in relationship. Through this caring relationship we come to know each other and our memories. Care that 'leaps in' and takes over forfeits the reciprocity of relationship and ignores the personal meaning of the patient. Only the 'bed and body' elements of care are valued or matter. Nurses in long-term care are, without question, overworked and pressured to administer medications and treatments in a timely manner to a great
number of patients and must be concerned with cleanliness of both patients and institution. In these situations, creative possibilities are curtailed.

Nona’s story reveals and evokes, heals and gathers. This is the HOW of remembering and the listening to the speaking of language that leaps ahead and returns care. Remembering is a gift because it gives. The staff that heard Nona’s story understand the value in creating a place for an elderly teacher to tell her story ‘teachingly’ as, for example, to a nurse researcher. There are those who ignore the story as well. When asked how she feels care at the nursing home could be improved, Nona responds, "Visits...they (nurses) don’t visit. I think that’s very important. And I would always want my own bedroom. I always had it."

We are a story-telling people and there is an urgency on the part of our elderly to tell their stories. The nurse in the nursing home is always invited to hear the story. The invitation is a persistent one. To accept the invitation is to call forth and this calling forth is to be open to being given to. If the nurse chooses to accept this invitation and is open to the story, meaning and understanding will be made manifest. Within the framework of the interpretive practice, shared meanings become explicit as we ‘stand beside’ our patients in-the-world. Benner and Wrubel calls this situatedness or "situated meaning" (1989, p. 15). Being present to one’s story over a period of time enables the nurse to see the patient in the patient’s own context and further enables an understanding and interpretation of personal meaning for that patient. This situatedness sets up new possibilities for care. This caring further sets up possibilities for understanding
and allows for conditions of trust and reciprocity. The HOW of caring is the creation of space for the story which becomes the backdrop for individualized care. Fortunately, there is time to create this space, to hear the story, in the nursing home where the average length of stay is 1026 days.

Creating Space and Using a Different Lens

Caring within interpretive practice is allowing the dwelling in remembering, thinking thoughts, for example, of lived experiences with loved ones who have died and allowing grieving for loved ones rather than expecting resolution and acceptance as defined by health care professionals. Is grieving really to be resolved after one or two years? Perhaps, just as we live our lives uniquely, we resolve feelings of loss and grieve uniquely, leaving open the resolution possibilities. Interestingly, O'Conner, in his study of frail elderly, found little or no evidence of resolution of the grief process (1994). After in-depth interviews with 134 frail elderly, he noted a strong pervasiveness of loss and questioned the assumption that individuals who experience loss will go through a grief process resulting in a state of acceptance or resolution. O'Conner concludes that for those individuals that reveal salient themes of loss and grief "the best that can be hoped for is that a situation can be created whereby their pain is shared and their wishes are met within the context in which they wish to live out the end of their lives" (1994, p. 230).

Within the framework of interpretive practice, the nurse must hold her assumptions tentative, allowing space for challenges, alterations, and transformations to these assumptions by what is learned in clinical
practice (Benner, 1994, p. 105). Baker and Diekelmann caution us that by creating the place for narratives within our practice, the listener, the nurse, must be prepared "to take on stories of oppression, doubt, powerlessness, and suffering" (1994, p. 67). There is Patricia who as we have seen dwells in working yet was not permitted to work outside her home as working was perceived as unacceptable within the social structure of the time. This story of lack of control and, today, perceived as oppressive was heard by a nursing home staff and new possibilities were created--working and producing ceramic crafts and earning a salary! Patricia was given space to create new meaning in her life. On the other hand, Patricia's grieving behavior, her tearfulness and talking to her husband in her room, 13 months after his death was perceived by the social worker as pathologic and as delayed resolution of grief.

Dorothy's story offers another example of a nursing staff who created space for possibilities. Throughout her life Dorothy was free to live authentically, to live learningly and relatedly. The nursing home staff heard her story and offers her the opportunity to continue to live learningly by making available the possibility of college courses at a local community college.

We must realize that the telling of the story itself to an attentive nurse is surely as important an intervention as any other. Kaufman discovered that "people, in describing the meaning of their lives, are able to create continuity of self. This process enables them to cope with demands for change and, thus, is a critical resource for remaining healthy" (1986, p. 6). I sat and listened to each woman tell her story.
As each struggled with her own suffering whether that suffering be physical or emotional such as Patricia's tears of grieving the loss of her husband or Emily's halting speech secondary to severe shortness of breath, not one of these women wanted me to shorten the session even when I felt they might be uncomfortable. Each asked that I stay longer. I cannot say that at the end of the session each woman was measurably 'healthier' or exhibited increased self-esteem or life satisfaction or even purpose in life. What occurred in the telling, occurred between us, in the interaction, in the conversation and occasional touch and it nurtured and enriched both of us. We were caring for each other.

Heidegger believed that action need not in everyday practice have a goal in mind or an intentional purpose. Yet we are in a world that values, that demands, purposeful behaviors with stated outcomes and ways to evaluate these outcomes. Is it possible 'to be' without any representation of a goal? Heidegger thought so (Dreyfus, 1991, p. 93).

This kind of thinking in today's world of technology and emphasis on outcome calls for a new paradigm, the utilization of a new lens, created from within our everyday practices. The foundation of this paradigm is one in which the nurse stands alongside the patient acknowledging their world and her own participation in it.

Caring Communities

Life stories can occur only within caring communities. These narratives inform and shape our practice. To give and receive these stories sets up the possibility for caring communities. In order for caring communities to exist, there must be both people willing to care and be cared for. These communities include our shared nursing culture
as well as the nursing home facility or any other meaning-filled institution. Not only must we be open to the patient but to each other. Only by being open to caring and being cared for can such a community call forth gathering and healing.

A common situation in long-term care facilities includes the cultural diversity of the staff. The frail American elderly often find it close to impossible to understand the multiple accents they encounter as well as the various differences in race. For these elderly their way of being-in-the-world is derived from a shared American cultural and historical background that continues to provide guidelines for living their lives. This background continues to be foundational throughout the life span (Kaufman, 1986, p. 126). Admittance to a long-term care facility must not necessarily signal a discontinuity in this mode and demand a change of being. Yet, all must be invited into the hermeneutic circle to minimize the confusion that may occur when horizons of meaning are not present. All voices must be heard. Time must be set aside to hear the stories of nurses' aides, housekeeping personnel, therapists, and all who abide in the community. Staff care conferences and inservices which focus on life review can allow staff to participate in practice life review sessions, appreciate the significance of storytelling, and create new possibilities of meaning.

Transforming Practice

Nursing can transform practice by making the caring that is already embedded in practice visible. Arndt states, "Nurses often do not recognize their nursing practices as caring because these practices are part of being in the world as nurses and hence become part of
everydayness" (1992, p. 286). Nurses' stories make these caring practices visible and this visibility will give nurses new understandings of what it means to practice in caring ways. It is the concern nurses demonstrate toward patients that permits a particular comportment, a way of being with the patient which illuminates that patient's concerns and situates the nurse within the lived meaning of that person. An example of this concern is taken from one nurse's story.

Some patients complain a lot. He didn't. He was just very hopeful that something would be found, that he would feel better. So he was really searching, I think. And it made my heart go out to him.

He wanted some one there. He kept pulling me back. So I decided to stay. I had another patient, and we had someone else take over that assignment (Benner & Wrubel, 1989, p.95).

Imagine an assignment given to nurses in long-term care, for example, that includes, as a priority, listening to a particular patient's life story, a life review.

A practice revolution that holds the physical-only present-only priorities problematic must emerge. An interpretive practice model emphasizes that we are all part of the human community as we seek to uncover shared practices and common meanings of our lived experiences. We exist hermeneutically in that we seek new meanings and understandings of a taken-for-grantedness that is hidden in everyday practices and concerns. Hermeneutics is an engaged, profound way of listening where we actively seek to understand. It is listening and seeking an inside-
out understanding to shape our interpretation of what is occurring. When nurses listen to patients in this way and listen to their stories, they are practicing hermeneutically. All are invited into the hermeneutic circle--nurses, nurses' aides, administrators, physicians, readers of the story, the residents of long-term care facilities. All are invited to interpret for themselves the meanings that emerge in our conversations. We all become co-participants in our common culture and language and practices.

In this newly created space, we not only learn from the elderly but from our own participation in the conversation. Gullickson speaks of the hermeneutic conversation as "a dance in which two people move in harmony (moving together in the same space)....provide(ing) the participants the opportunity to engage with each other in reflective exchanges" (1993, p. 1391). It is within this dance that individuals discover for themselves new meanings in their illness, in their situation.

Narrative that Transforms Research

Closing the Gap

Of great concern to nursing is the utilization of research and theory in practice. There often lies a gap, a more appropriate metaphor might be an abyss, between the significant outcomes of an empirical study and the nurse caring for a patient. Concepts such as well-being, life satisfaction, compliance, and health defy generalization and predictability. Traditional scientific methodologies do little to 'explain' the HOW of caring that involves the reciprocal and trusting
nurse-patient relationship and the narrative knowing that unfolds in a patient's story.

To bridge this research-practice gap, we must seek to understand the "invisible work" of nursing, a work that is so transparent it remains hidden or veiled in the situatedness of nurse and patient (Baker & Diekelmann, 1994, p. 68). This work defies measurement and cannot be reduced to parts. It requires a research paradigm other than that offered by scientism. It requires an 'interpretive turn' and a return to contextualization, an holistic paradigm geared for the human sciences (Hiley, Bohman, & Shusterman, 1991). The 'interpretive turn' focuses on a perceived reality based on the interpretation of one's world. A return to contextualization includes an appreciation for the narrative and a way of knowing that narrative makes manifest.

Narrative knowing makes visible how we are in the world with others. Narratives free us by helping us know ourselves and create community. Narratives reveal practical knowledge. Knowledge that we come by through our day to day experiences, our lived experiences, is practical knowledge. It is "the interpretive phenomenological assumption that practices and concerns are a way of being and knowing in their own right" (Benner, 1994, p. 115). This knowledge does not arise from theory and will not ensure predictability or generalization. Its usefulness occurs within situations that are encountered everyday in particular cultures or groups that share languages, practices, and common meanings. We learn from these experiences and perceive new possibilities in understanding our lives. Heidegger used this approach,
hermeneutic interpretation of cultural practices, to understand the human way of being.

Practical knowledge helps us understand in transformative ways. When we reflect on past experience, our ways of being can and usually are transformed as new possibilities emerge. Narratives can transform our thinking, creating perspectival thinking and deliver a new mode of scholarship. Whether in practice or research, "narrative accounts of everyday skillful comportment allow participants to describe their everyday concerns and practical knowledge, thereby giving access to practical worlds" (Benner, 1994, p. 112).

Benner suggests three strategies which provide "the basis for entering practical worlds and understanding socially embedded knowledge: (a) paradigm cases, (b) thematic analysis, and (c) exemplars" (1994, p. 112). Each of these provides access or a way to enter into dialogue with the text, the patient’s narrative account of his way of being-in-the-world.

Using thematic analysis, for example, Nona's concerns unfold within the context of her story. Moving back and forth, between portions of the text and the analysis, patterns of how Nona is in-the-world emerge. By engaging in Nona's practical world, the researcher comes closer to her lived experience, to her unique way of being and personal meaning. Nona dwells in a caring and teacherly way, in remembering and in relating. Nona defines her world, her being by way of a private interpretation...an interpretation based upon worldliness. Heidegger describes worldliness as the way of being common to our most general system of practices (Dreyfus, 1991, p. 91). This backdrop of
worldliness is required for dialogue to occur. Dreyfus gives the example "when we try to imagine another reality, as in science fiction, we can only imagine our world changed in certain details" (1991, p. 91). The interpretive researcher seeks to find understanding within this worldliness, with its contrasts and commonalities, and this kind of understanding cannot be located within an outcome category or context-free statistic.

Why Research Personal Meaning?

Person is the center of what matters to nursing. To care for a person, we must understand how that individual interprets his needs, situation, or health. If only one or two systems are examined within a bio-psycho-social reducible being, one is operating within an objective mode and the humanness of the interaction is ignored. The humanness is the story, how one defines what matters to him, his meaning.

How is it we can understand so many individual patients within their unique stories? Theologian and psychologist Henri Nouwen offers this proposition,

Aren't my own experiences so personal that they might just as well remain hidden? Or could it be that what is most personal for me, what rings true to the depths of my being, also has meaning for others? Ultimately, I believe that what is most personal is also most universal (1972, p. 7).

The common meanings embedded within each story allow us to understand one another. Attention to the emergence of personal meanings (themes) and common meanings (constitutive patterns) serve as a guide to understanding the person. To study and research human beings requires
an interpretive approach with assumptions that permit diversity and perspectives of both researcher and participant.

The discipline of nursing is not only concerned with the individual but with the healing relationship between nurse and patient. Thomasma proposes a "relationship ethics for nursing" (Thomasma, 1994, p. 85). He proposes that medicine is a relational discipline. "It is the interactive interplay of values about the body, the life world, and science when individuals become sick and must rely on other human beings for healing" (Thomasma, 1994, p. 90). The realization that within the relationship of patient and healer, a 'being-with' ineffable interaction is occurring, has prompted Thomasma to emphasize that "nursing ethics is about the primary healing relationship" (1994, p. 91). This "healing task that is so often masked in nursing procedures" (Thomasma, 1994, p. 91), I believe, lies within the reciprocity and trust of the nurse-patient relationship and the narrative within that relationship. The common meanings that emerge from this dialogic engagement allow access to each other's practical worlds and lived experiences. It is within this understanding, this clearing, that healing is possible and new meanings unfold.

Narrative that Transforms Pedagogy

The thinking of teachers is revealed through their stories. Experienced teachers' stories often move from occasions when they reached students and made a difference, to times when they learned something about the meaning of learning from students (Diekelmann, 1991, p. 49).
Diekelmann speaks to the emancipatory power of the narrative as it relates to curriculum and teaching. She speaks of a narrative dialogue as a new pedagogy and a curriculum revolution as "characterized by an explication of how we think" (Diekelmann, 1991, p. 47). She urges the need to focus on how we think about everyday problems that commonly confront us rather than solely on curriculum content and its application to patient situations. Traditional behavioral pedagogy is held problematic and incomplete. "One danger of behavioral pedagogy is that it emphasizes learning content and acontextual application of content; thinking is deemphasized and/or defined as merely applying content to specific situations" (Diekelmann, 1993, p. 247). Learning or thinking interpretively calls forth the ability to think contextually and to participate and stay in the situation with the individual.

An example of learning in context is problem-based learning in which "learning in context, in story, is the primary format" and patient "narratives place all problems within a story context" (Heliker, 1994, p. 46). Relevance of the material is made visible as an actual dilemma is presented for critical analysis and reflection.

Diekelmann speaks to creating communities of care in teaching—creating nonstressful, noncompetitive places that enable teachers to know one another, permitting a welcoming space in which to gather and reveal how they are, how they learn, how they think. As gathering places emerge, perhaps the value of creating such places with students and patients will also emerge.

Remember Nona's teaching stories? Through her stories of knowing her students and connecting with them, she recalled her own expertise
and continued her way of being 'teacherly.' Emily reflects upon "always wanted(ing) to be a teacher" and "to make a difference" as she tells her story. During one conversation, Emily recalls her years as state president of a large charity organization, a story of leadership in an organization of 46,000 members and the impact she had on their lives. She began to realize that she always was a teacher and did, indeed, make a difference on others. Her narrative uncovered her way of being.

In much the same way, teaching "as a way of thinking is situational, fluid, and transformative" (Diekelmann, 1991, p.51). It is hermeneutical, seeking to understand, committed to explication. The narrative emancipates the teacher, the student, the patient. It releases all voices into the conversation.

The curriculum revolution is paradoxical in that it is at hand yet distant. It is in the nearness of our daily living experiences. So near it is transparent as water to a fish in a fishbowl. Creative innovations in education may well reside in the familiarity of our day-to-day lived experience. Possibilities include having students learn to read texts interpretively in a reflective manner, holding as problematic the views of authors, critically discussing with teachers these views. Studies in pedagogy continue to reflect new possibilities discovered in the narratives of teachers and students (Diekelmann, 1991, 1992; Van Manen 1990, 1991).

The lived experiences of our elders, their stories, offer multiple implications to nursing research, education, and practice. These stories offer new takes on understanding our society, the aging
population, and the discipline of nursing. It is this researcher's belief that nurses are and have been very concerned about this kind of contextualized caring but have been constrained by a scientific language and an institutional value system that does not always create space for nursing care. What is required is a perspective that holds all theories, paradigms, assumptions, and presuppositions concerning human beings problematic, to look toward the possibilities, to ask the questions, and to continue the conversation.

**Personal Meaning, Quality of Care, Quality of Life**

Within the framework of the philosophical assumptions put forth in this paper namely that the individual being is self-interpreting and can never be understood outside one's context, that possibilities for being lie within the world into which one is born, and that meaning lies within the interaction of being and his world, quality of life and quality of care can now be approached from the perspective of quality of being. How one perceives quality of care and quality of life is indicative of what is constituted as meaningful for that individual. An individual's lived experience of life will make manifest what is perceived as the quality of life to that individual. According to Parse's human becoming theory, "Quality of life is not a lived experience but is the incarnation of one's lived experiences at the moment" (1994, p. 19).

Objective measurements of quality of life which often include such factors as income, housing, and physical function cannot elucidate how an individual perceives a 'good' life (Oleson, 1990). Only the individual can describe his own life. Parse states, "The most valuable
conclusion to be drawn from the research to date is that quality of life cannot be quantified" (Parse, 1994, p. 17). Quality of life must be approached wholistically within a hermeneutical phenomenological framework. The goal of nursing is the quality of life from the person's perspective (Parse, 1994, p. 17).

"Health care decisions are determined by the extent to which individuals perceive that their quality of life can be promoted" (Oleson, 1990, p. 188). An individual's perceived quality of life is dependent upon the common meanings embedded in his culture, history, and language. How each person is in his world, his personal meaning, will determine how that person feels and what he perceives as strengths, weaknesses, limitations, and choices. Each person, as being-in-the-world has a range of perceived possibilities of resources available to him as well as possibilities of access to these resources. The nurse as one who shares the world can, in dialogue with her patient, in being-with her patient, assess what is meaningful to this individual as well as this person's perceived quality of life, perceived resources and access to the health care system. Focusing upon the lived experiences of the patient, the nurse can present acceptable alternatives, possibilities, or affirmation supporting current strengths or meanings. Sartorius stated, "Quality of life can be expressed in terms of the distance between a person's position and his goals", the actual and the possible (1987, p. 19). The nurse, within a trusting and reciprocal relationship, can have a direct impact on quality of life and quality of being. Transformative practice is that in which the patient is not advised apart from his world and his concerns but as a contextual
temporal being in a shared world with the nurse and is aided to choose his own path, to care for himself, and reach a potential that is meaningful to him.

**Temporality and Meaning**

"For Heidegger, the relationship of actuality and possibility is one of time" (Scudder, 1990, p. 60). One can never understand meaning or being-in-the-world apart from this relationship, this 'lived time.' Each person, according to Heidegger, is always oriented toward possibilities, toward a future that is impacted by past and present actualities. In essence all beings are dynamic 'beings in time.'

The affect of this understanding upon health and health care decisions is significant. How an individual perceives her actualities, her life story, and her possibilities will guide her health practices. Scudder states, "When future possibilities, past actualities, and present action relate to each other harmoniously, this is called coherence in time" (1990, p. 61). An example of this may be Dorothy who remembered a life of learning new things and now perceives her life in the nursing home as one of future possibilities for taking college courses. Her quality of life, her quality of being appear to be in harmony. Even Patricia who remembered her life in the nursing home as one of working and productivity, exercised daily in physical therapy on the rehabilitation unit after her stroke, being motivated by the future possibility of returning to her work. Emily who dwells in the remembering of her family and friends fears losing her memory and perceives diminishing possibilities in the nursing home. The nurse caring for these individuals must not focus on diagnostic labels such
cerebrovascular accident and dementia but rather upon the what the individual with the illness is experiencing.

Nursing care is oriented toward the future possibility of well-being and quality of life. To accomplish or attain the possible, the nurse must be concerned with the actual—the past and present situation of the patient and how this will impact one's perceived future. She must help the patient discover and realize the possibilities within her situation whether that be in a nursing home, rehabilitative unit, or in the community. The nurse who understands this temporality of being practices a leaping-ahead care, quality care that is meaningful for each patient as it returns care back to the individual.

Keeping the Conversation Open--One Path to the Narrative Quest

One path to the narrative quest in nursing practice, research, and education may be an awareness of the transformative power of the narrative, the remembering and telling of the story to an engaged listener. Earlier in this study the origins of life review and definitions of reminiscence were discussed. This led to the use of a modified life review format or unstructured life story. Much of the research that focuses on life review and reminiscence with the elderly is either anecdotal or involves pre- and post-testing with self-esteem, life satisfaction, or other quantitative instruments that focus on outcome. These efforts to define and measure meaning and purpose in life have been inconclusive.

An alternative path to personal and common meaning is the study of the process of remembering and narrating the story, the dwelling in remembering. A new possibility, a paradigm of transformation is
offered. The transformative power of the narrative entails the realization that the actual telling of the life story in old age empowers the individual to re-interpret one's lived life in such a way as to both teach and transform limitations, disappointments, and weaknesses into strengths. This dwelling in remembering places a value on how one thinks and perceives oneself in the community. This is different from the adaptive supportive role of reminiscing. It is different from learning to accept limitations and cope with age related illnesses.

A transformative paradigm is the opening of new possibilities for our elderly in a society or culture in which life spans are increasing and traditional developmental stages, such as integrity, generativity, and conflict resolution may be changing as new meanings may begin to emerge. Our aging society is not only living longer but healthier. This new cohort has not been defined and these individuals may develop differently. They may pave new paths into the aging territory and perform new age-related 'tasks' with new purpose and meaning in life. It is quite possible that old meanings and developmental stages will disappear.

The loss of the value of narratives, of telling the story in order to leave a legacy in a society that values the scientific method may lead to an ignorance of appropriate behaviors expected throughout the life course. Manheimer warns that the demise of visual representations of life and stories and "the rise of a scientific gerontology has created a vacuum" (Manheimer, 1989, p.232). This vacuum is described in terms of a lack of meaning of life, meaning that has traditionally been
defined by cultures and society through story. If a youth-oriented society no longer values the legacy of the old, it can silence the voices by marginalizing the elderly in long-term care facilities.

Through the lens of a transformative paradigm, older adults would be empowered to tell their story, to make changes, to change themselves. Opportunities would be made available to develop in new ways, ways that are unique to the individual. Nurses through caring practices can create the clearing for this to occur. Butler transformed this society's view of the elderly who 'lived in the past' and were thus considered 'pathologic' and revealed instead that reminiscence is a form of adaptation (1963). There are unlimited possibilities for transformative practices and research. The elderly shape and are shaped by their stories and these gerontological narratives can help shape the different ways a society thinks about its aged. These narratives offer a holistic view of the aged and reveal how limitation can be transformed into strength. Stories of the Depression, the Influenza of 1918, wars, poverty and how lives were lived offer the young a wealth of exemplars of courage, accountability, and integrity.

Manheimer speaks of "a narrative of secular redemption." He describes a "non-theistic liberation of the individual older person and of meaning of later life" (Manheimer, 1989, p. 241). Manheimer defines narratives of secular redemption as

presenting a plot structure with the following characteristics: the older person is in bondage to a disabling condition (whether personal, social, or physiological); hidden, dormant or untapped potential is conceptualized as the inverse of
disability; a transformative power--immanent, collective, some combination of public and private, individual and cultural--can bring about this inversion (1989, p. 241).

In part, the transformative potential to which Manheimer refers involves the leaving of a legacy thus allowing the older adult to transcend his finiteness as meaning is channeled from one generation to the next. Hence, he describes a type of redemption or liberation in the form of a secular transcendence as opposed to spiritual redemption whereby the soul is saved. If human beings exist in the world in a caring way and possess an innate desire for meaning, a narrative of secular redemption within a transformative paradigm is certainly a valued possibility.

Perhaps a main contribution of a transformative lens is its potential to restore dimensionality to the depiction of the elderly and how they are in the world. The value of narratives is that they make us aware of this multidimensionality. Manheimer proposes,

"that a person's cultural history may be a vital element in understanding her behavior in a family or community setting, that the social and historical forces affecting a particular generation make that generation's formation of values and attitudes different" (1989, p. 249).

Viewed through a transformative lens, whether it is the story itself or the telling of the story, the remembering, an approach to the older adult emerges that always presents a challenge of reflective and creative practice and a liberation from traditional stereotypic views that focus on deficits and diagnostic categories.
Recommendations

In light of the above comments, it is recommended that hermeneutic phenomenological research and practice, whereby meaning is elicited from life story, be extended to all age groups and settings. Individuals must be approached within their world of concerns and what matters to them. "Nurses are in a unique position to engage their clients in this narrative as they care for them" (Gullickson, 1993, p. 1391). These narratives reveal how a client gives meaning to her experiences and how she perceives her past within the context of the present and in anticipation of her future. Herein lies the possibilities for new meaning, new focus, new purpose in life.

By valuing this approach, this 'leaping ahead' care, nurses can restore care to clients and transform practices in currently problematic areas as those related to self-care, compliance to health regimes, and health reform. The narrative can become a form of assessment, an assessment of strengths as well as deficits, taking into account what matters for the individual. At this time, the self-care activities that patients perform in long-term care facilities are minimized by staff who are instructed and paid to 'leap-in' and perform these tasks for the patient (Small, 1993). The current focus of care plans are primarily patient deficits. The patient becomes more dependent within this environment which tends to treat all deficits identically. Nurses can transform this care by utilizing a model of meaningful care that rewards individual approaches in long-term care facilities. Meaningful care is based upon the patient’s narrative, her story, and considers as significant how she is in-the-world, her everydayness. Care is planned
with the patient in accord with her comportment. The quality of care is
defined by the patient. This shift "from chart to story" was also
recommended by Erikson in his later work when he used narrative to bring
meaning to his themes about late life (Weiland, 1993, p. 19). Erikson
wrote,

   We must recognize an Existential Identity which our identity
   theories cannot fathom: these are all problems of Being, the
   open or disguised presence of which we must learn to discern in
   the everyday involvements of old people (1984, p. 163).

One of the dimensions inherent in hermeneutic phenomenological research
that has drawn criticism from the quantitative scientific community is
the typically small sample numbers as well as the homogeneity of the
sample. Although the goal of this research is to increase understanding
of phenomena, the possibility exists whereby the findings of similar
studies could be aggregated to improve sample sizes and diversify
research sites, thereby increasing the level of abstraction and the
ability to generalize and develop theory. For example, studies which
examine meaning in the elderly via life story or life review utilizing
hermeneutical phenomenology include those by Gubrium (1993) and Kaufman
(1986) as well as the present study. Utilizing an 'aggregation of
findings' approach, themes discovered across studies might be compared
for similarities and contradictions (Estabrooks and Field, 1994).
Themes thus aggregated can generate knowledge and lend credibility to
similar findings regarding meaning that could then lead to the
foundation of a theory of meaning. This theory of meaning could be
utilized in the care of our dynamic and ever changing aging population
and could also be applicable in multiple sites.

Another methodology that could be utilized to compare and contrast
qualitative findings is meta-ethnography. Following her own
ethnographic field study concerning the staff-patient and patient-
patient relationships in a nursing home, Hild reviewed other similar
nursing home studies and reinterpreted the data, sending the emergent
common themes back to the original researchers for validation (1994).
After comparing her findings with those of the other studies, she was
able to increase the credibility of her own study which took place in
only one research site.

Morse and Johnson, in their study of the experience of illness,
synthesized the findings of five studies that identified the strategies
used by families and individuals during various stages of illness
(1991). As a result of this analysis and synthesis, the commonalities
of each stage were elicited and the "Illness-Constellation Model" was
developed. The core variable that was identified in this model of how
individuals, families, and friends experience illness is 'minimizing
suffering' and has led to a deeper understanding of the illness
experience using human behavior as a basis for developing theory.
The aggregation of data from qualitative studies with similar
methodological and philosophical frameworks holds promise as a theory
development approach, a broader and more generally applicable theory
than possible with individual studies.
Summary

Concern for an aging population and the quality of care received in long-term care facilities has led this author to an area of gerontology that encompasses both the practice of nursing as well as the research aspect in which new understanding may be generated which will impact this practice. The problem acknowledged in this study involves our lack of understanding of the older adult as an individual whose needs and well-being are determined by a personal meaning system. To effectively understand a person's view of his health status and his response to illness or level of well-being, the nurse must be able to appreciate who that person is, what motivates his choices, and what he perceives as meaningful in his life. The patient, it is hoped, will share these perspectives of his own world within a nurse-patient relationship that fosters trust, thus enabling the nurse to better understand the pattern of this particular individual's life.

To understand the realm of personal meaning, it was first necessary to explore the nature of this construct across those disciplines which have exhibited most interest in this area over the years. It became clear during this review of the literature as well as a review of attempts to quantitatively measure a person's personal meaning system in pre-defined terms such as life satisfaction, self-esteem, and purpose-in-life that the concept of personal meaning has evaded general or universal definition as well as measurement. Yet few had focused on the older adult himself to ascertain his perception of quality care and of well-being for the purpose of meaningful intervention.
A new approach, it was determined, needed to be initiated, one which would serve not only to understand the construct of personal meaning but might also eventually lead to discovery of common meanings embedded in the construct. Thus, not only would new understanding be generated regarding the older adult as an individual but a framework might be instituted whereby the nurse could elicit this understanding within the nurse-patient relationship. It was also determined that due to the effects of institutionalization, most notably the questionable quality of care afforded the elderly in nursing homes, the generation of such knowledge would have immediate utility in these settings. An existing intervention, a process intervention, the nurse-patient dialogue, would need only be modified to ensure quality care in the form of a psychological, spiritual, and physical well-being that is meaningful to the aged client.

Utilizing a phenomenological approach, a qualitative approach, the narrative could provide access to the individual's story and the personal meanings embedded therein, personal meanings which only the individual can identify and interpret. Within a relationship of sharing and trust, the nurse-patient dialogue becomes the framework for this narrative, within the format of a modified life review. An intervention and research method are created simultaneously as a care plan is developed by the patient with guidance from the nurse. Such an intervention might be of special value to the individual in the long-term care setting where the length of stay is usually longer than that in the acute care setting, where the threat of loss of meaning is greatest, and where the nurse has a substantial influence on the
delivery of care. Hence, the implications for this research into the personal meaning system of our growing aging population revolve around nursings' continued response to the needs and demands of this society and its concerns for a health care delivery system that ensures meaningful care and optimal well-being.
APPENDIX A

INFORMED CONSENT

YOU ARE INVITED TO PARTICIPATE IN A RESEARCH PROJECT DESIGNED TO EXPLORE THAT WHICH HAS BEEN AND IS PERSONALLY MEANINGFUL IN YOUR LIFE AS TOLD BY YOUR LIFE STORY. PARTICIPATION IS COMPLETELY VOLUNTARY.

What does the study consist of?

The study consists of audiotaped interviews, lasting about 30 to 60 minutes. The number of interviews is left up to you. Interviews will be conducted by the principal investigator. You will be asked to share your story.

Are there any risks?

It is possible that through discussion and recollection of your story, sad memories could occur. You may stop the discussion or change the topic at any time.

Are there any benefits?

It is possible that you could experience some degree of improvement in your well being as a result of telling your story.

When and where will the interview be done?

The interview will be scheduled at a time and place that are convenient for you.

Who will have access to the interview material?

The audiotaped interviews will be transcribed by the principal investigator or trained secretary and then destroyed. Any identifying information from the interview will be removed or altered on the written transcript. The transcripts will be shared with the study committee consisting of the principal investigator and three faculty members familiar with phenomenological research. Transcripts will be identified anonymously with numbered codes. No individual identities will be detectable in any reports or publications resulting from the study.
What if you change your mind?

You are free to withdraw from this study or to refuse permission for the use of your interview or transcript at any time.

YOU MAY TAKE AS MUCH TIME AS YOU WISH TO THINK THIS OVER. BEFORE YOU SIGN THIS FORM, PLEASE ASK ANY QUESTIONS ON ASPECTS OF THE STUDY THAT ARE UNCLEAR. I WILL ATTEMPT TO ANSWER ANY QUESTIONS YOU MAY HAVE PRIOR TO, DURING, OR FOLLOWING THE STUDY.

AUTHORIZATION: I,____________________________, have read this form and have decided to participate in the research project described above. My signature indicates that I give permission for information I provide in the interview or transcript to be used for publication in research articles, books, and/or teaching materials, as well as for presentation at research symposia. Additionally, my signature indicates that I have received a copy of this consent form.

Signature____________________________
Date____________________________

If you need further information, please contact the principal investigator:

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The author, Diane Heliker, was born in New York. In September, 1962, Mrs. Heliker entered Central Islip School of Nursing, receiving a diploma in nursing in 1965. In 1981, she received a Bachelor of Science in Nursing degree from Texas Woman's University.

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Ph.D.

Nov. 17, 1994  
Date  

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